

Diarrhea Care Pathway

Prevention

Prevention

For irinotecan-induced diarrhea, [follow institutional standards](#)

Do not routinely use probiotics for prevention of *Clostridioides difficile* Infection (CDI)

Minimize systemic antibiotic agents as soon as possible, especially in those who have experienced CDI. If continuing antibiotic treatment is necessary, consider de-escalating to an agent with as narrow a spectrum as possible and using the shortest effective duration.

Assessment

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Assess possible causal factors such as pathogens, drugs or radiation

Send stool multiplex PCR assay sample for viral and bacterial GI pathogens capable of detecting *Campylobacter* spp. *Clostridium difficile* toxin, *Escherichia coli* O157, *Salmonella* spp., *Shigella* spp./Enteroinvasive *E.coli*, Shiga toxin, *Yersinia enterocolitica*; adenovirus (40/41 serotypes), astrovirus, norovirus, rotavirus

If necessary, send stool sample to test for occult blood

Send stool sample for ova & parasite examination based on travel history/presentation (tests for amoebic infections, Ascariasis, *Cryptosporidium*, *Cystercercosis*, *Entamoeba*, Giardiasis, Strongyloidiasis, Taeniasis)

Assess routinely using [SSPedi](#)

Mild Bother
(SSPedi score = a little)

Moderate Bother
(SSPedi score = medium)

Severe Bother
(SSPedi score = a lot or extremely)

Treatment

Treatment

Infective Gastroenteritis

Discourage fruit juices and carbonated drinks until diarrhea resolved

Treat identified causes

Do not use antidiarrheal medications

***Clostridioides difficile* Infection (CDI)**

Antibiotics for Initial Treatment (>1 year old, CDI PCR positive and symptomatic with no previous episode within the past 8 weeks):

- for first occurrence of non-severe CDI: Treat with oral metronidazole for 10-14 days
- for CDI not responsive to metronidazole after 7 days or rapid worsening of symptoms: switch to oral vancomycin
- for severe CDI: Treat with oral vancomycin for 10-14 days and consult Infectious Disease

Severe CDI: presence of toxic megacolon, pseudomembranous colitis, or hemodynamic instability

For infants <1 year of age: consult Infectious Disease for appropriateness of starting CDI treatment given high likelihood of carrying *C. difficile* asymptomatically in the gastrointestinal tract

Antibiotics for Recurrent Treatment (previous CDI episode within 2-8 weeks):

- for first recurrence of non-severe CDI: Treat with oral vancomycin for 14 days
- for severe CDI or greater than first recurrence of CDI: Treat with oral vancomycin for minimum of 14 days and consult Infectious Disease
- for CDI not responsive to vancomycin after 7 days or rapid worsening of symptoms: consult Infectious Disease
- fidaxomicin should not be used routinely but may be helpful for recurrent CDI in consultation with Infectious Disease

Do not routinely use monoclonal antibodies

Do not routinely use probiotics

Do not routinely use fecal microbiota transplantation

Non-microbiological Associated

Treat identified non-microbiological causes and provide supportive care with hydration, nutrition and pain management as indicated

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