# Gastroenteritis

Resident with suspected gastroenteritis - see: *When to suspect gastroenteritis* (see Practice point 1)

1. Immediately institute strict *infection control procedures* (see Practice point 2)
2. Check vital signs - review *Recognition of the deteriorating resident*
3. If not immediately life-threatening, review *Checklist for contact* and contact GP*

**STABLE VITALS** → Perform an *Assessment of a resident with gastroenteritis* (see Practice point 3)

**UNSTABLE VITALS**

Review advance care plan and refer to *Management of residents with unstable vital signs*

**DEVELOPS RED FLAGS OR UNSTABLE VITAL SIGNS**

**RED FLAGS PRESENT** ← Assess for Dehydration and identify and escalate *Red flags* (see Practice point 4)

**RED FLAGS ABSENT**

Assess for *Escalation criteria* (see practice point 5)

**ESCALATION CRITERIA ABSENT**

1. Confirm gastroenteritis is most likely diagnosis with GP
2. GP initiates appropriate *investigations* (see practice point 6)
3. Screen all residents for symptoms and where 2 or more residents are identified to have symptoms of gastroenteritis in a 24 hour period, enact *facility outbreak management plan* and notify *HHS Public Health Unit* - refer to:
   i. *Gastro-info kit* and
   ii. For viral gastroenteritis: *Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units* for outbreak management guidance
   iii. For food-borne gastroenteritis outbreaks, *Queensland Health Guideline for the investigation and management of suspected food borne illness outbreak*
4. Monitor:
   - vital signs regularly
   - fluid balance: with GP consultation, consider with-holding antihypertensives and diuretics if dehydrated
   - comorbidities: if known diabetic monitor blood glucose levels regularly and enact *diabetes sick day management* plan
5. Encourage oral fluids as appropriate to individual resident and monitor for dehydration - see *Dehydration and subcutaneous fluids*; avoid high fat foods or simple sugars
6. Consider antiemetics
7. Note: loperamide is not generally recommended due to a high rate of adverse effects in this population
8. Monitor for development of *Red flags* (see practice point 4) or *Escalation criteria* (see practice point 5)

**ESCALATION CRITERIA PRESENT**

**FAILS TO IMPROVE OR DEVELOPS ESCALATION CRITERIA**

Refer to *HHS RaSS* at GP discretion

**IMPROVES**

For 48 hours after resolution of symptoms continue to isolate residents and monitor fluid balance and oral intake

*Where feasible, arrange telehealth or face-to-face GP review

## Gastroenteritis practice points

### 1) When to suspect gastroenteritis

Suspect potential gastroenteritis if the resident has one or more of the following:

- Diarrhoea (loose stools and/or three or more bowel motions over an individual's baseline in a 24 hour period)
- Vomiting (2 or more episodes in a 24 hour period)
- Nausea
- Cramping abdominal pain

Gastroenteritis should also be considered in assessment of residents with:

- Functional decline
- Dehydration
- Systemic symptoms such as fever, headache, myalgia and malaise

### 2) Infection control procedures in gastroenteritis

Refer to *Gastro-info kit* and *Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units* and *Australian Guidelines for Prevention and Control of Infection in Healthcare* or detailed infection control advice

- Isolate resident and place under standard and transmission-based precautions including contact and droplet precautions - where possible, place resident in a single room with an unshared bathroom. Suspected cases are isolated until alternative, non-infectious cause is confirmed to have caused the symptoms or until 48 hours after resolution of symptoms (or as guided by the *HHS Public Health Unit*)
- Staff apply appropriate personal protective equipment (PPE) as guided by *Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units*
- Reinforce hand hygiene with staff & visitors - ensure adequate supplies of liquid soap and running water (note: non-enveloped viruses, such as norovirus are less susceptible to alcohol-based hand rub). Effective hand-washing can reduce staff absenteeism and outbreak size
- Cohort staff and restrict movement between affected and unaffected areas
- Screen and monitor residents and staff for symptoms. Where staff develop symptoms, they should isolate at home for at least 48 hours after resolution of symptoms
- Restrict visitors and place appropriate signage at all entrances and exits - timely institution of visitor restrictions are associated with shorter duration of outbreaks and reduced duration of closure
- Refer to *Australian Guidelines for Prevention and Control of Infection in Healthcare* for detailed advice on environmental cleaning
- Reinforce food hygiene standards including:
  - attention to hand hygiene
  - prevention of gross contamination during food preparation
  - provision of adequate hand washing facilities for food handlers
  - ensuring that food handlers do not work while they have symptoms of gastroenteritis

## Gastroenteritis practice points

### 3) Assessment of a resident with gastroenteritis

Assessment of a resident with symptoms of gastroenteritis involves assessment to:

**1. Identify the underlying cause of the symptoms / exclude differential diagnoses**
Examples of considerations include:

| Assessment feature | Differential diagnosis |
|---|---|
| Severe abdominal pain | Consider surgical cause of symptoms (e.g. appendicitis, ischemic bowel, volvulus), particularly where there is clinical evidence of peritonism (abdominal guarding, rebound tenderness or rigidity) |
| Respiratory symptoms (e.g. cough, shortness of breath) | Consider COVID-19 – note gastrointestinal symptoms may precede respiratory symptoms so low threshold to perform SARS-CoV-2 PCR |
| Haematemesis (vomiting of blood or coffee-ground vomitus) | Upper gastrointestinal haemorrhage |
| Melaena (tarry, black stools) | |
| Recent hospitalisation | Clostridium difficile |
| Recent antibiotic therapy | |
| Medication complication | Antibiotics |
| | Chemotherapy |
| | Lithium toxicity |
| | Colchicine toxicity |
| | Iron overdose |
| Isolated vomiting in the absence of diarrhoea | Increased intracranial pressure (particularly if concurrent altered level of consciousness, severe headache, declined mobility, history of falls or anticoagulation, new focal neurological deficit) |
| | Bowel obstruction (particularly if not passing gas / bowel motions) |
| | Uremia (worsening renal failure) |
| | Sepsis (particularly if unstable vital signs) |

**2. Identify and institute management plans to prevent complications of gastroenteritis including:**

- Dehydration - review *Dehydration and subcutaneous fluids*
- Electrolyte imbalance and / or hypoglycaemia - replace electrolytes and glucose as required
- Skin injury due to perineal excoriation or pressure injury - prevent through institution of a structured skin care procedure for cleansing, moisturising and protecting skin
- Increased falls risk - particularly in residents with evidence of a postural drop in blood pressure or in mobile residents with diarrhoea and new incontinence
- Functional decline
- Destabilisation of comorbidities
- Aspiration pneumonia, particularly in residents with altered level of consciousness or impaired cough reflex

## Gastroenteritis practice points

### 4) Red flags for deterioration

Red flags for deterioration or an underlying life-threatening cause/ complication in residents with gastroenteritis should prompt review of *Management of residents with unstable vital signs* pathway. Red flags include:

1. Unstable vital signs including altered consciousness
2. Severe dehydration - review Dehydration and subcutaneous fluids pathway
3. Concurrent pulmonary oedema or aspiration pneumonia or new oxygen requirement
4. Resident receiving terminal care or nearing end of life
5. Severe abdominal pain
6. Rigors (uncontrollable shivering / shaking)
7. Haematemesis (vomiting of blood or coffee ground vomitus) or melaena (black, tarry stools)

### 5) Escalation criteria

1. Unstable vital signs (refer to *Recognition of the deteriorating resident* and *Management of residents with unstable vital signs*)
2. Worsening confusion or delirium
3. Syncope or concurrent falls
4. Progressive worsening of dehydration rather than improvement
5. Development of any of:
   - Sepsis

- Chest pain

6. Comorbidities that require stabilisation
7. Acute on chronic renal impairment
8. Electrolyte disturbance requiring replacement therapy
9. Persistence of symptoms of gastroenteritis for more than 1 week

### 6) Investigations in residents with gastroenteritis

Investigations should be individualised to the residents presentation and goals of care but may include:

- SARS-CoV-2 PCR
- Stool bacterial and viral PCR is indicated in this population, predominantly for public health reasons and particularly for index case/s in a gastroenteritis outbreak
- Clostridium difficile if recent hospitalisation or recent antibiotics
- Full blood count and urea and electrolytes should be performed in residents with immune suppression and in those with moderate to severe dehydration or premorbid renal impairment
- Where symptoms persist for more than 7 days, add stool examination for Giardia and Cryptosporidium
- In residents with clinical features of sepsis, perform blood cultures

## Gastroenteritis references


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## Gastroenteritis version control

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