Gastroenteritis (Updated 12-11-2019)

Signs and Symptoms:
Diarrhea ± Nausea ± Vomiting ± Fever

Considerations:
1. Etiology of acute gastroenteritis is often viral, but bacterial and parasitic infections should also be considered especially in deployed environments.
2. The avg duration of Traveller’s Diarrhea is 2-3 days; consider parasitic infection if symptoms last ≥ 7d.
3. Antimicrobial resistance varies depending on the Area of Operation (AOO). DFHP guidelines should be consulted for mission-specific prophylaxis and treatment recommendations.

Contraindications:
1. Allergy to an indicated medication.
2. Bismuth Subsalicylate (Peptobismol™) contraindicated in ASA allergy.
3. Loperamide is contraindicated in patients with bloody stools and/or elevated temperature.

Management – Prophylaxis¹, ²:

<table>
<thead>
<tr>
<th>Bismuth Subsalicylate (Peptobismol™)</th>
<th>or</th>
<th>Ciprofloxacin</th>
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<tbody>
<tr>
<td>524 mg (2 tabs) or 30 mL susp po QID</td>
<td>500mg/day</td>
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¹ Start 1 day before travel and continue until 2 days after leaving destination.
² Consider for short high-risk engagements (e.g. Meals w/ locals in AOO).
Management – Treatment:

<table>
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<tr>
<th>Antibiotic</th>
<th>Anti-Motility</th>
<th>Anti-Nausea/Emetic</th>
<th>Hydration</th>
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<tr>
<td>Ciprofloxacin&lt;sup&gt;3&lt;/sup&gt; 500 mg BID for 3 days OR Azithromycin 1000 mg as single dose Campylobacter (Mexico, Thailand, Morocco)</td>
<td>Loperamide&lt;sup&gt;4&lt;/sup&gt; 4 mg PO initially, then 2 mg after each loose stool (max 16 mg/day)</td>
<td>Ondansetron 8 mg IV/IM or PO or Dimenhydrinate 25-50mg IV/IM/PO</td>
<td>Oral Rehydration Solution&lt;sup&gt;6&lt;/sup&gt; ± Normal Saline 1L IV Bolus&lt;sup&gt;6&lt;/sup&gt;</td>
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If diarrhea lasts for over > 1 week OR failed antibiotic treatment, consider parasitic infection

| Metronidazole 500mg TID X 7 days | ± Loperamide<sup>4</sup> (as above) | ± Ondansetron or Dimenhydrinate (as above) | Oral Rehydration Solution<sup>5</sup> ± Normal Saline 1L IV Bolus<sup>6</sup> |

Disposition:

1. Urgent evacuation if grossly bloody stools or circulatory compromise.
2. Consider evacuation if:
   a. Dehydration<sup>7</sup> occurs despite above therapy;
   b. diarrhea persists after 3 days of therapy;
   c. diarrhea develops while already on antibiotics; or
   d. ≥ 2L of NS have been administered IV with minimal/no improvement.

Notes:

3 Do not use ciprofloxacin for treatment if it was used for prophylaxis.

4 Discontinue loperamide promptly if abdominal distension occurs.

5 Gastrolyte (NSN: 6505-21-902-2792) is the preferred Oral Rehydration Solution (ORS), however, if unavailable, and water must be used, add 1 tsp salt and 40mls (8 Tsp) of sugar per liter of fluid.

6 Use IV NS if patient is unable to tolerate oral fluids. Attempt administration of oral fluids after first liter has been administered by IV. If still unable to tolerate, deliver a 2<sup>nd</sup> liter of NS IV.

7 Signs and symptoms of dehydration include:
   a. Light-headedness
   b. Mild headache
   c. Dry mucosa
   d. Decreased urine output and frequency
   e. Dark/concentrated urine
   f. Tachycardia
   g. Degradation of performance