

Diarrhoea is an increased frequency, fluidity or volume of the bowel movements with the passage of soft and watery stools as compared to the person's normal bowel movements.

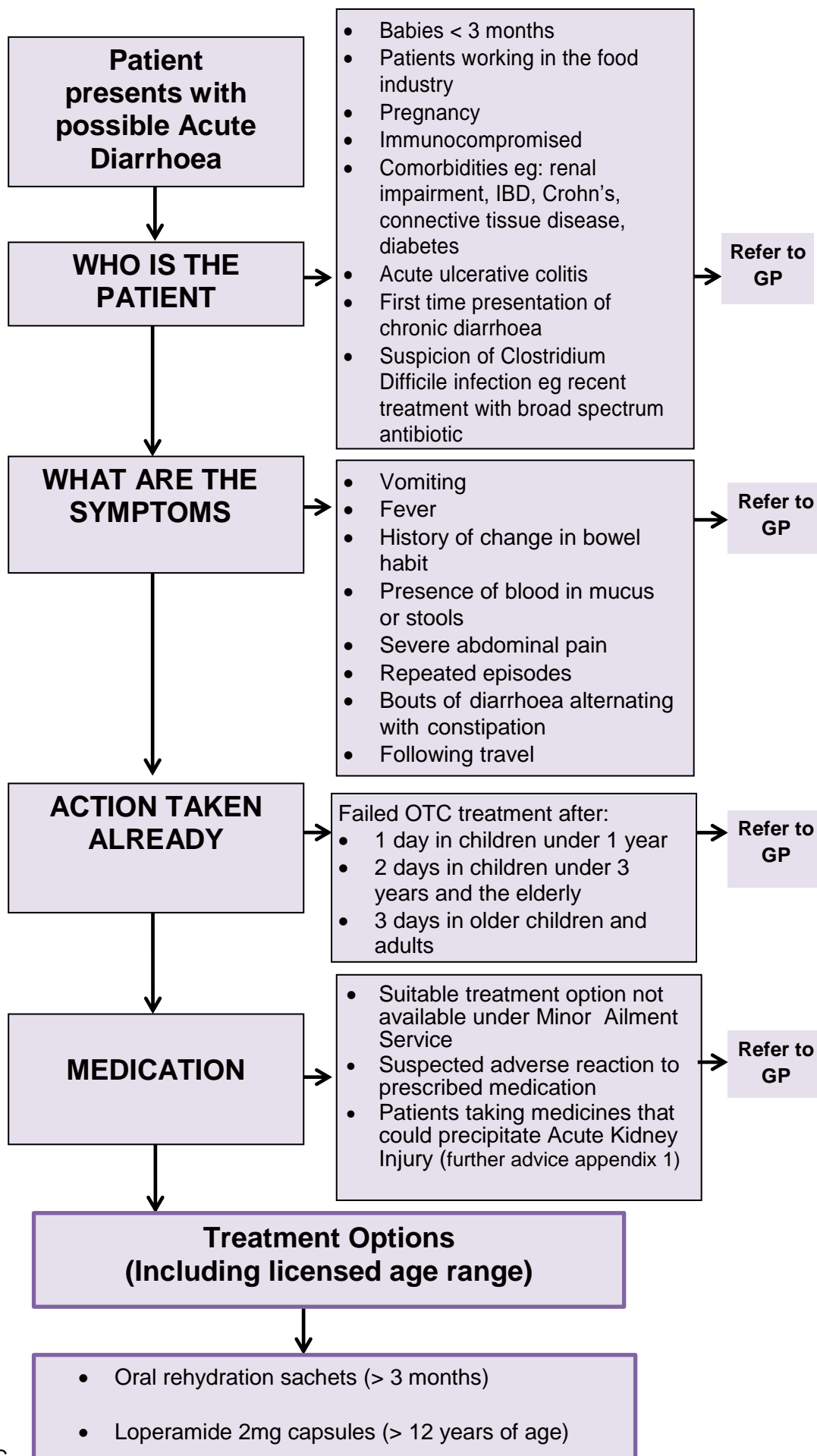
Possible causes of acute diarrhoea:

- Bacterial infection eg: Salmonella, E.coli, Shigella
- Viral infection eg: rotavirus
- Recent antibiotics or hospital admission within the last 8 weeks
- Use of drugs eg: proton-pump inhibitors metformin, OTC
- Medical conditions eg: Crohn's, IBD, UC
- Recent travel
- Anxiety / stress
- Excess alcohol
- Changes to diet and lifestyle
- Food allergies

Clinical features / symptoms:

- Rapid onset
- Watery stools passed very frequently
- Nausea & vomiting
- Abdominal cramps
- Weakness & fatigue
- Fever
- Headaches

Advice on self-care (page2)



Advice for Self-Care / Non Pharmaceutical Treatment	Treatment Options Formulary Items		
	Drug	Dose and Duration	Advice
<p>In most cases, acute diarrhoea eases and goes within several days but sometimes takes longer. The main risk is dehydration. Infants and the elderly are more susceptible to dehydration and electrolyte depletion. Severe dehydration will require admission to hospital and can be life threatening.</p> <p>Rehydration and dietary advice for adults:</p> <ul style="list-style-type: none"> • In most otherwise healthy adults, encouraging fluid intake (especially if supplemented with fruit juice and soups) will be sufficient. • Consider supplementing fluid intake with oral rehydration salt solution in adults at increased risk of a poor outcome. This includes people who are 60 years of age or older, frail, or with comorbidities with which dehydration, hypovolaemia, or haemoconcentration would be a problem (for example cardiovascular disease or thrombotic tendencies). • After rehydration, advise that the consumption of solid food should be guided by appetite. Small, light, non-fatty, and non-spicy meals may be better tolerated. <p>Rehydration advice for children:</p> <ul style="list-style-type: none"> • Encourage adequate fluid intake (but discourage fruit juices and carbonated drinks). • Continue with the usual feeds, including breastfeeding (if applicable) and other milk feeds. • After rehydration reintroduce the child's usual diet <p>Preventing spread of infection:</p> <ul style="list-style-type: none"> • Wash hands thoroughly and frequently with (preferably liquid) soap in warm running water • Towels and flannels should not be shared • If possible do not go to work or other institutional settings until at least 48 hours after diarrhoea and vomiting has stopped 	<p>Loperamide 2mg capsules (not suitable where E.Coli or Shigella infection is suspected)</p> <p>Oral rehydration sachets</p> <p>(Dioralyte Relief® is particularly recommended in the case of too loose or frequent stools where it enables over-loose stools to revert to normal – contains pre-cooked rice powder)</p>	<p>Two capsules (4 mg) initially, followed by one capsule (2 mg) after each loose stool. The total daily dose should not exceed 6 capsules (12 mg).</p> <p>Adults: One or two sachets after each loose stool</p> <p>Children: One sachet after each loose stool</p>	<p>Ensure adequate fluid and electrolyte intake where appropriate</p> <p>Dissolve the contents of one sachet in water <u>only</u> and just before taking. For babies aged >3 months to 1 year use boiled cooled water.</p> <p>Provide the patient / carer with a PIL (example appendix 2)</p> <p>Advise the person to <u>seek medical advice</u> if: Their condition does not improve within 48 hours or symptoms worsen.</p> <p>Warning signs or symptoms (such as severe vomiting or dehydration, persistent fever, abdominal distension, or frank blood in stools) develop</p>

References: Clinical Knowledge Summaries: gastroenteritis <https://cks.nice.org.uk/gastroenteritis#>
See individual SPC for further information/advice

Appendix 1

Acute Kidney Injury – ‘Think Kidneys’ <https://www.thinkkidneys.nhs.uk/aki/think-kidney-publications/>

Acute kidney injury (AKI) is a sudden reduction in kidney function. It is not a physical injury to the kidney and usually occurs without symptoms, making it difficult to identify. Late diagnosis can miss opportunities for early treatment, leading to prolonged and complex treatment and reducing the chances of recovery.

Older people and those with chronic conditions such as heart failure, diabetes and chronic kidney disease are particularly vulnerable at times of acute illness such as sepsis and hypovolaemia caused by eg; haemorrhage, vomiting, diarrhoea and dehydration.

‘Think Kidneys’ has developed a set of resources designed to raise awareness of AKI and to support community pharmacists and patients to better understand kidney health.

Patients taking medicines that could potentially increase the risk of AKI during periods of acute illness (eg; sick day rules card below) should be assessed by the Community Pharmacists and referred to the clinician for further advice.



Medicine Sick Day Rules

When you are unwell with any of the following:

- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking

Then **STOP** taking the medicines listed overleaf

Restart when you are well (after 24-48 hours of eating and drinking normally)

If you are in any doubt, contact your pharmacist, GP or nurse



Medicines to stop on sick days

- ACE inhibitors: medicine names ending in “pril”
eg, lisinopril, perindopril, ramipril
- ARBs: medicine names ending in “sartan”
eg, losartan, candesartan, valsartan
- NSAIDs: anti-inflammatory pain killers
eg, ibuprofen, diclofenac, naproxen
- Diuretics: sometimes called “water pills”
eg, furosemide, spironolactone, indapamide, bendroflumethiazide
- Metformin: a medicine for diabetes

Initially produced by NHS Highland