

Pediatric diarrhea

(January 2017)

Rationale

Diarrhea is defined as a disturbance of stool frequency and/or consistency. It is considered acute if the duration is less than fourteen days. Diarrhea is a common problem in infants and children. In most cases, it is mild and self-limited, but the potential exists for significant morbidity and mortality from hypovolemia, dehydration, and electrolyte abnormalities.

Causal Conditions

(list not exhaustive)

- Infections
- Diet-related (e.g., milk protein intolerance)
- Ischemic intestinal damage (e.g., intussusception)
- Infections
- Malabsorption
 - a. Lactase deficiency
 - b. Cystic fibrosis
 - c. Celiac disease
- Other causes
 - a. Drugs
 - b. Laxative abuse
 - c. Inflammatory bowel disease

Key Objectives

Given a child with diarrhea, the candidate will obtain a detailed history of the nature of the diarrhea and associated symptoms. The candidate will diagnose the cause, severity, and complications, paying particular attention to signs and symptoms of dehydration or hypovolemia, and will initiate an appropriate management plan.

Enabling Objectives

- list and interpret critical clinical findings, including
 - a. given a patient with acute diarrhea, elicit a history for risk factors of infectious causes;
 - b. given a patient with chronic diarrhea, elicit a history of infectious, dietary, or systemic symptoms and/or complications;
 - c. conduct a physical examination to assess the etiology, severity, or complications of diarrhea (e.g., growth delay);
- list and interpret critical investigations in view of the common etiologies, including
 - a. select and interpret the basic investigations for malabsorption;
 - b. select and interpret the basic investigations for chronic infections and other causes;
- construct an effective management plan, including
 - a. provide resuscitation for acutely ill patients;
 - b. select patients who require referral to a specialist;
 - c. refer to public health authorities if required.