

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-osseous 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 (>6month) or 10mg per day for 10 days (<6month) 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

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

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