STANDARD TREATMENT WORKFLOW (STW)

Acute Diarrhea

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Awasthi S, et al: Acute Diarrhea

**Standard Treatment Workflow (STW) for the Management of ACUTE DIARRHEA**

**ICD-10-R19.7**

**DIARRHEA**
- 3 to 4 loose motions/ stools/day
- Acute diarrheal-<6 days
- Persistent diarrheal-6 days
- Dysentery- blood in stools

**EXAMINATION**
- General condition of child
- Nutritional status
- Weight for height
- MUAC
- Clasphy: thin
- Signs of dehydration & clinical dehydration

**ASK FOR**
- Duration
- Vomiting
- Fever, cough, recent illnesses
- Parental history of diarrheal disease
- Recent travel
- MNF exposure
- Food and drink eaten recently

**SKIN PINCH TEST**
- Locate the area on the child’s abdomen halfway between the umbilicus and the side of the abdomen
- Use thumb and first finger to pinch and note finger tips
- The fold of the skin should be in a fine line and down the child’s body
- Firmly pinch up 2 layers of the skin and ease under finger tips
- Prick the skin for one second and then release it. Look to see if the skin pinches go back:
  - Very slowly (longer than 2 seconds)
  - Slowly (stays up even after a brief moment)
  - Immediate

**REIENT TO HOSPITAL**
- Severe malnutrition
- HIV
- Hypertension
- Diabetes mellitus
- Malnutrition
- Age 1 to 5 years of age
- In children with severe dehydration
- Sepsis
- Malnutrition
- Persistent diarrhea in children with serious systemic infection (such as sepsis, meningitis, tetanus, etc.)

**CLASSIFY DEHYDRATION**

**NO DEHYDRATION: PLAN A**
- Fluids
  - Give extra fluids (as much as child will take) until diarrhea stops
- Use WHO ORS as needed
- Additional fluids

**SOME DEHYDRATION: PLAN B**
- Manage in any acute care facility with recommended amount of ORS, 5% glucose in 1 litre water
- Keep hydrated

**SEVERE DEHYDRATION: PLAN C**
- Urgent referral to hospital for children who continue to have frequent signs of ORS despite treatment or first time possible in patients with poor drinking ability

**CAN YOU GIVE INTRAVENOUS (IV) FLUIDS IMMEDIATELY**
- Yes
- No

**SOME Recommendations**
- Use extra fluids
- Use extra zinc
- Use extra sodium
- Use extra potassium
- Use extra magnesium

**PATIENT EDUCATION**
- Danger signs
- Hygiene practices
- Hand washing, proper disposal of excreta

**INVESTIGATIONS**
- Basic investigations
- Selective investigations
- stool culture & sensitivity
- stool microscopy
- stool ELISA (if available)
- stool PCR (if available)

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**REFERENCES**


**SELF-ASSESSMENT**
- Keep a high threshold for invasive procedures.

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