

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 steatorrhea
- 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 >1 wk duration
 - Consider in Traveler's diarrhoea with fever, bloody stools or >1 wk duration
- Antimotility agents can be considered in the absence of fever or bloody stools

Chronic diarrhoea

- Refer if patient aged ≥ 45 yrs or Red Flag features present
- If patient aged <45 yrs, 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](#) Gastroenterology 1999;116:1461-1463.
- [British Gastroenterological Society Guidelines for the Investigation of Chronic Diarrhoea 2nd Edition](#)

Patient Information

- [Gastroenterological Society of Australia: Irritable Bowel Syndrome](#)

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

| Version | Date from | Date to | Amendment |
|---------|-----------|----------|------------------------|
| 2 | Nov 2017 | Nov 2019 | Removal of RGH details |