**Definition**

- Diarrhea is the sudden increase in the frequency and looseness of stools.
- Diarrhea means 2 or more watery or very loose stools.

*(Reason: 1 loose stool can be normal with changes in diet.)*

**Diarrhea Severity Is Defined As:**

- **Mild:** 2-5 watery stools/day.
- **Moderate:** 6-10 watery stools/day.
- **Severe:** Over 10 watery stools/day.

*The main risk of diarrhea is dehydration.*

*Loose or runny stools do not cause dehydration.*

*Frequent, watery stools can cause dehydration.*

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**TRIAGE ASSESSMENT QUESTIONS**

**Call EMS 911 Now**

- **Shock suspected** (very weak, limp, not moving, unresponsive, gray skin, etc)
  *First Aid: Lie down with the feet elevated.*
- **Sounds like a life-threatening emergency to the triager**

**See More Appropriate Protocol**

- **Vomiting and diarrhea both present**
  Go to Protocol: Vomiting With Diarrhea on page 342
- **Blood in stool and without diarrhea**
  Go to Protocol: Stools, Blood In on page 307
- **Unusual color of stool without diarrhea**
  Go to Protocol: Stools, Unusual Color on page 309

**Go to ED Now (or to Office With PCP Approval)**

- **Severe dehydration suspected** (very dizzy when tries to stand or has fainted)
- **Age < 12 weeks with fever 100.4°F (38.0°C) or higher rectally**
  *R/O: sepsis*
- **Fever and weak immune system** (sickle cell disease, HIV, chemotherapy, organ transplant, chronic steroids, etc)
  *R/O: serious bacterial infection*
- **HIGH-RISK child** (e.g., Crohn disease, UC, short bowel syndrome, recent abdominal surgery) with new-onset or worse diarrhea
  *Child sounds very sick or weak to the triager
  *Reason: severe acute illness or serious complication suspected*

**Go to Office Now**

- **Signs of dehydration** (e.g., no urine in > 8 hours, no tears with crying, and very dry mouth)
  *(Exception: only decreased urine; consider fluid challenge and callback)*
- **Blood in the stool** (bring in a sample)
  *R/O: severe Shigella, Salmonella, Campylobacter, and E coli O157*
- **Fever > 105°F (40.6°C)**
  *R/O: serious bacterial infection*
- **Abdominal pain present > 2 hours**
  *(Exception: pain clears with passage of each diarrhea stool)*
  *R/O: acute abdomen*
- **Appendicitis suspected** (e.g., constant pain > 2 hours, RLQ location, walks bent over holding abdomen, jumping makes pain worse, etc)
- **Very watery diarrhea combined with vomiting clear liquids 3 or more times**
- **Age < 1 month with 3 or more diarrhea stools** (mucus, bad odor, increased looseness)
  *R/O: sepsis, necrotizing enterocolitis*
- **Age < 3 months with severe watery diarrhea** (more than 10 per day)
  *Reason: high risk for dehydration*
- **Age < 1 year with > 8 watery diarrhea stools in the last 8 hours**
  *Reason: high risk for dehydration*

**See Today in Office**

- **Note:** All of the following symptoms suggest bacterial diarrhea, and the child may need a stool hemoccult, leukocytes, and culture.
  - **Loss of bowel control for > 2 days in a toilet-trained child**
    *R/O: shigella*
  - **Fever present > 3 days**
  - **Close contact with person or animal who has bacterial diarrhea and diarrhea is bad**