# Diarrhoea

- Chronic diarrhoea is defined by the production of ≥3 loose stools per day for ≥4 weeks
- Faecal calprotectin has an emerging role in differentiating inflammatory from non-inflammatory diarrhoea

## Information Required

- Presence of Red Flag features
- Stool frequency
- Stool consistency
- Stool character: presence of blood or steatorrhoea
- Presence of faecal incontinence
- Use of prescription/ over the counter medications
- Iatrogenic causes: antibiotic and drug history, previous radiation or gastrointestinal surgery
- Epidemiological factors: Overseas travel, exposure to contaminated food or water, illness in other family members
- Rectal examination and anal sphincter tone

## Investigations Required

- FBE, EUC, LFTs, CRP, TFTs, coeliac serology, Folate and B12, iron studies
- Stool M+C+S, ova, cysts, parasites, *Clostridium difficile* toxin
- Faecal calprotectin if inflammatory bowel disease suspected
- FOBT
- AXR to assess for spurious diarrhea
- Previous investigations (radiology, endoscopy/colonoscopy)

## Fax Referrals to

- Gastroenterology Outpatient Clinic
  Flinders Medical Centre 8204 5555

## Red Flags

- Fever
- Weight loss
- Blood admixed with stools
- Persistent abdominal pain
- Nocturnal diarrhoea
- Family history of bowel cancer, IBD or coeliac disease in 1st degree relative

## Suggested GP Management

### Acute diarrhoea

- Antimicrobial therapy may prolong asymptomatic carriage of *Salmonella* and may increase the risk of haemolytic uremic syndrome with *E.coli*
  - Consider if >8 stools/ day, features of dehydration, fever or >1wk duration
  - Consider in Traveler’s diarrhoea with fever, bloody stools or >1wk duration
- Antimotility agents can be considered in the absence of fever or bloody stools

### Chronic diarrhoea

- Refer if patient aged ≥45yrs or Red Flag features present
- If patient aged <45yrs, and no Red Flag features present
  - Perform preliminary investigations including faecal calprotectin as below
  - If preliminary investigations normal: Irritable Bowel Syndrome likely
  - Refer if preliminary investigations suggest gastrointestinal disease

## Clinical Resources

- American Gastroenterological Association Medical Position Statement: Guidelines for the Evaluation and Management of Chronic Diarrhea
- British Gastroenterological Society Guidelines for the Investigation of Chronic Diarrhoea 2nd Edition

## Patient Information

- Gastroenterological Society of Australia: Irritable Bowel Syndrome

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<th>Date to</th>
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<td>Nov 2017</td>
<td>Nov 2019</td>
<td>Removal of RGH details</td>
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