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## **Guidelines for the Management of Acute Diarrhea**

Increased incidence of acute diarrhea may occur in post-disaster situations where access to electricity, clean water, and sanitary facilities are limited. In addition, usual hygiene practices may be disrupted and healthcare seeking behaviors may be altered. The following are general guidelines for healthcare providers for the evaluation and treatment of patients presenting with acute diarrhea in these situations. However, specific patient treatment should be determined based on the healthcare provider's clinical judgment. Any questions should be directed to the local health department.

### **CHILDREN**

#### **Indications for medical evaluation of infants and toddlers with acute diarrhea**

- Young age (e.g., aged <6 months or weight <18 lbs.)
- Premature birth, history of chronic medical conditions or concurrent illness
- Fever  $\geq 38$  °C (100.4 °F) for infants aged <3 months or  $\geq 39$  °C (102.2 °F) for children aged 3–36 months
- Visible blood in stool
- High output diarrhea, including frequent and substantial volumes of stool
- Persistent vomiting
- Caregiver's report of signs consistent with dehydration (e.g., sunken eyes or decreased tears, dry mucous membranes, or decreased urine output)
- Change in mental status (e.g., irritability, apathy, or lethargy)
- Suboptimal response to oral rehydration therapy already administered or inability of the caregiver to administer oral rehydration therapy

#### **Principles of appropriate treatment for INFANTS AND TODDLERS with diarrhea and dehydration**

- Oral rehydration solutions (ORS) such as Pedialyte ® or Gastrolyte ® or similar commercially available solutions containing sodium, potassium and glucose should be used for rehydration whenever patient can drink the required volumes; otherwise appropriate intravenous fluids may be used.

- Oral rehydration should be taken by patient in small, frequent volumes (spoonfuls or small sips); see below link to table for recommended volumes and time period.
- For rapid realimentation, an age-appropriate, unrestricted diet is recommended as soon as dehydration is corrected
- For breastfed infants, nursing should be continued
- Additional ORS or other rehydration solutions should be administered for ongoing losses through diarrhea
- No unnecessary laboratory tests or medications should be administered
- The decision to treat with antimicrobial therapy should be made on a patient-by-patient basis, on clinical grounds, which may include
  - o Fever
  - o Bloody or mucoid stool
  - o Suspicion of sepsis

## **OLDER CHILDREN AND ADULTS**

### **Indications for medical evaluation of children > 3 years old and adults with acute diarrhea**

- Elderly age
- History of chronic medical conditions or concurrent illness
- Fever  $\geq 39$  °C (102.2 °F)
- Visible blood in stool
- High output of diarrhea, including frequent and substantial volumes of stool
- Persistent vomiting
- Signs consistent with dehydration (e.g., sunken eyes or decreased tears, dry mucous membranes, orthostatic hypotension or decreased urine output)
- Change in mental status (e.g., irritability, apathy, or lethargy)
- Suboptimal response to oral rehydration therapy already administered or inability to administer oral rehydration therapy

### **Principles of appropriate treatment for ADULTS with diarrhea and dehydration**

- Oral rehydration solutions (ORS) such as Pedialyte ® or Gastrolyte ® or similar commercially available solutions containing sodium, potassium and glucose should be used for rehydration whenever patient can drink the required volumes; otherwise appropriate intravenous fluids may be used.
- Oral rehydration should be taken by patient in small, frequent volumes (spoonfuls or small sips); see below link to table for recommended volume and time period.
- For rapid realimentation, unrestricted diet is recommended as soon as dehydration is corrected
- Additional ORS or other rehydration solutions should be administered for ongoing losses through diarrhea
- No unnecessary laboratory tests or medications should be administered
- Antimotility agents such as Lomotil ® or Immodium ® should be considered only in patients who are NOT febrile or having bloody/mucoid diarrhea. Antimotility agents may reduce diarrheal output and cramps, but do not accelerate cure.
- The decision to treat with antimicrobial therapy should be made on a patient-by-patient basis, on clinical grounds, which may include
  - o Fever
  - o Bloody or mucoid stool
  - o Suspicion of sepsis

This document is also available online with a table describing the degrees of dehydration at <http://www.bt.cdc.gov/disasters/hurricanes/dguidelines.asp>

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**