Acute Gastroenteritis

General points

- Infectious diarrhoea is usually self-limiting and does not require antimicrobials.
- Fluid and electrolyte replacement is essential.
- Avoid anti-motility agents.
- If immunocompromised or if symptoms are severe (e.g. signs of sepsis) or prolonged discuss with clinical microbiology advisory team.
- **Infection Control:** All patients with unexplained diarrhoea should be isolated in a single room with ensuite toilet facilities and standard and contact transmission based precautions.
- Send stool specimen to microbiology laboratory for investigation.

Specific pathogens

Salmonella gastroenteritis : Usually self -limiting infection. Antibiotics indicated in severe or invasive infection, immunocompromised hosts and those at risk of complicated infection (extremes of age, cardiac or endovascular devices, prosthetic joints). Review with susceptibility test results and discuss with microbiology.

Campylobacter spp : Self-limiting infection in most people. If severe or prolonged (> 7 days) symptoms- Azithromycin 500mg once daily PO x 3 days. Discuss with clinical microbiology advisory team if immunocompromised or signs of sepsis.

Shigella spp.: Usually antimicrobials not required if symptoms resolved. Severe infection, systemically ill or immunocompromised patients and those at high risk of contributing to secondary spread (eg. food handlers, childcare workers) should be treated: Azithromycin 500mg once daily PO x 3 days OR Ceftriaxone 1-2g once daily IV. Discuss with microbiology and review with susceptibility test results.

VTEC eg. E. coli 0157 : Antimicrobials not recommended due to potential for increased toxin production. Caution re development of Haemolytic Uraemic Syndrome (HUS).

Giardia : Metronidazole 400mg TDS PO x 5 days. Discuss with clinical microbiology advisory team if immunocompromised or pregnant.

Viral causes eg. Norovirus, Rotavirus, and Adenovirus: No antimicrobials required.