 **Diarrhoea Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Diarrhoea |
| **Rationale** | To promptly and appropriately treat patients presenting with acute onset diarrhoea |
| **Scope (condition and patient group)** | Any patient assessed as suffering from acute onset diarrhoea. |
| **Red Flags** | In people with diarrhoea containing blood or mucus antidiarrhoeal medicines increase the risk of toxic megacolon and prolong duration of diarrhoea. |
| **Assessment** | 1. The examination should focus on identifying dehydration. This includes basic observations with attention to skin turgor, mucus membranes and capillary refill rate, the absence of tears, low urine output and an abdominal examination.  2. Laboratory investigation is **not** routinely required for patients with acute diarrhoea.  However, in a patient with a rural occupation, residence or recent exposure to animals, laboratory investigation is recommended to provide additional information to guide treatment and for notification purposes.  Request the following tests if indicated:   * Faecal culture and microscopy * Faecal Giardia and Cryptosporidium antigen tests   3. The focus of management is preventing or treating dehydration and electrolyte disturbance and reassuring the patient that diarrhoeal illnesses are usually self-limiting. |
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| **Indication** | **To treat acute diarrhoea with an anti-motility agent** |
| **Medicine** | **Loperamide** 2mg |
| **Dosage instructions** | Adult: initially 4 mg followed by 2 mg after each loose stool; maximum 16 mg daily  Child 12–18 years: initially 4 mg, then 2 mg after each loose stool for up to 5 days (usual dose 6–8 mg daily; maximum 16 mg daily) |
| **Route of administration** | Oral |
| **Quantity to be given** | 5 days |
| **Contraindications** | Conditions where inhibition of peristalsis should be avoided  When abdominal distension develops  In conditions such as active ulcerative colitis or antibiotic-associated colitis |
| **Precautions** | * Ensure appropriate use of fluid and electrolyte replacement * In acute diarrhoea only use for short-term symptomatic management |
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| **Indication** | **To treat fluid and electrolyte loss due to diarrhoea** |
| **Medicine** | **Enerlyte** sachets OR **Pedialyte** solution |
| **Dosage instructions** | Adult and child >12 years: According to fluid loss, usually 200–400 mL solution after every loose motion  Child 1–12 years: 200 mL after every loose motion  Child 1 month–1 year: 1–1½ times usual feed volume |
| **Route of administration** | Oral |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | None |
| **Precautions** | After reconstitution of Pedialyte any unused solution should be discarded no later than 1 hour after preparation unless stored in a refrigerator when it may be kept for up to 24 hours. |
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| **Additional information** | Antimotility drugs prolong the duration of intestinal transit by binding to opioid receptors in the gastro-intestinal tract. Loperamide does not cross the blood-brain barrier readily.  Antimotility drugs have a role in the management of uncomplicated acute diarrhoea in adults but not in children under 12 years.  In the case of dehydration, fluid and electrolyte replacement are of primary importance.  In infants, breast-feeding or formula feeds should be offered between oral rehydration drinks.  Drinking undiluted fruit juices or carbonated drinks should be discouraged, as they contain high levels of sugar, and can increase dehydration through diuretic action and by altering the osmolality of the gut.  If pain relief is required, paracetamol can be given. NSAIDs should be avoided in people with dehydration or the potential for dehydration due to the risk of kidney injury.  The patient’s current medicine use should also be reviewed, as certain medicines may worsen diarrhoea (e.g. laxatives), increase the risk of complications from the diarrhoea (e.g. diuretics, NSAIDs) or can be affected by diarrhoeal symptoms (e.g. reduced absorption of oral contraceptives). |
| **Follow-up** | Follow-up should be considered promptly for older patients who are unable to manage at home by themselves or younger children whose condition may deteriorate rapidly. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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