safefood

Tips in the Assessment & Management of Acute Gastroenteritis in Primary Care

DO's	DONT'S
DO ask about exposure history eg. childcare, farm animal contact, travel? [1]	**DON'T** forget other causes of diarrhoea and vomiting in children [7]
DO ask about risk of transmission to others eg. food handler, caregiver? [2]	**DON'T** exclude food poisoning just because there is no history of a recent 'suspect' meal [8]
DO write the clinical and exposure history and request specific tests when sending off stool specimens [3]	**DON'T** send more than one stool specimen unless you suspect parasitic infection [9]
DO notify acute gastroenteritis and suspected food poisoning to the local Public Health Department [4]	**DON'T** routinely stop feeding [10]
DO exclude patients from childcare, school or work until the diarrhoea has stopped [5]	**DON'T** routinely prescribe anti-diarrhoeal medication [11]
DO give basic advice on hygiene and hand washing [6]	**DON'T** routinely prescribe antibiotics [12]

1. Identification of the source of gastroenteritis eg. food poisoning or institutional, can help to prevent outbreaks.
2. Food handlers with gastroenteritis pose a particular risk to the public. Settings at high risk of transmission include childcare centres, schools, and other institutions.
3. Routine stool testing varies between laboratories and special requests are required for many organisms. When requesting stool examination, relevant history (clinical and exposure) and the specific investigations should be written on the request form.
4. It is a statutory obligation to notify all cases of gastroenteritis or food poisoning to the local Department of Public Health. Doing so can help to prevent or arrest community outbreaks of gastroenteritis.
5. Patients with acute gastroenteritis should be excluded from school or work until resolution of symptoms and ideally for 48 hours afterwards. This is essential for those at high risk of transmission, including food handlers, health care workers and carers.
6. GPs are the best source of patient information on the prevention of gastroenteritis. General enteric precautions consist of personal hygiene with hand washing and disposal or decontamination of soiled items and surfaces.
7. In children, acute gastroenteritis should be regarded as a diagnosis of exclusion, as vomiting and diarrhoea may be non-specific symptoms of serious illness like meningitis, pneumonia or surgical conditions.
8. Incubation periods for organisms that can cause food poisoning may be as long as many days or weeks, and not always related to 'suspicious' food or the last meal.
9. Only one stool specimen should be requested for routine examination and viral testing, but multiple stools at different times may be necessary to diagnose parasitic infection.
10. Continuation, or early resumption, of feeding in acute gastroenteritis in children can reduce the severity and duration of the illness. Post-acute gastroenteritis lactose intolerance is very uncommon and the use of lactose free preparations is rarely required.
11. There is no role for anti-diarrhoeal and anti-emetic drugs in children and a very limited role in adults. Anti-diarrhoeal medication is absolutely contraindicated in cases of bloody diarrhoea.
12. Antibiotics are not appropriate for patients with uncomplicated diarrhoea and can at times be harmful.