7. Gastro-intestinal conditions

- If increased fiber and oral fluids are insufficient to cure constipation and a laxative is considered necessary use **liquid paraffin 5-10 mls** daily.
- Refer all infants with constipation for specialist assessment
- Constipation in the neonate is usually due to a significant underlying problem such as bowel atresia or Hirschsprung’s disease.
- **If a neonate has not passed stools in the first 48 hours of life:**
- Refer urgently for surgical and/or pediatric assessment

**Treatment**

**Adults**

- **Bisacodyl** 5-10mg at night

**Alternatively**

- Insert one glycerol suppository at night, moisten with water before insertion.

**If no response within 3-5 days:**

- Refer for further management

**Note:** For hemorrhoids, anal fissure and other causes of persistent anal pain in adults:

  Insert one **Bismuth subgallate** suppository rectally each night and morning after defecation

7.5 Diarrhoea

7.5.1 Acute Diarrhoea

- Replace fluid and electrolyte loss
- Maintain optimal hydration
- Establish and treat causal factors
- In adults with acute diarrhoea who are systemically unwell and/or have fever, **Ciprofloxacin** 500 mg every twelve hours may be considered if the patient is (suspected to be) HIV infected
- In children, if i/v fluid is indicated but is impossible to administer, consider using the intra-osseus routes

**Treatment**

- Give low osmolarity WHO **ORS** as soon as the patient’s condition improves
- Measurement of BP and pulse may help in assessment of dehydration.
7. Gastro-intestinal conditions

7.5.1.1 Use of drugs in children with diarrhea

- Only use antibiotics for dysentery and suspected cholera cases with severe dehydration
- Use *Zinc* 20mg per day for 10 days (>6 month) or 10mg per day for 10 days (<6 month) in addition to low osmolarity ORS
- Only use antiparasitics for:
  - Amoebiasis, after antibiotic treatment of bloody diarrhea for shigella has failed or trophozoites of *E.histolytica* containing red blood cells are seen in the faeces.
  - Giardiasis, when diarrhea has lasted at least 14 days and cysts or trophozoites of *Giardia* are seen in faeces or small bowel fluid

***Antidiarrhoeals and antiemetics should never be used in children with acute diarrhea because they have no proven value and may be dangerous***

7.5.1.2 Assessment of patients for dehydration

<table>
<thead>
<tr>
<th>Look at -condition</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>- eyes</td>
<td>Well, alert</td>
<td>Restless/irritable*</td>
<td>Lethargic/unconscious: floppy*</td>
</tr>
<tr>
<td>- tears</td>
<td>Normal Present</td>
<td>Sunken</td>
<td>Very weak sunken and dry</td>
</tr>
<tr>
<td>- tongue, mouth</td>
<td>Moist</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>- thirst</td>
<td>Not thirsty Drinks normally</td>
<td>Dry</td>
<td>Very dry</td>
</tr>
<tr>
<td></td>
<td>Drinks normally</td>
<td>Thirsty</td>
<td>Drinks poorly or not able to drink*</td>
</tr>
<tr>
<td>Feel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin pinch</td>
<td>Goes back quickly</td>
<td>Goes back slowly</td>
<td>Goes back very slowly*</td>
</tr>
<tr>
<td>Decide</td>
<td>NO SIGN OF DEHYDRATION</td>
<td>If the patient has 2 or more signs including at least one sign*: SOME DEHYDRATION</td>
<td>If the patient has 2 or more signs including at least one sign*: SEVERE DEHYDRATION</td>
</tr>
<tr>
<td>Treat</td>
<td>Use Plan A</td>
<td>Weigh if possible</td>
<td>Weigh the patient</td>
</tr>
<tr>
<td>(see below)</td>
<td></td>
<td>Use Plan B</td>
<td>Use Plan C URGENTLY</td>
</tr>
</tbody>
</table>

**Note:** in severely malnourished children, skin turgor is not a reliable sign.