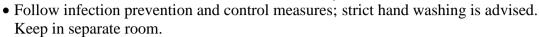


## **Management of Acute Severe Gastroenteritis (Clinically suspected Cholera)**

(July 2024)(Version 1.1)

**Acute watery diarrhea** (± vomiting) with rapid and severe dehydration (in the absence of other causes of diarrhea) (Cholera diarrhea has typical rice water stool + fishy odor)



- Check airway, breathing, circulation, assessment of Temperature, HR, BP, RR, UO and severity of dehydration \*
- Collect blood samples CP (A), CRP, U&E, Cr, RBS and stool sample for C&S/rectal swab and do ECG in necessary cases.
- May need further investigations if red flag features present\*\*

## Fluid replacement: Insert IV wide bore cannula in both arms

**Some dehydration** >> ORS 2500- 5000ml within  $1^{st}$  4 hours of presentation, then continued 500- 1000 ml of ORS after each episode of diarrhea or vomiting

**Severe dehydration** >> IV R/L (N/S or D/S) 1500 ml within 30 min followed by 3500 ml over next 2.5 hr. Replace ongoing fluid losses with IV fluid for 6-12 hours and switch to ORS as soon as the patient is able to drink (ORS 200-400 ml per hour) and passing urine.

## Antibiotics: any one available option + folic acid /Zinc 1OD

PO Doxycycline 300 mg single dose (4-6 mg/kg for > 8 yr pediatrics)

PO Azithromycin 1g single dose (20 mg/kg for pediatrics) or

PO Ciprofloxacin 500 mg BD for 3 days (15 mg/kg BD for 3 days for > 8 yr pediatrics).

IV Ciprofloxacin 200 mg 12 h for those who cannot tolerate oral intake until orally safe.



- Continuously monitor hydration status, vital signs, urine output, and stool output.
- Report to Medical Superintendent.
- If bacteria with darting motility in stool microscopy or stool culture positive, transfer to designated referral hospital (*Waibargi Specialist Hospital* in Yangon) after ensuring vital signs are stable.
- Consider transfer to ward or discharge home if the patient meets all of the discharge criteria\*\*\*

*No dehydration	*Mild dehydration	*Some dehydration	*Severe dehydration
<ul> <li>Well, alert</li> <li>Drinks normally, not thirsty</li> <li>Normal eyes</li> <li>Skin pinch goes back quickly</li> <li>Normal urine output</li> <li>Normal vital signs</li> <li>Estimated fluid deficit : &lt;50 ml/kg</li> </ul>	<ul> <li>Alert, responsive</li> <li>Thirst</li> <li>Normal eyes</li> <li>Dry mouth</li> <li>Slightly decreased urine output</li> <li>Normal vital signs</li> <li>Estimated fluid deficit : &lt;50 ml/kg</li> </ul>	<ul> <li>Restlessness, irritability</li> <li>Thirsty drinks eagerly</li> <li>Sunken eyes</li> <li>Skin pinch goes back slowly</li> <li>Reduced urine output</li> <li>Increased HR and normal or slightly decreased BP</li> <li>Estimated fluid deficit: 50 to 100 ml/kg</li> </ul>	<ul> <li>Lethargy or unconsciousness</li> <li>Very thirsty, unable to drink or drinks poorly</li> <li>Very sunken eyes</li> <li>Skin pinch goes back very slowly (≥ 2 seconds)</li> <li>Minimal or no urine output</li> <li>HR ≥ 120/min, SBP&lt;90 mmHg and increased RR</li> <li>MAP&lt;65 mmHg</li> <li>Estimated fluid deficit: &gt; 100 ml/kg)</li> </ul>
37 . DI 177 37	(DIDI) I.G		7 7 7 . 7 7

**Note:** Blood Urea Nitrogen (BUN) and Creatinine: Elevated levels may indicate dehydration and renal impairment. Elevated hematocrit can be a sign of dehydration.

Mild disease	Mild dehydration	**Red flag features	***Discharge criteria
Moderate disease	Some dehydration	Blood in stool     Useh forces	No signs of dehydration     Abla to take OBS without
	Severe dehydration with indicators of severity (HR ≥ 120/min, SBP < 90 mmHg and increased RR), MAP < 65 mmHg	<ul> <li>High fever</li> <li>Severe abdominal pain</li> <li>Immunocompromised state</li> <li>Signs of sepsis</li> <li>Recent antibiotics use (risk of <i>Clostridium difficile</i> infection)</li> </ul>	<ul> <li>Able to take ORS without vomiting</li> <li>No watery stools for 4 hours</li> <li>Able to walk without assistance</li> <li>Passing urine</li> </ul>