



Queensland  
Government

Children’s Health Services

Royal Children’s Hospital

**General Paediatrics**

**Consultant Clinics**

## Chronic non-bloody diarrhoea – all ages

Definition of chronic is ≥ two weeks duration

Initial work-up	Pre-referral treatment	Refer when
<ul style="list-style-type: none"> <li>• Characterise the nature of the stool and its frequency. In infants - is the baby breast fed?</li> <li>• Weight and height (or length) and position on percentiles. Previous percentile chart measurements are essential to evaluate the seriousness of chronic diarrhoea. (A fall through percentiles is suggestive of a recent medical condition and such a change after introduction of wheat is very suggestive of celiac disease).</li> <li>• Abdominal examination</li> <li>• Is there evidence of chronic constipation?</li> <li>• The following investigation may assist in evaluating further:                         <ul style="list-style-type: none"> <li>▪ Stool MC&amp;S, ova &amp; parasites, fat globules and fatty acid crystals</li> <li>▪ Stool for clostridium difficile toxin A/B if recent antibiotic use</li> <li>▪ Consider blood tests such as: FBE with diff, erythrocyte sedimentation rate (ESR) or c-reactive protein (CRP), iron studies, Liver function tests (LFTs), coeliac serology (anti-tissue transglutaminase (aTTG))</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Consider a change in diet to exclude osmotic diarrhoea (e.g. high fruit juice or soft drink intake)</li> <li>• Consider pro-biotic treatments if recent antibiotic use</li> <li>• Consider trial of Metronidazole in child over one year</li> </ul>	<ul style="list-style-type: none"> <li>• Growth failure</li> <li>• Abnormal results</li> <li>• Persistent symptoms (&gt; one month)</li> </ul>

**Provision of named referrals for all patients referred to the RCH will expedite patient access**

**Clinical Advice: Tel (07) 3636 3777 and ask for Paediatric Registrar or A/H (07) 3636 9005 Emergency Department**

**Referral Form Download: [http://www.health.qld.gov.au/rch/professionals/gp\\_referrals.asp](http://www.health.qld.gov.au/rch/professionals/gp_referrals.asp)**

**Send Referrals to: Medical Objects Address – QHEALTH, ROYAL CHILDREN’S HOSPITAL Fax: (07) 3636 7811 Mail: Outpatients Department  
HealthLink Address - [qldrchld](http://qldrchld)**

**Royal Children’s Hospital  
Herston Rd, HERSTON 4029**



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## Contact us

RCH Switchboard	(07) 3636 3777
Emergency Department	
• GPs only (clinical advice)	(07) 3636 9005
• General enquiries	(07) 3636 8085
• Triage nurse	(07) 3636 7900
• ED Admission enquiries	(07) 3636 7700
Admission Enquiries	(07) 3636 8307
Admission Enquiries After Hours (via the RCH Main Switch)	(07) 3636 3777
Poisons Information Centre	131126
<b>Seriously Unwell Child: RCH Emergency Department</b>	<b>(07) 3636 9005</b>

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These guidelines were reviewed and developed by specialists at the Royal Children's Hospital and reviewed by a working group of metropolitan general practitioners in Queensland.

Feedback or suggestions welcomed. Contact the **Centre for Healthcare Excellence**: [CHS\\_CHE@health.qld.gov.au](mailto:CHS_CHE@health.qld.gov.au)

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## References

Paediatric Handbook (2003) *Gastrointestinal Conditions, Chapter 24* (pp369-389). Mark Oliver and Lionel Lubitz, Seventh Edition, Blackwell Publishing. By the staff of the Royal Children's Hospital, Melbourne, Australia

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