# Diagnosis of Acute Diarrhea

#### **Initial assessment:**

Start, duration, severity, degree of dehydration, vitals; take vitals into consideration in the orthostatism, initial objective exam

#### **Treating dehydration**

- Oral rehydration therapy is preferable\*
   IV rehydration can be used in severe cases or if oral therapy is not possible
  - Assess history and risk factors

#### NOTES:

- \*Use the new solution of hypo-osmoral rehydration from the World Health Oeganization or a replacement. You can prepare it by mixing ½ teaspoon of sugar and 1L of water.
- +Dose of loperamide/simethicone: 2 pills (2mg of loperamide / 125mg of simethicone per pill) followed by 1 more pill for every defection of unformed stool, up to 4 pills in 24 hours (3 doses). Information references 1, 14 and 20.

## Likely caused by bacteria or parasites

(does not appear to be of another nature); requires additional tests or treatment.

Analyze each of the following possible situations

### Probably noninfectious

(suspicion of noninfectious process)

- Consider coprocultures and eggs and parasites screening to help support the diagnosis.
- Consider testing for suspicious diagnosis.
- Colonoscopy and biopsy can be useful in difficult cases.

#### Likely food poisoning

with pre-formed toxins (several people exposed to the food, with symptoms starting within the next 16 hours)

- · It is generally a clinical diagnosis.
- Usually self-limiting;
   do support therapy;
- Special laboratory test often unavailable.
- Notify the health care authorities.

#### **Probably viral**

(feces without blood, watery;

- mild illness, no fever).
- No supporting therapy studies necessary.
- You can administer loperamide/simethicone to shorten the duration of the symptoms.
- Follow-up to confirm framework resolution.

### Traveler's or Community-acquired diarrhea

(especially if paired with significant fever or blood in feces)

· Salmonella, Shigella, Campylobacter,

Shiga toxin-producing Escerichia Coli (enterohemorrhagic E. Coli; if there is a history of Hemolytic-Uremic Syndrome); toxins A and B of Clostridium difficile (if treated with antibiotics or chemotherapy in recent weeks).

#### **Nosocomial Diarrhea**

(start after more than 3 days in the hospital or other institutions, or antibiotic use in the last 3 months).

- Test for toxins A and B of C. difficile.
- · Also test for Salmonella, Shigella, Campylobacter, Shiga toxin-producing E. Coli if there is suspicion of a nosocomial outbreak or if the patient is over 65, has an associated pathology or if they are immunosuppressed or have neutropenia, bloody feces or a possible enteric systemic

infection.

#### **Persistent Diarrhea**

with over 7 days (especially in immunosuppressed patients).

· Consider testing for Giardia, Cryptosporidum, Cyclospora, and Isospora belli, and do an inflammatory screening (lactoferrin in feces) for a possible enteric systemic infection.

### If the patient is immunosuppressed

(especially those infected with the Human Immunodeficiency Virus).

Add tests for Microsporidia,

Mycrobacterium avium-intracellulare complex, cytomegalovirus.

- $\cdot \textbf{Consider antibiotic the rapy for specific pathogens.} \\$
- If the diagnosis is still unclear, consider additional analyses for specific pathogens suggested by the history and risk factors.
- Suspend all possible antibiotics for patients with C- difficile.