Gastroenteritis

(Updated 12-11-2019)

# **Signs and Symptoms:**

Diarrhea ± Nausea ± Vomiting ± Fever

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

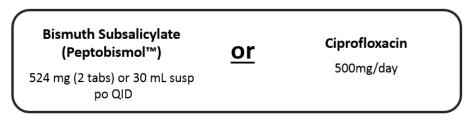
### **Considerations:**

- 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  $\geq 7d$ .
- 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.

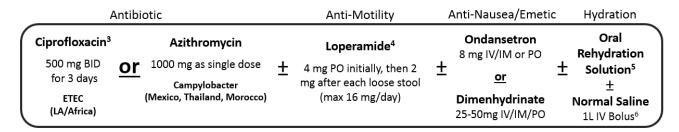
# Management – Prophylaxis<sup>1, 2</sup>:



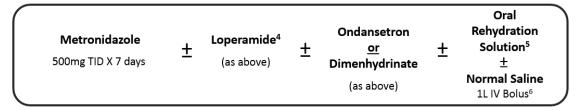
<sup>&</sup>lt;sup>1</sup> Start 1 day before travel and continue until 2 days after leaving destination.

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

## **Management – Treatment:**



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



# **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.  $\geq$  2L of NS have been administered IV with minimal/no improvement.

### Notes:

- 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

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

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

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;sup>7</sup> Signs and symptoms of dehydration include: