

STANDARD OPERATING PROCEDURE

Management of Acute Watery Diarrhoea in Adults

Special Region (1)

Union of Myanmar

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Definition

Acute diarrhea is defined as an abnormally frequent discharge of semisolid or fluid fecal matter from the bowel, lasting less than 14 days.

Clinical features

- Loose motion
- Vomiting
- Abdominal pain
- Dehydration – thirst, postural dizziness, absence of tears, sunken eyes, reduced skin turgor
- Oliguria in severe loose motion
- Shock
- Confusion

Stages of hypovolemia

Severe hypovolemia	Some hypovolemia	No hypovolemia
Any of the following signs • Inability to drink • Lethargy or unconsciousness • Weak radial pulse	Any two of the following signs • Thirst • Sunken eyes • Absence of tears • Decreased skin turgor • Dry mouth and tongue	No criteria met for some or severe hypovolemia

Investigation

- Stool RE
- Serum creatinine and electrolytes
- Hemogram
- Serum creatinine and electrolytes

Investigations are mostly not necessary for no hypovolemia and some hypovolemia stages.

Management

1. Treatment outline

	Severe hypovolemia	Some hypovolemia	No hypovolemia
Rehydration	ORS and/or IV RL	ORS and/or IV RL	ORS
Antibiotics	Give if indication +	Give if indication +	Give if indication +
Probiotics	Give if indication +	Give if indication +	Give if indication +
Antidiarrhea agents	Give if indication +	Give if indication +	Give if indication +

1. Rehydration treatment

No hypovolemia – Advise to drink 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.

1. Antimicrobial therapy is not typically indicated for the treatment of acute watery diarrhea in adults in resource-limited settings, as most cases resolve spontaneously. An important exception is the treatment of severe cholera in outbreak settings, for which antibiotics can decrease the duration of illness and the volume of fluid losses, thus simplifying patient management during a complex emergency.

Add antibiotic if any of the following indications;

Antibiotic regimens
• Ciprofloxacin – 500 mg BD for 6 days or • Azithromycin – 500 mg OD for 3 – 5 days or • Metronidazole, tinidazole or ornidazole (if intestinal amoebiasis has been confirmed).

- fever $\geq 38.5^{\circ}\text{C}$ (101.3°F)

- ≥ 6 loose bowel movements per day
 - Hypovolemia
 - severe abdominal pain
 - age ≥ 70 years
 - immunocompromise (e.g. advanced HIV, organ transplant, bone marrow transplant, immunocompromising medications)
 - pregnancy
 - inflammatory bowel disease
 - Public health implications (e.g., suspected cholera outbreak, diarrhea outbreak in food handlers)
1. probiotics can only be used for antibiotic related diarrhoea.
 2. Antidiarrhea agents - For patients with nonbloody diarrhea (in the setting of absent or low-grade fever), the antimotility agent **loperamide** may be used cautiously for ≤ 2 days. However, for patients with clinical features suggestive of dysentery (fever, bloody or mucoid stools), we suggest **avoiding** antimotility agents unless antibiotics are also given, due to concern for prolonging disease; in such patients who are not candidates for loperamide, bismuth salicylate is an alternative.
- Loperamide dose - 2mg PO after each loose stool (max 16mg/day)

Patient information

- Hand washing with soap
- Ensuring the availability of safe drinking water
- 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

Reference

1. Acute Watery Diarrhoea Guidelines, World Gastroenterology Organization, 2012.
2. Diarrhoea management, Symptom to Diagnosis, an evidence-based guide, 4th Edition.
3. Oxford Handbook of Clinical Medicine, 11th Edition.
4. Approach to the adult with acute diarrhea in resource-limited settings, UpToDate.com, online access on 27th October 2024.