

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
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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.

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>