

تفريغ من ريكورد الدكتور + ChatGPT
+ حظيت السلايمان ابي الدكتور قافتم

تفريغ دانه أشرف
أدعو لوالدي بالرحمة والمغفرة.

Management of Diarrhea

اللهم افتح لي أبواب العلم، وانر قلبي بالفهم والحكمة، واجعل علمي نافعا، ووفقني لما تحب وترضى.

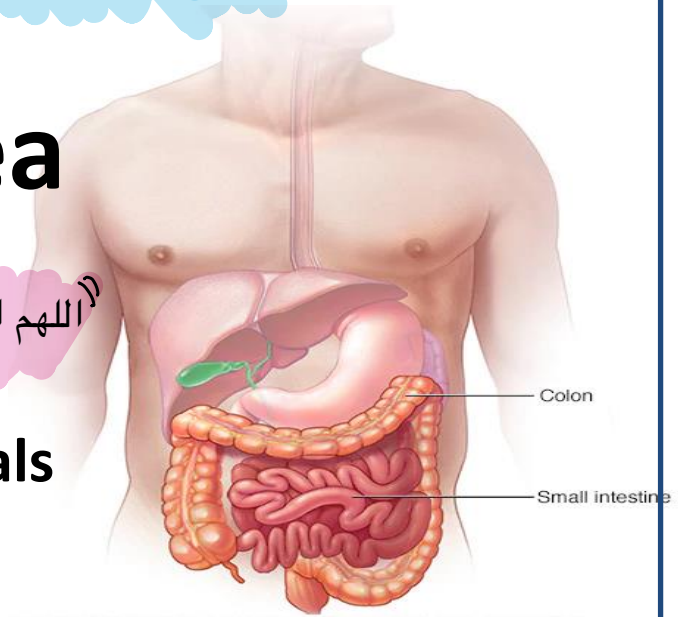
Non-Prescription Drugs and Parapharmaceuticals

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Introduction

زيادة عدد مرات التبرز + البراز يكون لين أو مائي

Diarrhea is defined as an **increased frequency of bowel evacuation**, with the **passage of abnormally soft or watery feces**.

WHO حسب الـ 3 مرات أو أكثر من التبرز السائل باليوم

WHO definition of Diarrhea: the passage of **three or more loose or liquid stools** per day (or more frequent passage than is normal for the individual).

الأعراض التي تظهر مع diarrhea
1 Perianal discomfort ← ألم وحرقة حول الشرج
2 Urgency ← شعور مفاجئ بالحاجة للتبرز
3 Incontinence ← عدم القدرة على التحكم بخروج البراز

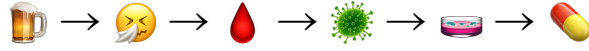
Associated with perianal discomfort, urgency, incontinence.

Diarrheal disease is the **second leading cause of death** in children under five years old.

Diarrhea
يُعتبر ثاني سبب للوفاة
للأطفال تحت الخمس سنوات ⚠️

What Causes Diarrhea?

الإطرية لحفظهم

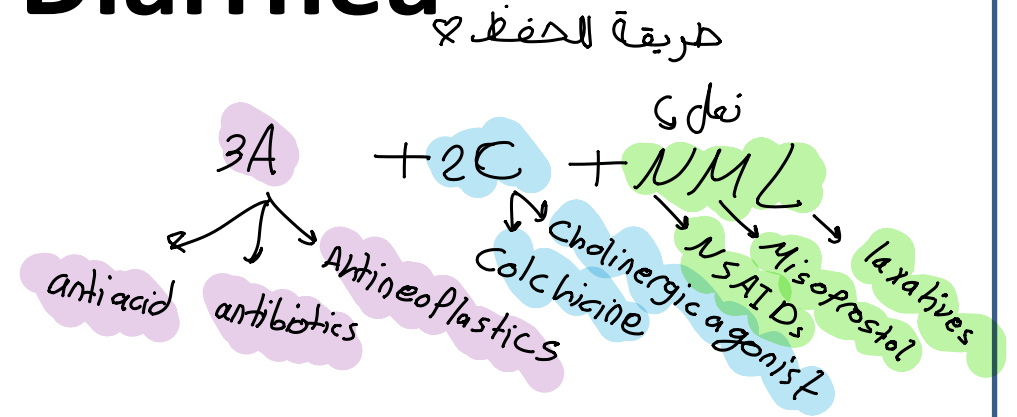


أحد شرب كحول ، أكل أكل ما بناسبه ، عنده سكري ، أمعاؤه ملتهبة ، انسمم ، وأخذ دوا

- Alcohol abuse.
- Allergies to certain foods.
- Diabetes.
- Diseases of the intestines (such as Crohn's disease or ulcerative colitis)
- Infection by bacteria (the cause of most types of food poisoning) or other organisms.
- Medications.

Drugs Causing Diarrhea

1. Laxatives
2. Antacids containing magnesium
3. Antineoplastics
4. Antibiotics
5. Cholinergics agonists
6. Nonsteroidal anti-inflammatory drugs
7. Misoprostol
8. Colchicine



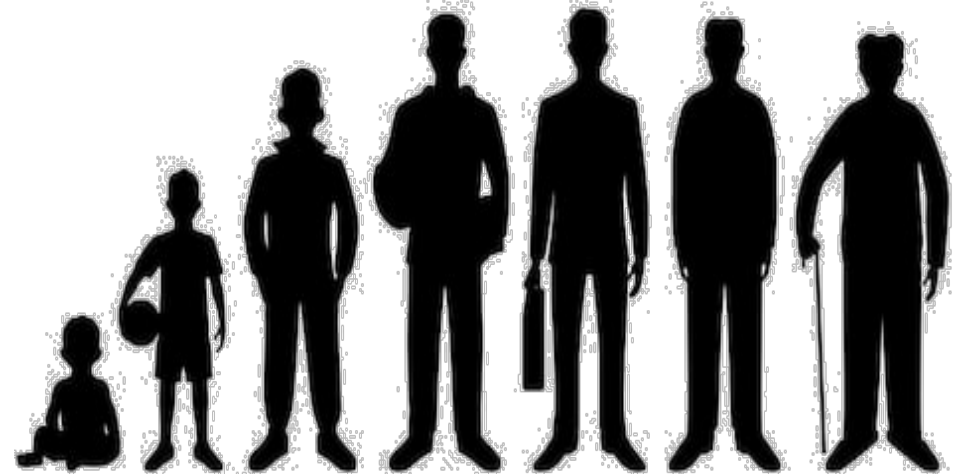
العمر كبير منهم لانو هكينا اننا سبب من اسباب الوفاة للاطفال تحت 5 سنوات هو (diarrhea)

What you need to know/ 1. Age

Particular care is needed in the very young and the very old.

يعني ببساطة واحد كبير بالعمر أو طفل صغير معرقل منسبة diarrhea وندهم جفاف (dehydration) ← بخاف يغير ندهم جفاف

Infants (younger than 1 year) and older people are especially at risk of becoming dehydrated.



What you need to know / 2. Duration

Most cases of diarrhea will be acute and self-limiting.

Because of the dangers of dehydration, it would be wise to refer infants with diarrhea of **longer than 1 day's duration to the doctor.**

☆ اذا اجابى طفل ومكت امة عند diarrhoea لمدة اكثر من يوم ← لازم احوال على طبيب عيونه (Medical)



غالبا ال acute diarrhea يكون بسبب (infection)

What you need to know/ 4. Associated Symptoms

موافقاتو

Acute diarrhea arising from infection is usually rapid in onset and produces watery stools that are passed frequently. Abdominal cramps, flatulence and weakness or malaise may also occur.

diarrhea بيلس ال بسرعة

بكون مائي

البراز بيخروج كثير (more than usual)

Abdominal cramps, flatulence and weakness or malaise

(وجع بالطن ونغازات وتعبه) وكمال عياني وتهيء وحرارة

Nausea and vomiting may be associated with diarrhea, as may fever.

وغالبا لها اشرف عندو diarrhea مع حرارة بعرض انا السبب (infection)

The pharmacist should always ask about vomiting and fever in infants; both will increase the likelihood that severe dehydration will develop.

لا (infant) ارضيع اذا بلش يمرض عندو معناها انورج بيلس يمرض عندو جفاف وحكينا هاد الامشي خطر للبي موم اقل من ينه (dehydration)

Another important question to ask about diarrhea in infants is whether the baby has been taking milk feeds and other drinks as normal. Reduced fluid intake predisposes to dehydration.

سؤال baby بؤخذ السوائل ابي بيحتاجها من الحليب . و اذا ما ترون الحليب فشن سوال يجسه .

لزم تسأل ال اهر سوالين مهمات 1- اذ طفل عندو fever and vomiting؟ 2- اذ طفل بيخروج حليب؟

What you need to know/ 4. Associated Symptoms

أكثر أضرار خطير (diarrhea) أن يصبح dehydration.

The most severe threat posed by diarrhea is **dehydration**.

During a diarrheal episode, water and electrolytes (sodium, chloride, potassium and bicarbonate) are lost through liquid stools, vomit, sweat, urine and breathing.

يتم فقد السوائل عن طريق

Dehydration occurs when these losses are not replaced.

• dehydration (ج) يصبح لهما ما يتم تعويض السوائل التي انفقته.

What you need to know/ 4. Associated Symptoms

بِسْأَلِ الْمَرِيضِ هُوَ بِالْعِبْرَةِ كَمَا أَنَّ خَدْرَ DIARRHEA ؟ اِيَّا هُوَ
ممكن يكون ← Food poisoning

The pharmacist should **question the patient about food intake** and also **about whether other family** members or friends are suffering from the same symptoms, since acute diarrhea is usually due to an infection.

Often there are localized minor outbreaks of gastroenteritis, and the pharmacist may be asked several times for advice and treatment by different patients during a short period of time.

إذا هك في blood أو mucus

The presence of blood or mucus in the stools is an indication for referral.

Diarrhea with severe vomiting or with a high fever would also require medical advice.

Medical advice ← مايجعل أشي حكيه أنت محتاج
[high fever إذا
أو
sever vomiting

What you need to know/ 5. Recent travel abroad

infection
غالباً السبب
Medical
advice

إذا كان مسافر ← يحتاج

Diarrhea in a patient who has recently travelled abroad **requires referral since it might be infective in origin.**

Giardiasis (a diarrheal disease caused by the microscopic **parasite** *Giardia*) should be considered in travelers recently returned from South America or the Far East.



What you need to know/ 6. Causes: Infections

Rotavirus
→ bacterial
→ viral
→ parasitic

Most cases of diarrhea are short lived, the bowel habit being normal before and after.

In these situations, the cause is likely to be infective (viral or bacterial).

Diarrhea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of **bacterial**, **viral** and **parasitic** organisms.

Infection is spread through contaminated **food or drinking-water**, or from **person-to-person as a result of poor hygiene**.

Rotavirus and **Escherichia coli**, are the two most common etiological agents of moderate-to-severe diarrhea in **low-income countries**.

Worm أو infection

What you need to know/ 6. Causes: Infections

	Viral	Bacterial	Protozoa
Cause	Infants--- Rotavirus All age groups--- <u>Norovirus</u>	consumed through contaminated food or water; <u>Campylobacter</u> , <u>Salmonella</u> , <u>Shigella</u> , <u>Clostridium difficile</u> and <u>Escherichia coli (E. coli)</u>	<u>Entamoeba histolytica</u> <u>Giradia lamblia</u>
Duration	<u>2-3 days</u>	From <u>hours</u> to <u>one week</u> من ساعات إلى اسبوع	From <u>hours</u> to <u>weeks</u>
treatment	<u>Fluids and electrolytes</u> <u>No antibiotics</u> ما يحتاج علاج (self limited) ليس antibiotic استبدال السوائل antibiotic	<u>Fluids and electrolytes</u> Antibiotics is needed in sever cases محتاج antibiotic	<u>Fluids and electrolytes</u> <u>Antimicrobial therapy</u> لما حكت مثال عليه Metronidazole

What you need to know/ 6. Causes: Infections (Bacterial)

سبب الالتهاب

Table 2.4 Features of some infections causing diarrhoea

Infection	Incubation	Duration	Symptoms
<i>Staphylococcus</i>	2–6 h	6–24 h	Severe, short lived; especially vomiting
<i>Salmonella</i>	12–24 h	1–7 days	Mainly diarrhoea
<i>Campylobacter</i>	2–7 days	2–7 days	Diarrhoea with abdominal colic
<i>B. cereus</i>	1–5 h	6–24 h	Vomiting
<i>B. cereus</i>	8–16 h	12–24 h	Diarrhoea
<i>L. monocytogenes</i>	3–70 days		Flu-like, diarrhoea

What you need to know/ 6. Causes: Antibiotics and Clostridium Difficile

يمكن أن أحد أسباب الـ diarrhea استخدام ← broad spectrum antibiotic ← البرج يمين العفاد البكري رح يقتل الـ normal flora في بال intestine
وهذا الاضطراب يجعل نمو البكتريا ←
C. difficile

A quarter of cases of antibiotic-associated diarrhea are due to *Clostridium difficile*.

Many **people carry small amounts of this bacteria in their gut**, and as it is resistant to many antibiotics, the antibiotic kills off other flora in the gut and allows the *C. difficile* to flourish.

Some strains of *C. difficile* **produce a toxin that damages the large bowel lining**, which results in **profuse watery diarrhea**.

صاد البكتيريا رح تبالش تعمل
1
2
وهي البكتيريا رح تسبب diarrhea

These strains can get passed to other patients if hand washing and careful hygiene practice is not followed.

What you need to know/ 6. Causes: Antibiotics and Clostridium Difficile

الأشخاص الأحياء

In fitter, mobile people, the infection causes unpleasant diarrhea lasting a few weeks.

الأشخاص الأحياء
الذين هم في صحة جيدة لا يسببون مشاكل

In debilitated (weaken) people the complications of *C. difficile* infection can be more severe and include dehydration, perforation of the colon, sepsis and death.

أما الأشخاص الذين هم في حالة ضعف
+ Im mobile + elderly
هوناً رح يكونوا الموضوع more severe
ويمكن أن يسبب النزاع

Usually it can be treated by careful attention to rehydration.

العلاج رح يكون hydration
+
antibiotic (Metronidazole)

لماذا أنتنر
في الفكرة انهم رح يعالجون
مع انهم رح يكونوا في حالة
antibiotic
مع انهم رح يكونوا في حالة
معتادة؟
يعتدل *C. difficile*

Anti-diarrheal medications should not be used as this can aggravate the condition.

سؤال
antidiarrheal agent
بختنا
الحيوان لا، لانو رح تعمل
ppt of infection (يعني رح تساعد أنو يدخل infection وتزيد الحالة سوءاً)

Diarrhea

What you need to know/ 6. Causes: Antibiotics and Clostridium Difficile

If the diagnosis is confirmed using a stool sample to test for *C. difficile* toxin, an antibiotic such as **metronidazole**, which *C. difficile* is sensitive to, may be used.

If pharmacists see a case of persistent diarrhea following a course of antibiotics, they should ask the patient to get in touch with the GP.

مكننا السليم
هاد فوق

بہ خاصہ
نتیجہم فقط حصول اسے قرائتہم

Antimicrobial agents that may induce *Clostridioides difficile* diarrhea and colitis

ہدول بعلیہ *C. difficile*

Frequently associated	Occasionally associated	Rarely associated
<ul style="list-style-type: none">▪ <u>Fluoroquinolones</u>▪ <u>Clindamycin</u>▪ <u>Penicillins and combinations (broad spectrum)</u>▪ Cephalosporins (2nd/3rd/4th generation)*▪ Carbapenems	<ul style="list-style-type: none">▪ Macrolides▪ Penicillins (narrow spectrum)▪ Cephalosporins (1st generation)▪ Trimethoprim-sulfamethoxazole▪ Sulfonamides	<ul style="list-style-type: none">▪ <u>Aminoglycosides</u>▪ Tetracyclines▪ Tigecycline▪ <u>Chloramphenicol</u>▪ <u>Metronidazole</u>▪ Vancomycin▪ Nitrofurantoin

ہدول بچاؤ متعلقہ *C. difficile*

* Use of 1 to 2 doses of a first-generation cephalosporin for surgical antibiotic prophylaxis does not confer significant risk for *C. difficile* infection

What you need to know/ 6. Causes: Persistent or chronic diarrhea

صون الاسباب من infection زي (بي بالسلا بدات الي قبل)

Persistent, chronic or recurrent diarrhea may be due to:

Causes ١

- Irritable bowel.
- Bowel tumor.
- Inflammation of the bowel (e.g. ulcerative colitis or Crohn's disease).
- Inability to digest or absorb food (malabsorption, e.g. celiac disease).
- Diverticular disease of the colon.

Goals of self-treatment

أول هدف وهو علاج معاناة dehydration

1. Prevent or correct fluid and electrolyte loss
2. Identify the cause →
بماذا عرفنا السبب
متى عرفنا متى
Medication تعطى
3. Relieve symptoms.
4. Prevent acute morbidity

Patient evaluation

- **Pharmacists who are consulted by patients should ask the patient for the following information before recommending a therapy:**

هدول الأسئلة لازم نسألهم للعرض مشان نعمل evaluation
لإدارة العرض

- a. Age of the patient**
- b. Onset and duration of the diarrhea**
- c. Description of stool (frequency, blood, watery)**
- d. Other symptoms (e.g., abdominal cramping, fever , nausea, vomiting, weight loss)**
- e. Medications recently started or medications used to relieve the diarrhea.**
- f. Recent travel (where and how long ago)**
- g. Medical history (history of GI disorders)**

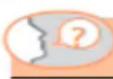
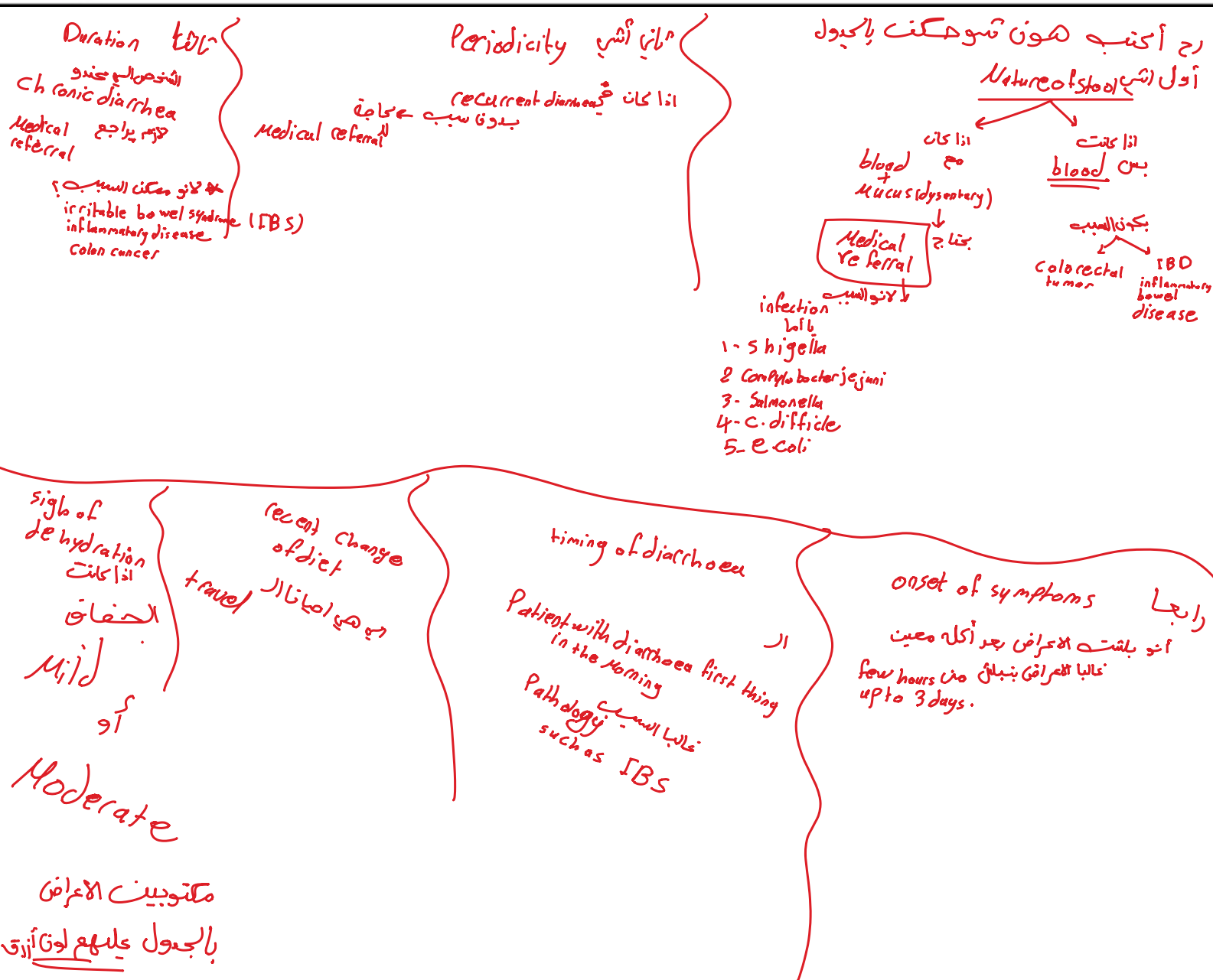


Table 7.14
Specific questions to ask the patient: Diarrhoea

Question	Relevance
Nature of the stools	Diarrhoea associated with blood and mucus (dysentery) requires referral to eliminate invasive infection such as <i>Shigella</i> , <i>Campylobacter jejuni</i> , <i>Salmonella</i> , <i>Clostridium difficile</i> and <i>Escherichia coli</i> O157. Bloody stools are also associated with conditions such as inflammatory bowel disease.
Periodicity	A history of recurrent diarrhoea of no known cause should be referred for further investigation.
Duration	A person who presents with a history of chronic diarrhoea should be referred. The most frequent causes of chronic diarrhoea are irritable bowel syndrome (IBS), inflammatory disease, and colon cancer.
Onset of symptoms	Ingestion of bacterial pathogens can give rise to symptoms in a matter of a few hours (toxin-producing bacteria) after eating contaminated food or up to 3 days later. It is therefore important to ask about food consumption over the last few days, establish if anyone else ate the same food, and check the status of his or her health.
Timing of diarrhoea	Patients who experience diarrhoea first thing in the morning might have underlying pathology such as IBS.
Recent change of diet	Changes in diet can cause changes to bowel function; for example, when away on holiday. If the person has recently been to a non-Western country, giardiasis is a possibility.
Signs of dehydration	Mild (<5%) dehydration can be vague but includes tiredness, anorexia, nausea and light-headedness. Moderate (5%–10%) dehydration is characterized by dry mouth, sunken eyes, decreased urine output, moderate thirst and decreased skin turgor (pinch test of 1–2 seconds or longer).



مكتوبين الأعراض بالجدول على لونها أزرق

What you need to know/ 7. When to Refer

- Diarrhea of greater than:

مدتوں کا نام بتنا جو

Medical refer

- 1 day's duration in children younger than 1 year
- 2 days' duration in children under 3 years and elderly patients
- 3 days' duration in older children and adults

كل وضعه منهم اعترافهم Case

- Persistent diarrhea after course of antibiotics
- Association with severe vomiting
- Feverish, high temperature
- Suspected outbreak of 'food poisoning'
- Recent travel abroad
- Suspected drug-induced reaction to prescribed medicine
- Presence of blood or mucus in the stools
- Pregnancy

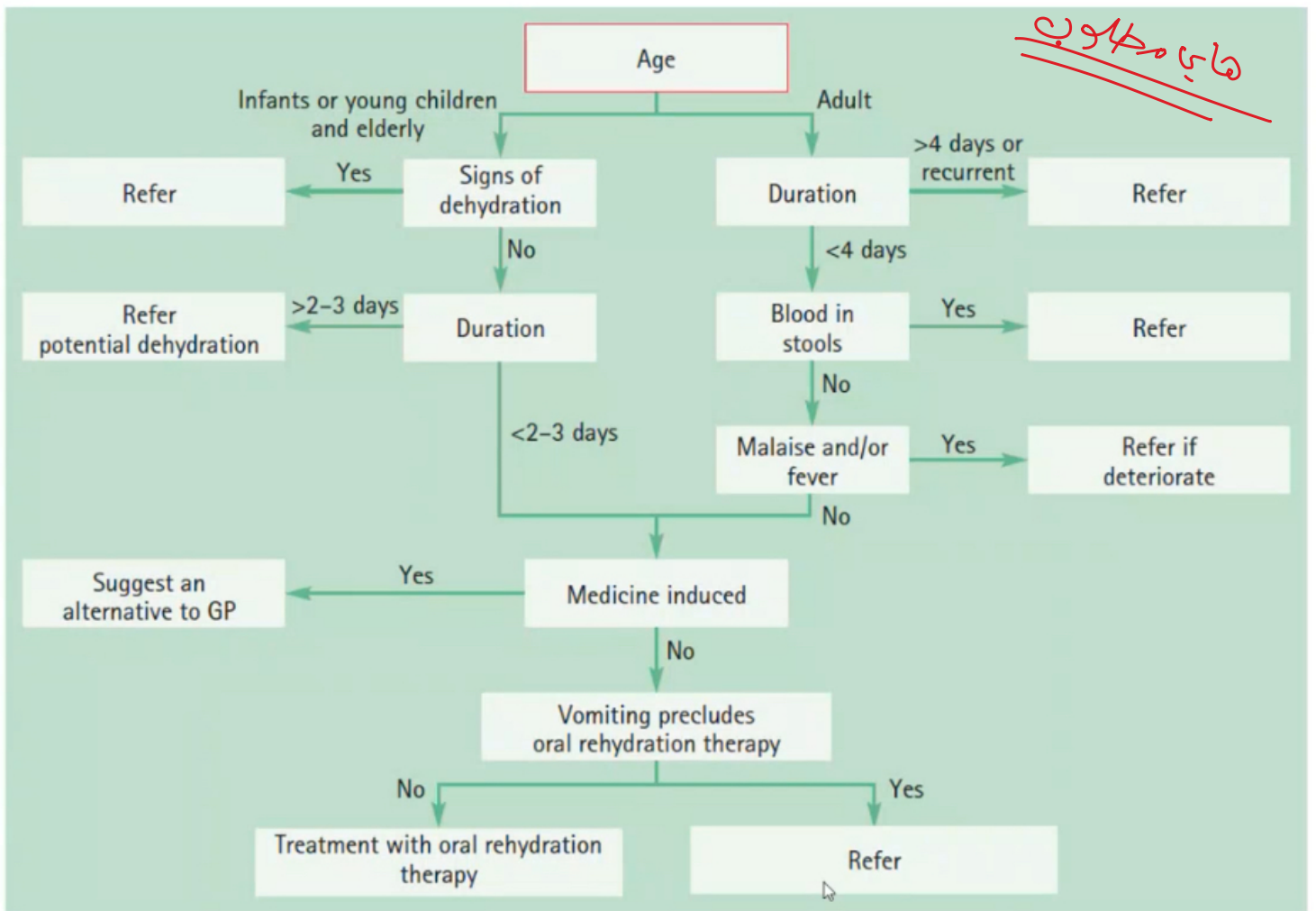


fig. 7.11 Primer for the differential diagnosis of diarrhoea.

Non-pharmacological treatment

- All patients should receive their normal diet or breast – feeding for infants during bouts of diarrhea because these do not make the diarrhea worse and may actually improve the condition.

أشغال المريض لازم يوكلي متساو ال diarrhea ماتعير أسوس

Osmotic diarrhea
سهول رجلا

- Fatty foods, foods rich in simple sugars (can cause osmotic diarrhea) , and spicy foods (may cause GI upset) should be avoided.

رج يعل
GI upset

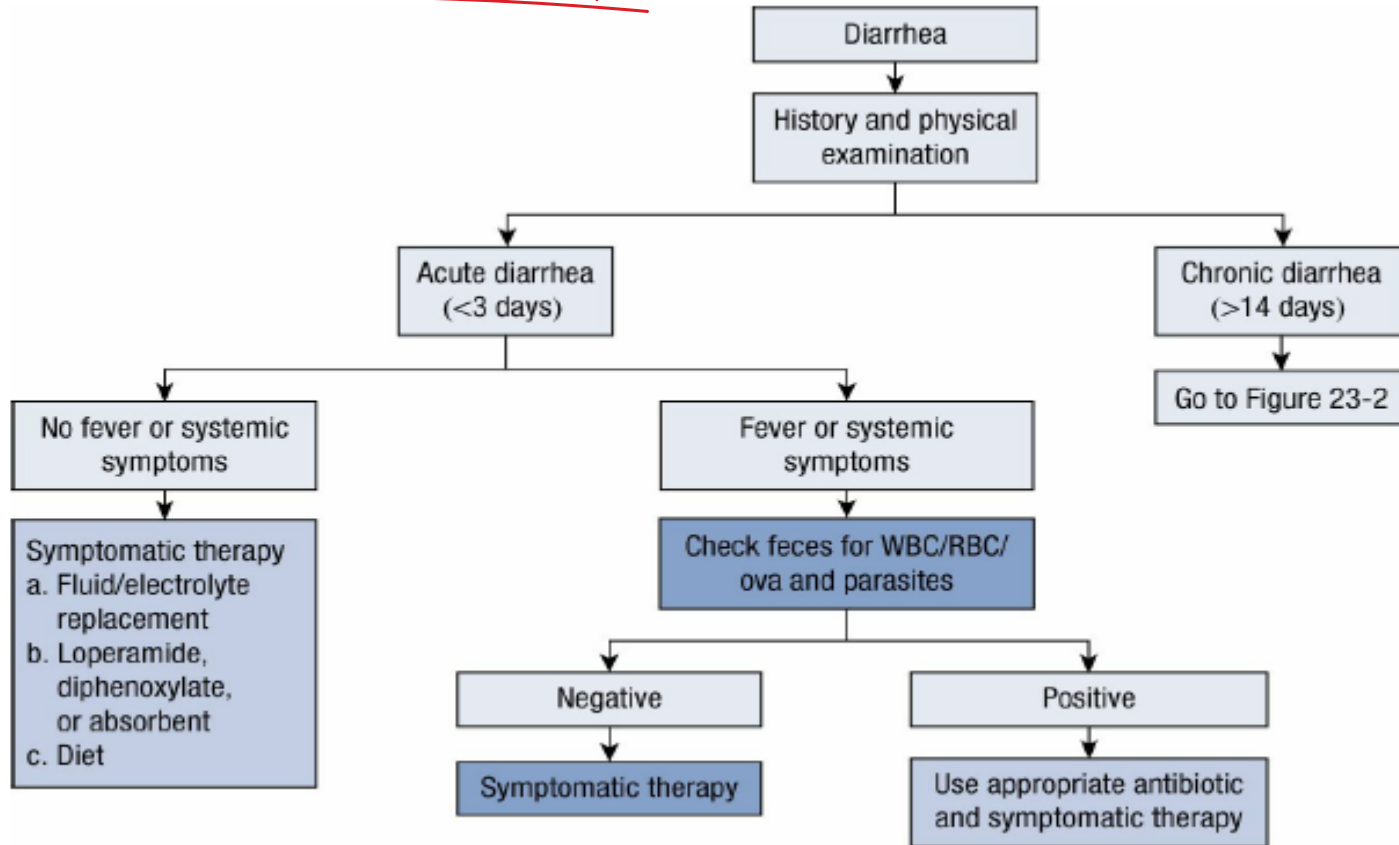
- Caffeine-containing beverages, which may worsen the diarrhea, should also be avoided.

رج يعل
diarrhea
أسوس

ساده
لا ترفع

General approach to treatment

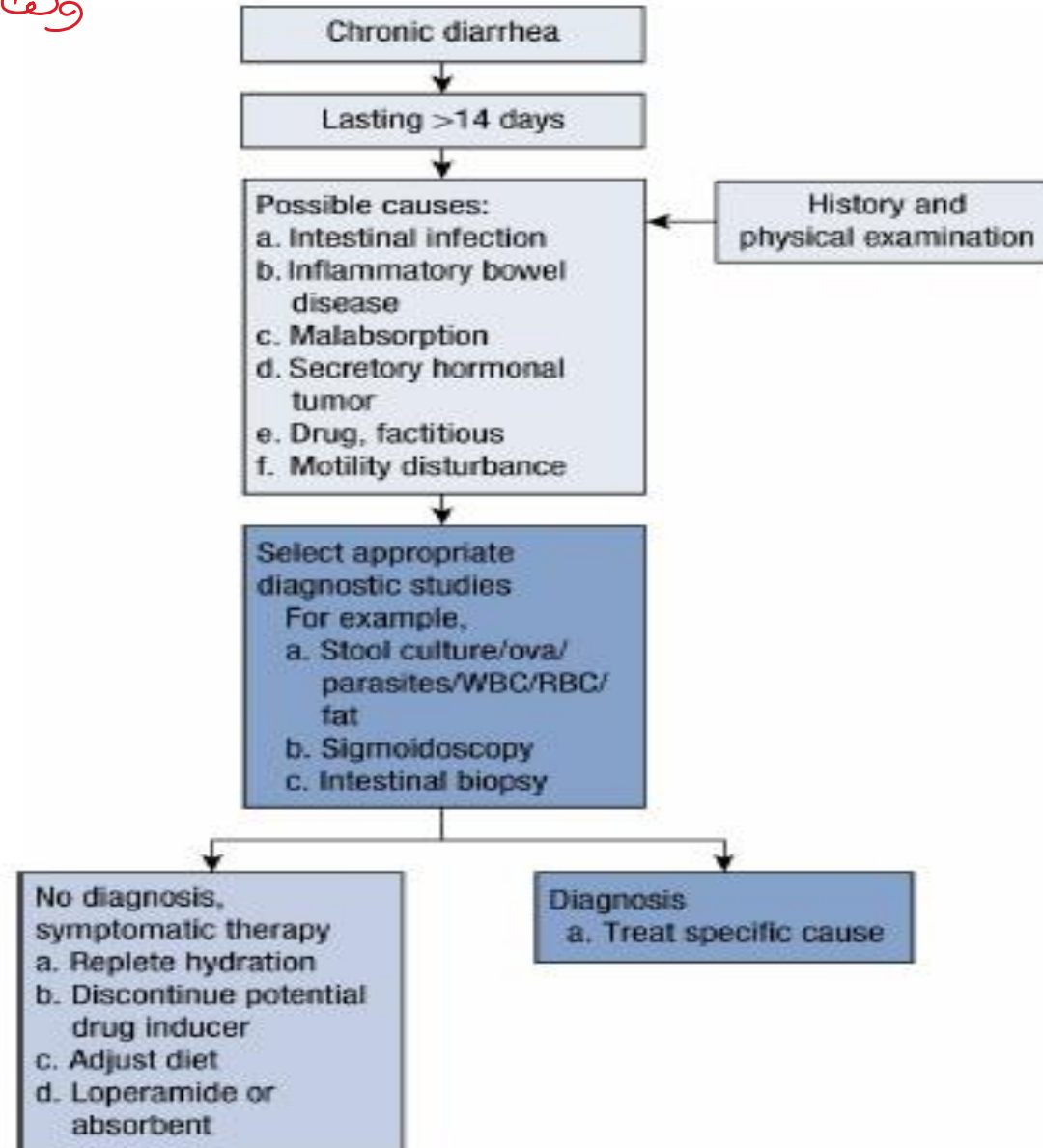
علاج عام



(RBC, red blood cells; WBC, white blood cells.)

General approach to treatment

وقایع مزمنه



Diarrhea

Management

**A. Oral
rehydration
therapy**

**B.
Loperamide**

C. Kaolin

D. Probiotics

Management

firstline
treatment

|| acutediarrhea مکینا بال

- The **first line** of treatment in acute diarrhea is replacement of fluid and electrolyte loss.

سوالی

hospital ← سوالی

- **Severe dehydration** requires immediate admission to hospital and urgent replacement of fluid and electrolytes.

Management – Oral Rehydration Therapy (ORT)

- Very essential for infants and children
- Powder for reconstitution in sachets
- Reconstitute in water (boiled and cooled for babies < 1 year)
- Don't use fruit, fizzy drinks or milk to reconstitute → they will produce a hyperosmolar solution which will induce osmotic diarrhoea
- Store in refrigerator for max. 24 hours.
- ORT does not stop the diarrhoea, but it replaces the lost fluids and essential salts thus preventing or treating dehydration and reducing the danger.
- Home-made salt and sugar solutions should not be recommended, since the accuracy of electrolyte content cannot be guaranteed, and this accuracy is essential, especially in infants, young children and elderly patients.

water بتحلل ب powder

ما يجلبها -

عنا ساهبي (حل) hyperosmolar solution
بسي 2 جع

مارح يوقف diarrhoea
بمرح يعوض
السائل

ممنوع

لا نوصيكون يكون hypotonic
بأناسي
مرح يعطل
osmotic
diarrhoea

Oral Rehydration Therapy (ORT)

- Sachets of powder for ORT contain:
 - sodium as chloride and bicarbonate
 - glucose
 - potassium.
- Amounts to be offered to patients:

Age	<u>Quantity of solution</u>
Under 1 year	50 mL (quarter of a glass)
1-5 years	100 mL (half a glass)
6-12 years	200 mL (one glass)
Adult	400 mL (two glasses)

Fluids to be avoided include hypertonic fruit juices and drinks as

مايات عالية التركيز

ليه؟ لانو رح يعالج 1-worse diarrhea

ما فيه الكميان في 2-
بقي أيضا من electrolytes

apple juice, powdered drink mixes, carbonated beverages, and caffeine-containing beverages, which can make diarrhea worse and do not contain needed electrolytes (i.e., Na^+ , K^+).

ANTIDIARRHEAL DRUGS

Antidiarrheals include:

- Antimotility agents
 - Anticholinergic drugs
 - Opioid-related drugs
- Adsorbent drugs: kaolin and pectin....etc

Pharmacologic therapy

b. Loperamide

Loperamide binds to the opiate receptor in the gut wall, reducing propulsive peristalsis, increasing intestinal transit time.

• آلية العمل:

Loperamide has minimal or no euphoric or analgesic effects, as it is poorly penetrate the CNS.

• يرتبط بمستقبلات الأفيون في جدار الأمعاء

• يقلل الحركة الدافعة للأمعاء (propulsive peristalsis)

• يزيد وقت عبور الطعام في الأمعاء (intestinal transit time)

• التأثير على الجهاز العصبي المركزي (CNS):

Loperamide increases the tone of the anal sphincter, which helps reduce fecal incontinence and urgency.

• تأثير محدود أو لا شيء → لا يسبب نشوة أو مسكن

• تأثير على عضلة الشرج (Anal sphincter):

• يزيد توتر العضلة

• يساعد على تقليل فقدان السيطرة على البراز (fecal incontinence)

• يقلل الحاجة المفاجئة للتبرز (urgency)

Pharmacologic therapy

b. Loperamide

The pharmacist should remind patients to drink plenty of extra fluids.
Oral rehydration sachets may be recommended in addition.

	Dose Form	Adult Dose
Loperamide	2 mg/capsule 2 mg/capsule	Initially 4 mg, and then 2 mg after each loose stool; do not exceed 16 mg/day



كل حبة فيها 2mg
يعطى صبتين مع بعض اول اشمسي
بعد ذلك بعد كل افراج بوخذ حبة
معو لحد و 16
8 ميات
باليوم
مفتوح



Anti - infectives

Depending on the suspected origin of the infectious diarrhea, prescription antibiotics and antiprotozoal medications can be used

to eradicate the organisms and decrease the duration of symptoms

- يعتمد استخدام المضادات الميكروبية (Prescription antibiotics) والأدوية المضادة للطفيليات (antiprotozoal medications) على المصدر المشتبه به للإسهال الناتج عن عدوى.
- الهدف من استخدامها:
- القضاء على الكائنات المسببة للعدوى (eradicate the organisms)
- تقليل مدة الأعراض (decrease the duration of symptoms)

Other therapies

- Adsorbents (pectin, kaolin)
- Traditional drug, but becoming less common now
- Claimed MOA: Physical → absorption of water and adsorption of bacteria and toxins (not proved)
- Don't give to children < 12 years old
- They are not absorbed systemically, so they produce **few adverse effects.**

الاستخدام:

• دواء تقليدي، أصبح أقل شيوعاً الآن

• آلية العمل المزعومة (MOA):

- امتصاص الماء وامتصاص البكتيريا والسموم → Physical

• لم يُثبت فعلياً

• ملاحظات مهمة:

• لا يُعطى للأطفال أقل من 12 سنة

• لا يمتص في الجسم → لذلك قلة الآثار الجانبية



Probiotics

الاستخدام (Use): تُستخدم البروبيوتيك مع الترطيب (rehydration)

لتقليل تكرار البراز (stool frequency) وتقليل مدة الإسهال (duration of infectious diarrhea).

• ملاحظات الدراسات (Study Notes): معظم الدراسات كانت على أشخاص أصحاء (otherwise healthy people)، وهناك حاجة لمزيد من البحث (more research needed) قبل إعطاء توصيات رسمية (official recommendations).

- A systematic review concluded that, when used with rehydration, probiotics appear to reduce stool frequency and shorten the duration of infectious diarrhea.
- Many of the studies were in otherwise healthy people, and the researchers also concluded that more research is needed before recommendations could be made to guide the use of probiotics. There is some evidence that specific strains of probiotics (*Lactobacillus rhamnosus* or *Saccharomyces boulardii*) can help prevent diarrhea caused by antibiotics, and some people advocate particular types of probiotics to prevent *C. difficile*.
• سلالات محددة (Specific Strains): بعض السلالات مثل *Lactobacillus rhamnosus* و *Saccharomyces boulardii* قد تساعد على:

• منع الإسهال الناتج عن المضادات الحيوية (prevent antibiotic-associated diarrhea)

• قد يستخدمها بعض الناس لمنع عدوى *C. difficile* (prevent *C. difficile* infection)

Chat GP مشروصیت تجربہ

Practical points

1. Patients with diarrhea should be advised to drink plenty of clear, non-milky fluids, such as water and diluted squash. If the diarrhea is severe, ORS may be useful.
2. ORS should be considered in people who are 60 years of age or older, frail, or with comorbidities such as cardiovascular disease or thrombotic tendencies (for example, history of deep vein thrombosis).
3. The patient can be advised to continue their usual diet, but fatty foods and foods with a high sugar content might be best avoided as they may not be well tolerated. Light soup is a good compromise.

Practical points

4. Breast- or bottle-feeding should be continued in infants. This should be supplemented with ORS. The severity and duration of diarrhea are not affected by whether milk feeds are continued.

5. Hygiene is essential with diarrhea. Advise family members to wash hands thoroughly with soap and warm water after going to the toilet and before eating or preparing food. Clean the toilet, including the handle and the seat, with disinfectant, and avoid sharing towels or utensils with others. It is a good idea to keep away from work or school for at least 48 h after diarrhea has settled.

6. Patients often ask about what they can take on holiday with them in case of diarrhea. *Loperamide* and ORS are useful first-aid items. Advice should be given about drinking bottled water if the quality of tap water is unknown and avoiding 'street food'.

1 السوائل / Fluids:

- يجب نصح المرضى بشرب كمية كبيرة من السوائل الصافية غير الحليبية (plenty of clear, non-milky fluids) مثل:
 - الماء (water)
 - المشروبات المخففة (diluted squash)
- إذا كان الإسهال شديداً (severe diarrhea) → يمكن استخدام ORS (Oral Rehydration Solution)

2 من يحتاج ORS / Who need ORS:

- الأشخاص الذين 60 سنة أو أكثر (years of age or older 60)
- الأشخاص الضعفاء جسدياً (frail)
- المصابون بأمراض مزمنة (comorbidities) مثل:
 - أمراض القلب (cardiovascular disease)
 - ميول التخثر (thrombotic tendencies) مثل جلطات الأوردة العميقة (deep vein thrombosis)

3 النظام الغذائي / Diet:

- يمكن للمرضى الاستمرار في نظامهم الغذائي المعتاد (usual diet)
- يفضل تجنب الأطعمة الدهنية (fatty foods) والأطعمة ذات السكر العالي (high sugar content) لأنها قد تكون صعبة الهضم
- الشوربة الخفيفة (light soup) تعتبر حل وسط جيد

4 الرضاعة عند الرضع / Breast- or Bottle-feeding:

- يجب الاستمرار في الرضاعة (breast- or bottle-feeding)
- يمكن إضافة ORS لتجنب الجفاف
- استمرار الرضاعة لا يؤثر على شدة أو مدة الإسهال

5 النظافة / Hygiene:

- غسل اليدين جيداً بالماء الدافئ والصابون (soap and warm water) بعد استخدام المراض وقبل الأكل أو تحضير الطعام
- تنظيف المراض، بما في ذلك المقبض والمقعد (handle and seat) باستخدام مطهر
- تجنب مشاركة المناشف أو أدوات الطعام (towels or utensils) مع الآخرين
- من الأفضل الابتعاد عن العمل أو المدرسة لمدة 48 ساعة بعد زوال الإسهال (food)

6 السفر والإسعافات الأولية / Travel & First-aid:

- المرضى غالباً يسألون عن ما يمكن أخذه في العطلات في حال حدوث الإسهال
- تعتبر مفيدة كإسعافات أولية ORS و Loperamide
- النصائح تشمل:
- شرب المياه المعبأة (bottled water) إذا كانت جودة مياه الصنبور غير معروفة
- تجنب الأطعمة من الشوارع (street)

PATIENT EDUCATION FOR Diarrhea



The primary objective of self-treatment is to prevent excessive fluid and electrolyte losses. For most patients, carefully following product instructions and the self-care measures listed here will help ensure optimal outcomes.

Nondrug Measures

Infants and Children 6 Months to 5 Years

- For mild-to-moderate diarrhea, indicated by three to five unformed bowel movements per day, give the child or infant an oral rehydration solution (ORS) at a volume of 50–100 mL/kg of body weight over 2–4 hours to replace the fluid deficit. Give additional ORS to replace ongoing losses. Continue to give the solution for the next 4 to 6 hours or until the child is rehydrated.
- If the child is vomiting, give 1 teaspoon of ORS every few minutes.

- If the child is not dehydrated, give 10 mL/kg or one-half to 1 cup of the ORS for each bowel movement, or 2 mL/kg for each episode of vomiting. As an alternative, to replace ongoing fluid losses, children weighing less than 10 kg should be given 60–120 mL of ORS for each episode of vomiting or diarrheal stool, and children weighing more than 10 kg should be given 120–240 mL for each episode of vomiting or diarrheal stool.
- After the child is rehydrated, reintroduce food appropriate for the child's age, while also administering an ORS as maintenance therapy.

(هاء الساليد ماقراتها)

دوزها عن ORS
صحة و جود

(پس ما هکت اذا
مست مطلوبه)

(

Patient education

دَوَاءً مَا حَرَّتَهُمْ أَبَدًا

- If breast-feeding an infant with diarrhea, continue the breast-feeding. If the infant is bottle-fed, consult your doctor or pediatrician about substituting a milk-based formula with a lactose-free formula.
- Give children complex carbohydrate-rich foods, yogurt, lean meats, fruits, and vegetables. Do not give them fatty foods or sugary foods. Sugary foods can cause osmotic diarrhea.
- Do not withhold food for more than 24 hours.

Adults and Children Older Than 5 Years

- For mild-to-moderate dehydration, indicated by a 3%–9% drop in body weight or three to five unformed stools per day, drink 2–4 liters of an ORS over 4 hours.
- If not dehydrated, drink one-half to 1 cup of ORS or fluids after each unformed bowel movement.
- If you have no medical conditions, you may consume sport drinks, diluted juices, salty crackers, soups, and broths until the diarrhea stops.
- Do not withhold food for more than 24 hours.

Nonprescription Medications

- See Table 17-6 for dosages of loperamide and bismuth subsalicylate.

Loperamide

- Note that loperamide can cause dizziness and constipation.
- Do not take this agent if you are taking sedatives, antianxiety drugs, or other antidepressants.
- Do not give this agent to children 2 years of age or younger. Loperamide is not recommended for children younger than 6 years, except under the supervision of a primary care provider.
- If loperamide is not effective in treating your diarrhea (if no clinical improvement is observed in 48 hours), check with your



If the diarrhea has not resolved after 72 hours of initial treatment, see your primary care provider.



Monitor for excessive number of bowel movements, signs of dehydration, high fever, or blood in the stool. If any of these complications are present, discontinue bismuth subsalicylate and consult your primary care provider.

هَلْ يَنْكَلِفُ

If clinical improvement is observed in 48 hours, check with your

primary care provider or pharmacist about using a different nonprescription medication. You may have a bacterial diarrhea or pseudomembranous colitis; these conditions require specific antibiotic therapy that loperamide cannot treat.

