

Diarrhoea Assessment and Management in Adults - Primary Care

<p>(NICE; Diarrhoea Adults Assessment < 4 weeks & Diarrhoea antibiotic associated: 2013 accessed on 23/03/2016 http://cks.nice.org.uk/diarrhoea-adults-assessment#!scenario)</p>	
<p>Send a Stool Culture if:</p>	<ul style="list-style-type: none"> • The patient is systemically unwell • History of foreign travel (also request tests for ova, cysts and parasites) • There is blood or pus in the stool • The person is immunocompromised • Diarrhoea is persistent (> 2 weeks) • The patient has had antibiotics in the last 8 weeks and therefore other causes cannot be excluded
<p>Manage Risks</p>	<ul style="list-style-type: none"> • Exclude other causes e.g. other medications such as laxatives. If patient systemically well, consider stopping other medications and plan a subsequent patient review (in 48 -72 hours) if diarrhoea persists • Check for other Clostridium difficile infection risk factors e.g. Proton Pump Inhibitors; advanced age (>65); underlying morbidities such as cancer; abdominal surgery; bowel disease; enteral feeding; recent hospitalisation. • Do not prescribe anti-motility agents if Clostridium difficile is suspected • Review requirement for Proton Pump Inhibitors • Consider empirical treatment as below whilst waiting for results • Manage dehydration; review existing antibiotics; assess need for secondary care.
<p>Treatment and Management</p>	<ul style="list-style-type: none"> • Treat antigen positive patients if symptomatic. • Mild - Moderate disease; treat with Metronidazole 400mg three times a day for 10-14 days - a shorter course will be less effective. Only consider Vancomycin after discussion with Consultant Medical Microbiologist • Severe or life threatening disease requires hospitalisation; diarrhoea may not necessarily be present but a distended and tender abdomen may be. • Do not prescribe anti-motility agents • Regular patient review - diarrhoea should resolve within 1-2 weeks • Do not re-test stools for Clostridium difficile - take advice from a Consultant Medical Microbiologist if diarrhoea persists or re-occurs following a course of treatment • If there is a re-occurrence of symptoms then a second course of treatment may be required, please discuss with Consultant Medical Microbiologist

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