

Diagnosis/Definition:

The rectal passage of an increased number of stools per day which are watery, bloody or loosely formed.

By history and stool sample.

Initial Diagnosis and Management:

Most patients don't need to be worked up for their diarrhea. Most cases of diarrhea are self-limiting, caused by a gastroenteritis viral agent. Patients need to be advised to drink plenty of fluids, take some NSAIDs or Tylenol for fevers and flu-related myalgias.

If the patient comes to you with a history of bloody diarrhea, fever, severe abdominal pain, and diarrhea longer than 2 weeks or associated with electrolyte abnormalities or is elderly or immunocompromised, they need to be seen by GI.

Work-up in these patients should consist of a thorough history (be sure to get travel history, medications including herbal remedies and possible infectious contacts) and physical examination. Labs should include a chem. 7, CBC with differential and stool WBCs, cultures, qualitative fecal fat. If there is the possibility that this could be antibiotic related C. difficile then order a C. diff toxin on the stool.

Only order an O and P on the stool if the patient gives you a recent history of international travel, wilderness camping/hiking or may be immunocompromised.

Make sure to ask about milk product ingestion as it relates to the diarrhea. Fifty percent of adult Caucasians and up to 90% of African Americans, Hispanics, and Asians have some degree of milk intolerance.

If from your history and laboratory studies indicate a specific etiology the following chart may help with initial therapy.

Risk Factor (Food Ingested)	Probable Bacteria Involved	Antibiotic Therapy
International travel with ingestion of food, water or fruit	E. histolytica	Flagyl
Milk products, tofu, water	Yersinia	Bactrim or Rocephin if severe
Shellfish	Plesiomonas	Bactrim
Untreated Water	Aeromonas	Bactrim
Raw milk, beef, untreated water	E. Coli**	Supportive care
Food, water	Shigella	Bactrim, Cipro
Milk, eggs, poultry, meats, water	Salmonella	Cipro, Bactrim
Food, water, raw milk	Campylobacter	EES, or Cipro
Antibiotic use, recent hospitalization or chemotherapy	C.difficile	Flagyl or oral Vancomycin

**E. coli, if the patient presents to you with systemic toxicity signs and bloody diarrhea this could be E. coli 0157:H7. These patients need to be assessed for possible hospitalization.

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

Diarrhea	Referral Guide: Page 2 of 2	Gastroenterology
<p>Indications for Specialty Care Referral:</p> <ol style="list-style-type: none"> 1) Bloody diarrhea unrelated to any food borne illness 2) Patient looks systemically ill, immediate referral over to the WIC or ER 3) Immunocompromised patient (HIV or cancer diagnosis) 4) Patient with co-existing SLE, Wegner's granulomatosis, Henoch-Schönlein purpura, sickle cell disease needs a GI referral. 		
<p>Test(s) to Prepare for Consult:</p> <p>CBC with differential Chem 7 Stool for WBCs Stool culture and sensitivities Qualitative fecal fat</p>	<p>Test(s) Consultant May Need To Do:</p> <p>Upper and lower endoscopies Stool for WBCs CBC with differential Chem 7 72 hr. fecal fat Stool electrolytes Stool Osmolality Anti endomysial antibody</p>	
<p>Criteria for Return to Primary Care:</p> <p>Once the patient cause of his diarrhea has been determined, addressed appropriately with medication then they will be returned to the PCP.</p>		
<p>Revision History: Created Revised</p>		

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