

Gastro Kit Instructions – South East Asia

The World Health Organisation defines diarrhoea as:

" the passage of 3 or more, loose to liquid stools per day, or more frequently than is normal for the individual". If you then add any of the following symptoms:

- Fever
- Nausea or vomiting
- Abdominal cramps
- Tenesmus (the sensation of not fully emptying your bowels)
- Bloody poo (literally)

you fulfil the classification of Travellers' diarrhoea (TD).

Rehydration is the most crucial step in all stages – ORS for kids, elderly and those with pre-existing medical conditions. Healthy adults can usually maintain fluids and consider electrolytes. Normal maintenance fluids are based on age and weight; you should attempt to replace 50% of losses in addition to normal daily maintenance, so depending on how much you vomit or poo it can be hard to maintain hydration.

Mild - Diarrhoea that is tolerable, is not distressing and does not interfere with planned activities

Important DO NOT USE Antibiotics at this stage

Consider using the following for symptom control:

- **Hyoscine 10mg (Stomach Cramps)** - 2 tablets every 6 hours as needed for stomach cramps, max 8/day
- **Metoclopramide 10mg (Anti-nausea)** – 1 tablet every 8 hours as needed for nausea, max 3/day This medication is not to be used in kids <12 years of age (**Ondansetron** is safe in kids but not stocked in our routine kits but can be customised depending on age of kids travelling)

Moderate - Diarrhoea that is distressing or interferes with planned activities

Important DO NOT USE Antibiotics at this stage

Maintain your fluids, bland your diet and avoid obvious triggers such as lactose and spicy foods.

Consider using the following for symptom control:

- **Hyoscine 10mg (Stomach Cramps)** – 2 tablets every 6 hours as needed for stomach cramps max 8/day
- **Metoclopramide 10mg (Anti-nausea)**– 1 tablet every 8 hours as needed for nausea, max 3/day (**Ondansetron** is safe in kids but not stocked in our routine kits but can be customised depending on age of kids travelling)

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- add **Loperamide 2mg (Diarrhoea Relief)** - 2 tablets immediately + 1 tablet after each stool as required (max. 8 tablets/day)

BE AWARE OF ANTIBIOTIC RESISTANCE ISSUES IF USED INAPPROPRIATELY

- in certain situations you may still choose to use them, but we recommend attempting to seek medical advice first

SEVERE – Diarrhoea that is incapacitating or prevents planned activities

Consider using the following for symptom control:

- **Hyoscine 10mg (Stomach Cramps)** - 2 tablets every 6 hours as needed for stomach cramps max 8/day
- **Metoclopramide 10mg (Anti-nausea)** – 1 tablet every 8 hours as needed for nausea max 3/day
- Day 1 Commence **Azithromycin 500mg (Antibiotic for Diarrhoea)** 2 tablets stat plus add **Loperamide (Diarrhoea Relief)** - 2 tablets stat + 1 tablet after each stool as required (max. 8 tablets/day)
If ongoing Travellers' Diarrhoea (remember the definition), continue to Day 2
- Day 2 **Azithromycin 500mg (Antibiotic for Diarrhoea)** 1 tablet Daily plus **Loperamide 2mg (Diarrhoea Relief) if required** + 1 tablet after each stool as required (max. 8 tablets/day)
If ongoing Travellers' Diarrhoea (remember the definition), continue to Day 3
- Day 3 **Azithromycin 500mg (Antibiotic for Diarrhoea)** 1 tablet Daily plus **Loperamide 2mg (Diarrhoea Relief) if required still** + 1 tablet after each stool as required (max. 8 tablets/day)

SEEK MEDICAL ADVICE if still no improvement in the first three days on this management; TD is often self-limited with half of patients spontaneously cured within 48 hours. If travelling for longer than 2-week duration a larger gastro kit may have been discussed including parasitic treatment options.

DO NOT USE LOPERAMIDE IF DYSENTERY – ie. fever or blood/mucus in the stool and studies now show increased resistance of MDR bacteria in returning travelers who used antibiotics and loperamide together. Thus there is the legitimate reminder to only use loperamide if ongoing diarrhea is intolerable once you have started antibiotics.

There may be a long-term impact of TD, the most frequent being **Post-Infectious Irritable Bowel Syndrome (PI-IBS)**. Based on a meta-analysis this occurred in 5.4% of TD patients but also travellers without TD developed this disease in 1.4%.