

7.3 Diarrhoea & vomiting

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History & examination

Take a full history from the patient or parent. Document symptoms, duration, and other illnesses. Note any other illness in the family particularly inflammatory bowel disease. Many antibiotics can cause GI upset and it is important to consider this in your diagnoses. Document the number and volume of loose motions and vomitus per day. It is important to note whether there is any bloody stools.

Examination should concentrate on the degree of dehydration, and systemic upset particularly evidence of sepsis. It is also important to examine thoroughly the abdomen and document any findings of surgical signs of peritonism

Investigations.

FBC

U&E

Glucose

Blood cultures if evidence of sepsis

Stool cultures

Differential diagnoses

- Infective gastro-enteritis: Campylobacter, S aureus, B cereus, Salmonella, E coli, AIDS related
- Inflammatory bowel disease
- Allergy
- Ischaemic bowel
- Appendicitis
- Drug reaction

Treatment:

A:

B:

C: This is most commonly affected .The elderly frequently develop renal impairment as a consequence of D&V

IV fluids should be commenced with electrolyte replacement as guided by the biochemistry results. Analgesia and. Antiemetic should be given parentally . Occasionally this regime allows a safe discharge home from the department with advice regarding fluid intake and urine output. Ensure stool cultures are arranged.

If you suspect infective gastro-enteritis **and** there are no signs of peritonism discuss the patient with the on call doctor in infectious diseases at Seacroft. If there are any surgical signs or you are unsure get a surgical opinion.