

Nausea, Vomiting, Diarrhea (+ Gastroenteritis)

1. Cause of N/V

- Detective work → thorough Hx

- Gastroenteritis associated w/

- ① ETOM

- ② Drug induced (NSAIDs, aspirin, abx, illicit drugs)

- ③ Sx of hepatitis, MI, peptic ulcer

- (AGE)

- ④ Acute gastroenteritis (most common)

- AGE - inflammation of

2. AGE

- ① Stomach ⇒ N/V

- Sx: rapid onset lasting < 2 weeks, N/V/D, fever,

- abd pain, fatigue, anorexia, tenesmus, barborygmus

- tenesmus - incomplete BM

- Hx is key: ask hx food, travel, sick contacts, abx hx, • Duration of illness

- duration of illness

- ① acute ⇒ by infectious agent

- PE T normal in general

- ② chronic ⇒ by non-infectious

- maybe dehydrated (dry mucus, tachycardia,

- orthostatic hypotension, dizziness)

- Pathogens

- ① Viral gastroenteritis

- Norovirus: leading ⇒ of D for adult

- Rota virus: leading ⇒ of AGE for pediatric

- upto 2yo old. But incidence ↓

- Cytomegalovirus (CMV) & Herpes simplex virus due to rotavirus vaccine

- (HSV) among immunocompromised pt

- Rotavirus is less common w/

- ② Bacterial

- adults

- ③ Parasitic

- Testing

- ① Stool study - not indicated unless bloody stool or

- Adult - run the course of disease

- systemic disease. Order stool study if

- and will resolve

i) severe / prolonged D

ii) fever

iii) bloody stool or ↑ leukocytes or occult

blood

- stool study reveals: shigella, salmonella,

campylobacter, aeromonas, yersinia, e.coli

- ova + parasite test: giardia, cryptosporidium

Sx of diffused colonic inflammation

likely from bacterial pathogen

3. Traveler's diarrhea

• recent travel out of US w/ food

• common pathogens - shigella, campylobacter, e.coli

• send stool sample for specific

4. D after abx

Study ① e.coli ② vibrio

• Do tissue culture assay & ELISA test for C.diff, cholerae

5. DDX of AGE

• IBS

• JBD (Crohn's, ulcerative colitis)

• ischemic bowel syndrome

• partial bowel obstruction

• small bowel diverticulosis

• chronic pancreatitis

• DDX vomiting just after eating

gastroenteritis

digitalis toxicity

vomiting 1-2 hr after eating

biliary tract disease

pancreatic disease

projectile vomiting w/o nausea - neurologic (TIA)

N/V in AM

uremia

pregnancy

chronic ETOH

• DDX by duration
 | >24hr - GI infection
 | weeks - pregnancy

• DDX by characteristic of Vomitus
 | repeated V of bile - pyloric obstruction
 | V of undigested food - esophageal obstruction

* NVD col abd pain? → gastroenteritis

6. Red flag - severe volume depletion, abnormal electrolytes,
abnormal renal function, bloody stool/rectal bleeding,
wt loss, severe abd pain, prolonged sx (>1 week),
hospitalization or abx in 3-6 months, pregnancy/old

7. Treatment

- generally resolves in 1 week after onset
- fluid/nutrition replacement
- In general, abx Rx is not needed
- Severe traveler's diarrhea
 - Bactrim DS (trimethoprim-sulfamethoxazole) 1 tab BID x 3d
- Mild form of D
 - ciprofloxacin 500mg
 - Norfloxacin 400mg
 - Ofloxacin 300mg
- Abx prophylaxis for traveling is 90% effective - given daily + 2 day after returning
- Severe diarrhea
 - <65 yr old - 1-2 days of loperamide (Imodium)
- Significant vomiting
 - zofran or phenergan

8. Prevention

- Hand washing, travelers should eat safe drink & food.