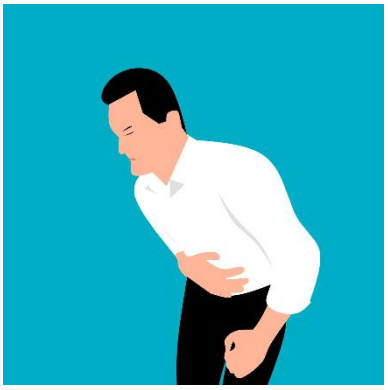
3 Diarrhoea Red Flags



1. **Pyrexia (esp. persistent)** – think systemic illness or bacteraemia (blood cultures!)

2. **PR bleed (esp. persistent)** – this could indicate underlying colitis.

3. **Disproportionate abdominal pain (esp. localised)** – note does not have to be peritonitic; it is a known phenomenon that patients (esp. elderly / frail) can present with an acute abdomen without peritonism. If disproportionate to the rest of your assessment – have a low threshold for CT imaging.

These help to differentiate acute abdominal pathology from benign pathology (such as simple gastroenteritis) and should prompt consideration for admission.

3 I's for colitis:

1. Infective colitis – any infective causes (e.g. Campylobacter, C diff, CMV). History is usually shorter with transient diarrhoea unless complicated.

2. Inflammatory colitis – history is more insidious with / without PR bleed. Not all cases are IBD (UC / Crohn's) or autoimmune. Common cause (esp. in the elderly) is microscopic colitis due to meds (i.e. SSRI, PPI, abx, NSAIDS, statin) – consider stopping / switching +/- budesonide. Usually requires Gastro referral with calprotectin for consideration of flexi / colonoscopy.

3. Ischaemic colitis – history is usually acute with hallmark features of PR bleed and vascular co-morbidities (esp. AF). Abdominal pain tends to be more severe.