

Acute Diarrhea

What is diarrhea?

Diarrhea means frequent loose bowel movements. Acute diarrhea starts suddenly and clears up within a few days, usually 1 or 2. It affects most people from time to time, usually after eating or drinking contaminated food or liquids.

Diarrhea that doesn't go away or keeps coming back is called chronic and is usually caused by an underlying, chronic medical condition.

Diarrhea can be serious in very young children and in older people because it can cause dehydration (a loss of too much fluid from the body).



How does it occur?

Acute diarrhea may be caused by:

- infection with bacteria, viruses, or parasites
- food poisoning
- antibiotics
- food sensitivities.

What are the symptoms?

Symptoms of diarrhea **may** include:

- frequent loose bowel movements
- abdominal pain and cramping
- fever.

How is it diagnosed?

Your health care provider will review your symptoms and examine you. Your provider will make sure that you are not getting dehydrated and that you do not have appendicitis.

A sample of your blood may be tested. You may need to give 1 or more samples of bowel movement (stool samples) for lab tests.



How is it treated?

You need to replace the fluids and body chemicals that are lost when you have diarrhea. Your health care provider will probably advise you to drink plenty of clear fluids or an electrolyte replacement mixture. Your provider may also prescribe an antibiotic.

If an antibiotic taken for another illness is causing the diarrhea, your health care provider may ask you to stop taking that antibiotic.



How long will the effects last?

The symptoms of acute diarrhea usually last less than 3 days. Sometimes the diarrhea is gone after just a few hours, but sometimes it lasts as long as 2 weeks.

How can I take care of myself?



If your temperature is over 100°F (37.8°C), rest as much as you can. After your temperature falls below 100°F, moderate activity is OK. Take acetaminophen to control your fever. Keep a daily record of your temperature.

For cramps and abdominal pain, it may help to put a hot water bottle or electric heating pad (set on low) on your abdomen.



Let your bowel rest by drinking only clear liquids such as water, weak tea, and bouillon. You may also drink soft drinks without caffeine (such as 7 UP) after letting them lose some of their carbonation (go flat). Make sure you drink often so you do not become dehydrated. Suck on ice chips if you feel too nauseated to drink fluids. Do not eat solid foods because they can cause cramps.



When your symptoms are gone:

Add soft starchy foods--such as bananas, cooked cereal, rice, potatoes, toast or bread with jelly, and applesauce--to your diet.

Continue drinking clear liquids.

Avoid milk products for a few days.



Return to your normal diet after 2 or 3 days of the soft-food diet.

For several days avoid fresh fruit (other than bananas), fresh vegetables, alcohol, greasy or fatty foods such as cheeseburgers or bacon, and highly seasoned or spicy foods.



Call your health care provider if:

You have cramps or abdominal pain that lasts more than a few days, becomes intense, or affects only one area of your abdomen.

You are lightheaded.

You have blood or mucus in your bowel movements.

You have a high fever.

What can I do to help prevent acute diarrhea?

To **prevent passing your infection** to others:

Avoid unnecessary contact until your symptoms are gone.



Wash your hands thoroughly with soap and very warm water after you use the restroom.

Do not prepare food for other people. If you must prepare or serve food, wash your hands thoroughly before you cook or serve food.

Do not work as a food handler or server in restaurants, dining halls, or grocery stores until your diarrhea is completely gone.

Some things you can do to help **prevent getting diarrhea** are:

Always wash your hands after you use the restroom and before you eat.

Make sure the dairy products you eat and drink have been pasteurized.

Serve or refrigerate food right after it has been cooked or reheated.



Developed by McKesson Clinical Reference Systems.

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