

Diarrhea Care Pathway

Observation Unit Admission Criteria

Ongoing diarrhea resulting in dehydration requiring IV fluids and possible further evaluation

Exclusion Criteria

Significant GI bleeding, severe abdominal pain, high fever, severe AKI

Initial assessment in the ED

BMP, CBC

+/- CT abd/pelvis

IV fluid resuscitation

OBS unit evaluation/treatment

Acute - 14 days or fewer in duration

- C. diff - particularly if hospitalization or antibiotics within last 3 months
- Stool pathogen multiplex
- +/- GI consult
- If stool is bloody
 - fecal leukocytes (if negative, consider entamoeba)
 - if concern for ischemic colitis or IBD - CT abd/pelvis, colonoscopy

Persistent - 15-30 days

- Stool O&P
- Giardia, cryptosporidium, entamoeba ag
- +/- GI consult
- Colonoscopy

Chronic - more than 30 days

- generally an outpatient evaluation but if pt happens to be admitted, consider following eval:
 - Celiac panel, ESR, CRP, TSH, total protein and albumin, stool occult blood, stool WBCs(or fecal calprotectin), quant fecal fat, laxative screen
 - GI consult
 - colonoscopy
 - CT abd/pelvis

Immunocompromised patients

- consider parasites (even if acute), CMV, meds, graft vs host disease, neutropenic enterocolitis

Diarrhea Care Pathway

- low threshold for CT in these patients
- consider ID consult

General treatment

- IV hydration - consider bicarb in fluid if has significant hyperchloremic acidosis
- Potassium replacement if necessary
- Empiric antibiotics NOT routinely recommended but can be considered if:
 - Severe disease with fever and features suggesting invasive bacterial infection such as bloody or mucoid stools
 - Immunocompromised patients
 - Choice of empiric antibiotic - azithromycin or a fluoroquinolone
- antimotility agents - loperamide, diphenoxylate/atropine
 - avoid with C. diff, fever, bloody or mucoid stools (consider bismuth salicylate in these patients)
- probiotics - not available at Abbott but could recommend yogurt while in hospital and probiotics for at home

Convert to inpatient if:

Persistent severe diarrhea for which patient cannot maintain hydration
Development of severe abdominal pain/peritonitis or severe GI bleeding

Criteria for discharge

Hemodynamically stable

Able to maintain euvoolemia with oral hydration

Diarrhea under reasonable control