Acute Gastroenteritis - Adult

Queensland Ambulance Service

Exclusion from transport to General Practice

- Moderate to severe dehydration
- When the patient has features of severe disease as exhibited by high fever, tachycardia, abdominal pain, high-volume diarrhoea with hypovolemia, blood in the stool etc
- Patient is severely unwell, febrile, or has bloody diarrhoea
- Any other individual concerns
- Other complex comorbidities like congenital heart disease, renal insufficiency etc.

Management

- Intravenous cannula and fluids if needed as per protocol

General Practice

Assessment: history / examination

1. History and examination with reference to: abdominal pain, persistent diarrhoea (> 10 days), blood in stool, level of dehydration, recent travel, antibiotics etc
2. Frequency and nature of vomiting and diarrhoea
3. Acute gastroenteritis - faeces testing is usually not required unless:
   - diarrhoea is not resolving after 1 week
   - patient has been to an overseas location with poor water or sanitation
   - patient is a food handler, childcare or healthcare worker, or is immunocompromised. Request giardia antigen if rural or animal contact or other suspicion such as sulphurous belches, and foul flatulence
4. Chronic gastroenteritis (> 4 weeks) – consider parasites (giardia, cryptosporidium) noting if recent overseas travel in clinical details, as a wider range of parasites will be then tested for.

Examination

- This should focus on detecting and quantifying the level/degree of dehydration as well as excluding other diseases
- Observations, blood sugar level, urinalysis etc
If the patient has any of the following, please refer them to the Emergency Department:

- Specific infections which needs isolation e.g. clostridium difficile
- Any individual concerns
- Moderate or severe dehydration, anyone who may require prolonged IVT
- Any other individual concerns (patient status has changed since arrival)
- Any other concerns which is not listed here.

**Management**

**Rehydration / medication**

- Viral gastroenteritis is the most common cause of acute diarrhoea, both in Australia and worldwide; it does not benefit from antimicrobial therapy (with the important exception of cytomegalovirus)
- Most acute diarrhoea is viral and does not require antibiotic therapy
- Most bacterial causes are self-limiting. Avoid the use of unnecessary medication in gastroenteritis
  - Replacement of fluids and electrolytes is the mainstay of therapy for most acute gastroenteritis
  - Antiemetics if required
  - There is some evidence that it can reduce admission rates and improve the success of oral rehydration. Usually only one dose is required
  - If afebrile, no antibiotics are required
  - Consider antibiotics for severe campylobacter (case to case basis) and treat as per the guidelines if it is clinically severe and treat specific pathogens as per the guidelines.

**Escalation triggers**

**Refer to the Emergency Department**

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**Disclaimer:**

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.

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**Service Delivery - Standard 11**

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.

**Governance for Safety and Quality in Health Service Organisations - Standard 1**

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.

**Provision of Care - Standard 12**

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.