

DIARRHOEA INFORMATION FOR GP'S

The peak diarrhoea season in the Cape Town Metro in February to May – please be aware and manage these children appropriately

Management checklist: child has diarrhoea but is not dehydrated :

1. Instruct parents on how to make sugar-salt drink/ORS and recommend they give 50-100ml with each loose stool to replace diarrhoeal losses and prevent dehydration. Give small amounts at a time. Special drink: 1ℓ water + 8 teaspoons sugar + ½ teaspoon salt
2. Do not prescribe medication such as loperamide, antiemetics, or antibiotics (except in the latter case for dysentery).
3. Prescribe **Zinc** 10mg daily for 10 days for children <10 kg and 20mg daily for children >10kg and 20mg daily for children >10kg. If unavailable refer to local clinic to receive course of zinc that day. This shortens the duration and recurrence of diarrhoeal disease.
4. Ensure parents know the **danger signs** and where to go for help if signs are present.
5. Emphasize the **nutritional advice** listed and that regular feeds should continue plus extra liquid
6. Record episode and weight in Road to Health Booklet

Refer if present and make caregivers aware of danger signs

Take the child to the clinic when:

- Child is not able to drink or breastfeed.
- Child vomits everything that he/she drinks and eats.
- Child is having convulsions/fits
- Child is weak or lethargic
- Child has difficulty breathing.
- There is blood in the child's stools.
- Child passes less or no urine (dry nappy)

Children which need to be referred immediately:

- Dehydrated children
- Any of danger signs
- Diarrhoea in children under 6 months
- Diarrhoea with fever >38°C
- Prolonged diarrhoea for more than 5 days
- Significant weight loss
- Diarrhoea in immunocompromised child
- Any features of associated malnutrition
- Dysentery

Nutritional Aspects of diarrhoea

- Use every opportunity to promote breastfeeding for prevention of diarrhoea
- Advise caregiver to continue breastfeeding/milk feeds and age appropriate diet during the episode
- Do not advise to dilute or stop milk
- Advise an extra meal/feed per day for a week to rehabilitate from the episode
- Advise that the child get weighed at local clinic within 24 hours of presentation at GP (can also get zinc there)

“Flying Squad” ambulance transfers

- Contact Metro Ambulance **021-937 0300** when a very sick child needs to be transported to a receiving health facility or hospital. **Do not encourage the use of a public transport.** Ensure that child has access to fluids during referral and ambulance transfers.
- If possible, introduce a naso-gastric feeding tube or commence IV fluids else give ORT via cup and teaspoon
- If the child has features of shock (lethargy, prolonged capillary refill, rapid pulse with poor volume) s/he requires oxygen and an intravenous or intraosseous fluid bolus as well as airway protection and must be transported by ambulance

Refer to a nearby 24 hour facility for stabilisation rather than to a central hospital. 24 hour Community Health Centres are:

- Khayelitsha Site B - 021-361 3470
- Guguletu - 021-637 1280
- Hanover Park - 021-692 1240/1/2/3
- Mitchells Plain - 021-392 5161
- Kraaifontein - 021-987 0080
- Retreat - 021-712 5105/55/92
- Delft - 021-954 2237
- Elsies River - 021-931 0211/2/3
- Vanguard - 021-694 5540/1

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