

FACULITY OF NURSING

DIARRHEA



INTRODUCTION

Diarrhea is derived from a Greek word, meaning

'flowing through'.

- It is a common cause of infant deaths worldwide.
- It is the 2nd leading cause of death in children under
 5 years of age.
- Diarrhea is both treatable and preventable.

DEFINITION

- Diarrhea is frequent loose or watery bowel movements that deviate from a child's normal pattern.
- Diarrhea may be accompanied by anorexia, vomiting, acute weight loss, abdominal pain, fever, or passage of blood. ... Diarrhea is a very common pediatric concern and causes about 1.5 million deaths/yr worldwide.



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CLASSIFICATION OF DIARRHEA

- 1. On the basis of duration-
- Acute Diarrhea:- if an episode of diarrhea lasts for less than 14 days, it is known as acute diarrhea.

Causes of Acute Diarrhea:-

it is usually caused by

- Gastroenteritis
- Antibiotic use
- Food allergies
- Food poisoning
- Most gastroenteritis is caused by a virus; however, any enteric pathogen can cause acute diarrhea

Chronic diarrhea- if an episode of diarrhea lasts

for than 14 days or more, it is known as chronic

diarrhea.

Causes of chronic diarrhea

It is usually caused by

- Dietary factors
- Infection
- Celiac disease
- Inflammatory Bowel disease
- Chronic diarrhea can also be caused by anatomic disorders and disorders that interfere with absorption or digestion.

2. On the basis of clinical presentation-

> Acute watery diarrhea- The type lasts for several

hours or days and occurs in conditions like cholera.

> Acute bloody diarrhea- Diarrhea with blood in

stool, with or without mucus is known as dysentery.

3. On the basis of physiology-

Secretary diarrhea- It means that there is an

increase in active secretions or an inhibiting of absorption in intestine.

Somotic diarrhea- osmotic diarrhea occurs when too much water is drawn into the bowel.

e.g., Pancreatic disease, celiac disease.

Exudative diarrhea- exudative diarrhea includes presence of blood and pus in stool.

e.g., inflammatory bowel disease, crohn's disease, ulcerative colitis, food poisoning

Motility-related diarrhea- it is a diarrhea which is caused by the rapid movement of food through the intestines (hypermotility). If the food moves too quickly through the GI tract, there is not enough time for sufficient nutrients and water to be absorbed. > Inflammatory diarrhea- occurs when there is damage to the mucosal lining or brush border, which leads to a passive loss of protein-rich fluids and a decreased ability to absorb these lost fluids. It can be caused by bacterial infections, viral infections, parasitic infections, or autoimmune problems such as inflammatory bowel diseases. It can also be caused by tuberculosis, colon cancer,

On the basis of severity-

- Mild diarrhea- In mild cases, there may be 2-5 loose stools which may be green, containing mucus and have milk curd like consistency.
- 2. Moderate diarrhea- The number of stools is 10 or even more and the child may have fever. Irritability, anorexia and vomiting. There may be mild dehydration.
- **3. Severe diarrhea-** The child may pass too many or even upto 100 loose stools within 24 hours.

POTENTIAL CAUSES OF DIARRHEA INCLUDE:

- a food intolerance, such as lactose intolerance.
- a food allergy.
- an adverse reaction to a medication.
- a viral infection.
- a bacterial infection.
- an intestinal disease.
- a parasitic infection.
- gallbladder or stomach surgery.



CLINICAL FEATURE OF DIARRHEA MAY INCLUDE:

- Loose, watery stools.
- Abdominal cramps.
- Abdominal pain.
- Fever.
- Blood in the stool.
- Mucus in the stool.
- Bloating.
- Nausea.



ASSESSMENT OF DEHYDRATION

Parameters	No dehydration	Some dehydration	Severe dehydration
Appearance	Well, alert	Restless, irritable	Lethargic,or unconscious; floppy
Eyes	Normal	Sunken	Very sunken
Thirst	Drinks nomally, not thirsty	Thirsty, drinks eagerly	Drinks poorly or not able to drink
Skin pinch	Goes back quickly (<1 second)	Goes back slowly (1 second)	Goes back very slowly (≥2 seconds)

Management

- Treating dehydration is the corner stone in managing diarrhea.(Oral rehydration therapy)
- Feeding: Continue Breast feeding and routine normal diet and energy dense feeds.
- Hand washing after defecation & before meal alone can reduce 40% of water & excreta related disease
- Drug therapy has very little place Antibiotic
 - Antibiotic
 - Antisecretory
 - Antimotility.
- Follow-up to ensure recovery



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