Standard Operating Procedure

Management of Dysentery in adults

Special Region (1)

Union of Myanmar

Version 1.0

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Approved by: Internal Medicine Unit

1. Overview

Dysentery is the diarrhea that contains blood or mucus.

There are two main types of dysentery:

- Amoebic dysentery (amoebiasis): *Entamoeba histolytica* (*E. histolytica*) is one of the main causes of amoebic dysentery.
- A bacterial infection causes bacillary dysentery. Some of the most common bacteria that cause bacillary dysentery include *Shigella*, *Salmonella*, *Campylobacter* and *Escherichia coli* (*E. coli*).

Bacillary dysentery is the most common type of dysentery.

2. Management

1. Treatment outline

	Bacillary dysentery	Amoebic dysentery
Rehydration	ORS and/or IV RL	ORS and/or IV RL
Antibiotics	+	+

2. Rehydration treatment

No hypovolemia – advise drinking ORS solution at least 2 litres/day and give ORS solution 200- 400 ml per loose stool.

Some hypovolemia – advise to drink 2.2 – 4 litres of ORS solution for first four hours and reassess the patients regularly during first 6 hours

Sever hypovolemia - Rehydrate with ringer lactate or normal saline, 30ml/kg in 30 minutes and then slow down. 100 ml/kg for first 4 hours and 200 ml/kg over 24 hours.

Antibiotics

Give antibiotics for both types of dysentery.

Bacterial dysentery

Ciprofloxacin 500 mg BD for 3- 5 days

Or

Levofloxacin 500 mg OD for 3 days

Or

Ceftriaxone IV 1-2 G every 12 hours for 2 – 5 days

Or

Cefixime 200 mg BD for 5 days

Or

Azithromycin 1000 – 1500 mg (6 -20 mg/kg) OD for 3 days

Amoebic dysentery

Metronidazole -500-750 mg TDS 5-10 days

Or

Tinidazole - 2g per day PO 3 days

Or

Ornidazole - 1.5 g as a single daily dose for 3 days. Alternatively for patients >60 kg: 1 g BD for 3 days.

Antidiarrhea agents are not recommended by Special region (1).

3. Patient information

- Hand washing with soap
- encourage consumption of boiled starches (e.g., potatoes, noodles, rice, wheat, and oat) with salt; crackers, bananas, soup, and boiled vegetables are also reasonable options
- Avoid foods with high fat content

4. Reference

1. Approach to the adult with acute diarrhea in resource-limited settings, UpToDate.com, accessed via online on 27th October 2024.
2. BMJ best practice, Management of shigella dysentery, accessed via online 28th OCT 2024.