Spot On hospital avoidance

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

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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

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.

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

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.