**The stepwise approach to diarrhea:**

1. Fasting for 24 hrs then feeding small, more frequent meals of a bland low residue diet.
2. Ensure that deworming is up to date and if in doubt treat. ( If large intestinal diarrhea is present then a fecal flotation should be done. If Trichuris is present the patient should be dewormed every two months indefinitely due to the nature of the eggs in the environment)
3. Ifdiarrhea is very watery and smelly (SI) or haemorrhagic (LI) then the patient should be treated with metronidazole at 20mg/kg every 24hrs.
4. If small intestinal diarrhea persists after points 1-3 then the patient should be treated with tylosin (drug of choice), amoxicillin, oxytetracycline or metronidazole at 15mg/kg q12hrs for 4-6 weeks.
5. The commencement of a hyposensitivity diet should be recommended (depending on severity of the diarrhea and client factors eg. finances).
6. If large bowel diarrhea persist then request fecal culture for Salmonella, E.coli and Campylobacter, if possible a test for Clostridial toxins should also be requested.
7. Advice adding fiber to the diet of patients who are not on the hyposensitivity diet, or who have persistent LI diarrhea containing little fresh blood with tenesmus and mucus. (Fiber should not be combined with hyposensitivity diets as this can lead to confusion of the underlying problem)
8. If all the steps above fail or if the patient is

* Hypoproteinanemic

Or

* Has severe bloody LI diarrhea with tenesmus

Or

* Is showing signs that neoplasia may be the underlying cause then a biopsy and/or ultrasound should be recommended.

*-GI therapy 2014 Michael Diptee UWI SVM.*