

# Gastroenteritis

(Updated 12-11-2019)

## Signs and Symptoms:

Diarrhea ± Nausea ± Vomiting ± Fever

Mild	Moderate	Severe
2 – 4 Loose BM /Day	2 – 4 Loose BM /Day + Nausea & Vomiting	> 4 – 6 Loose BM /Day + Cramping, Vomiting Chills & <u>Fever</u>

## 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 – Prophylaxis<sup>1, 2</sup>:

<b>Bismuth Subsalicylate (Peptobismol™)</b> 524 mg (2 tabs) or 30 mL susp po QID	<b>or</b>	<b>Ciprofloxacin</b> 500mg/day
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<sup>1</sup> Start 1 day before travel and continue until 2 days after leaving destination.

<sup>2</sup> Consider for short high-risk engagements (e.g. Meals w/ locals in AOO).

**Management – Treatment:**

Antibiotic		Anti-Motility		Anti-Nausea/Emetic		Hydration	
<b>Ciprofloxacin<sup>3</sup></b> 500 mg BID for 3 days ETEC (LA/Africa)	<b>or</b>	<b>Azithromycin</b> 1000 mg as single dose Campylobacter (Mexico, Thailand, Morocco)	<b>±</b>	<b>Loperamide<sup>4</sup></b> 4 mg PO initially, then 2 mg after each loose stool (max 16 mg/day)	<b>±</b>	<b>Ondansetron</b> 8 mg IV/IM or PO <b>or</b> <b>Dimenhydrinate</b> 25-50mg IV/IM/PO	<b>±</b> <b>Oral Rehydration Solution<sup>5</sup></b> <b>±</b> <b>Normal Saline</b> 1L IV Bolus <sup>6</sup>

If diarrhea lasts for over > 1 week OR failed antibiotic treatment, consider parasitic infection

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

<sup>3</sup> Do not use **ciprofloxacin** for treatment if it was used for prophylaxis.

<sup>4</sup> Discontinue **loperamide** promptly if abdominal distension occurs.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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