Published on *Infectious Diseases Management Program at UCSF* (https://idmp.ucsf.edu)

Adult Outpatients: Gastrointestinal Infections: Diarrhea

Doses provided in this table are for patients with normal renal and hepatic function. Click on drug link to go to dosing guidelines. Some antimicrobials are restricted (ID-R). Click on link for guidelines on obtaining authorization.

Diagnosis	Common Pathogens	Drug(s) of First Choice	Comments

Dysenteric Diarrhea Frequent, sometimes bloody, small-volume diarrhea associated with abdominal pain and cramping. Patient may be febrile and toxic.	*Shigella* *Salmonella* *Campylobacter* *Yersinia* *E. coli* 0157:H7 *C.difficile*	**Ciprofloxacin** [1] 500 mg PO BID OR **Ciprofloxacin** [1]750 mg daily x 3 days (avoid in cases of *E. coli* O157:H7 as it may increase the risk of hemolytic-uremic syndrome) Recent antibiotic exposure: consider *C. difficile* Antimotility drugs should not be used in *C.difficile.* *C. difficile* - **Metronidazole** [1] 500 mg PO TID x 10-14 days. If no response at 5 days, switch to **Vancomycin** 125mg PO QID x10-14 days. See inpatient guidelines [2] for severe or recurrent *C. difficile* infection and/or policy on *C. difficile* management. [3]	**Empiric therapy** is generally indicated if patient is toxic appearing, elderly or immunocompromised. If empiric therapy is given, obtain culture and give fluoroquinolone x 3 days while awaiting cultures. **Azithromycin** should be used for pregnancy and suspected quinolone resistant *Campylobacter.* Antimotility drugs improve symptoms and can be used if patient is not toxic. Strict handwashing is mandatory in all food preparation. Antimicrobial treatment may worsen outcomes in patients with *E. coli* 0157:H7 *E. histolytica* - **Metronidazole** [1] 750 mg PO TID x 7-10 days then **Iodoquinol** 650 mg PO TID x 20 days or **Paromomycin**[5] 25-35 mg/kg/day in 3 divided doses x 7 days

Nondysenteric Diarrhea Large volume, nonbloody, watery diarrhea. Patient may have nausea, vomiting, and abdominal cramping but fever often absent.	Viruses *Giardia* Enterotoxigenic *E. coli* *Enterotoxin-producing bacteria*	General Care: Observation Oral rehydration Antimotility agents *Giardia ?* especially if patient describes recent history of travel and/or ingestion of unfiltered water (e.g., camping), consider ? **Metronidazole** [1] 250 mg PO TID x 5 days.	Generally, empiric therapy and stool cultures are **not** indicated. Most disease is self-limiting and can be treated with antimotility agents. If patient fails to improve, cultures (-), and symptoms persist, consider stool for O & P. Metronidazole resistance seen in 20% giardia cases. Check *C. difficile* toxin if recent history of antibiotic use or hospitalization.
Traveler?s diarrhea Empiric treatment while abroad	Toxigenic *E. coli* *Salmonella* *Shigella* *Campylobacter* Amebiasis	**Ciprofloxacin** [1] 500 mg PO BID x 1-3 days Pregnancy or fluoroquinolone-resistant campylobacter: **Azithromycin** 1 g x 1 dose EITHER WITH or WITHOUT: **Loperamide** 4 mg PO x 1; then 2 mg after each loose stool, MAX 16 mg/day	Mild, self-limited cases can be treated with fluid and electrolyte repletion and bismuth subsalicylate. Prophylaxis generally not recommended.

UCSF Main Site

© 2013 The Regents of the University of California

Source URL: https://idmp.ucsf.edu/adult-outpatients-gastrointestinal-infections-diarrhea?mag_q=printpdf/376

Links:
[1] http://idmp.ucsf.edu/adult-antimicrobial-dosing-non-dialysis
[2] http://idmp.ucsf.edu/hospitalized-adults-gastrointestinal-infections-clostridium-difficile-disease
[3] http://idmp.ucsf.edu/ucsf-guidelines-management-c-difficile-infection