



CMScript

*Member of a medical scheme?
Know your guaranteed benefits!*

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Gastroenteritis is the inflammation of the stomach and intestines (gut). It is a common condition. Many children (from birth to 12 years) have more than one episode in a year. The severity can range from a mild, upset tummy with mild diarrhoea for a day or two, to severe diarrhoea and vomiting for several days or longer.

This Script is mainly for all types of diarrhoeal diseases.

Causes of gastroenteritis

Infection - gastro-enteritis can be a symptom of infections caused by many viruses, bacteria and other microbes (germs) most of which are spread by stools (faeces) contaminated water. Infection is more common when there is a shortage of adequate sanitation hygiene and safe water for drinking, cooking and cleaning. Rotavirus and Escherichia coli are the two most common germs that cause diarrhoea in developing countries.

Diarrhoeal disease can spread from person-to-person, aggravated by poor personal hygiene. Food is another major cause of diarrhoea when it is prepared or stored in unhygienic conditions. Water can contaminate food during irrigation. Fish and seafood from polluted water may also contribute to the disease.

Malnutrition - Children who die from diarrhoea often suffer from underlying malnutrition which makes them more vulnerable to diarrhoea. Each episode of diarrhoea makes their malnutrition even worse.

Other causes – Other non-infectious causes of gastroenteritis include irritating foods or fluids (allergy-like reactions), congenital (inborn) disease and stress.

Signs and symptoms

The main symptom is diarrhoea. Diarrhoea means loose or watery stools, usually at least three times in a 24 hour period. Blood or mucus can appear in the stools with some infections. Vomiting is also another symptom. Crampy pains in the tummy (abdomen) are common. Pains may ease for a while each time some diarrhoea is passed. A high temperature (fever), headache and aching limbs sometimes occur. The greatest danger presented by gastroenteritis is dehydration.

Symptoms of dehydration in children include passing little urine; a dry mouth; a dry tongue and lips; fewer tears when crying; sunken eyes; weakness; being irritable or lacking in energy (lethargic). In infants a sunken fontanelle (taught in antenatal clinics to all new mothers) is an important sign! Symptoms of severe dehydration in children include drowsiness; pale skin; cold hands or feet; very few wet nappies; fast (but often shallow) breathing. Severe dehydration is

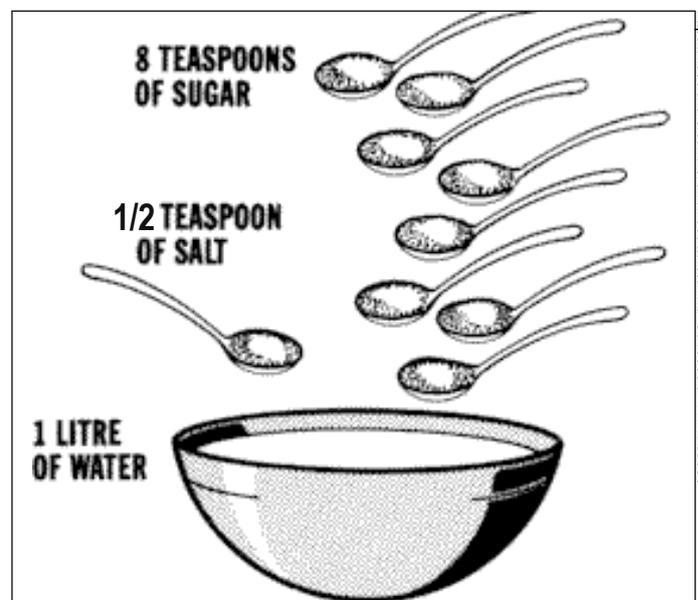
a medical emergency and immediate medical attention is needed. Death can follow severe dehydration if body fluids and electrolytes are not replenished, either through the use of oral rehydration salts (ORS) solution, or through an intravenous drip.

Diagnosis

The symptoms of gastroenteritis are usually enough to identify the illness. Parents and caregivers should suspect gastroenteritis if there is a sudden change in stool consistency to loose or watery stools, and/or a sudden onset of vomiting. It is important to find the cause as different types of the condition respond to a variety of treatments. Health professionals make a diagnosis based on the history provided by parents/caregivers and physical examination. In certain cases, stools and blood tests may be needed to establish the cause of the gastro-enteritis.

Treatment

Oral rehydration therapy (ORT) - should be given as first step treatment for the management of children with acute gastroenteritis with mild to moderate dehydration. ORT is a means of fluid replacement to treat and prevent dehydration. The treatment is cost-effective and can be continued at home. There are various types available in the market. The picture below shows how to prepare ORT at home, with water that has been boiled and then cooled:



Nutrition and feeding - Early nutritional intervention is important to avoid malnutrition, persistent diarrhoea and death. At first, it may be necessary to give smaller amounts of feeds more frequently to avoid vomiting. The child may initially be unable to take full feeds and may lose weight, but the aim is to achieve full-volume feeding within 1 - 2 days. There is no need to dilute or otherwise modify the usual feeds, provided that they are tolerated. Breast-fed babies should continue to be breast-fed if they are able to take it. Bottle-fed babies should be fed with their normal full-strength feeds if they will take them. Fruit juices or fizzy drinks should be avoided as these can make diarrhoea worse.

Micronutrients - These are nutrients needed by the body in small amounts. Zinc supplements reduce the duration of a diarrhoea episode. There are various products in the market. Avoid iron supplements or supplements containing iron.

When to seek medical advice

Most children who have gastroenteritis have mild symptoms which will get better in a few days. The important thing is to ensure that they have plenty of liquids to drink. However medical advice should be sought in the following situations:

- The child is under the age of 6 months
- There is an underlying medical condition (for example, heart or kidney problems, diabetes, and history of premature birth)
- The child has a high temperature (fever)
- Lack of fluid in the body (dehydration) is suspected or developing
- The child appears drowsy or confused
- The child is being sick (vomiting) and unable to keep fluids down
- There is blood in the diarrhoea or vomit
- The child has severe tummy (abdominal) pain
- Infections caught abroad or whilst visiting other countries
- The child has severe symptoms, or if you feel that their condition is getting worse
- The symptoms are not settling (for example, vomiting for more than 1-2 days, or diarrhoea that does not settle after 3-4 days)

Prevention

- Full and exclusive breast-feeding on demand. It protects against intestinal infections and prevents exposure to environmental contamination.
- Access to safe water for drinking and food preparation, and use of proper sanitation facilities.
- Proper hand-washing hygiene with soap and water after toilet use, playing with pets, before food preparation and feeding.
- Full immunisation including rotavirus vaccines. The new rotavirus vaccines are safe and reduce the severity of infection and prevent deaths.

Prescribed Minimum Benefits

Gastroenteritis is a Prescribed Minimum Benefit condition under Diagnostic Treatment Pair (DTP) code 901F. The DTP refers to gastroenteritis and colitis with life-threaten-

ing haemorrhage (bleeding) or dehydration, regardless of cause. The treatment component of this DTP is specified as Medical management.

Regarding medical management, it means that the medical scheme should pay for the diagnosis, treatment and care of gastroenteritis according to the PMB regulation. Treatment and care includes medication, pathology (blood tests), radiology (abdominal x-ray and sonar) and other investigative and monitoring services.

In case of children not admitted to the hospital, medical management should still be funded as PMB. Payment of PMBs from the Medical Savings Account (MSA) contravenes Regulation 10 (6) of the Medical Schemes Act. It is important for the treating provider to register the member with the medical scheme for services rendered to allow payment of health services from the correct benefit. The members must still take the responsibility to ensure that the form to be completed by the treating health provider is obtained from the medical scheme. Once it is completed, the member must ensure that the form is submitted to the medical scheme. The medical scheme should however assist the members with the registration process regarding PMBs.

References

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PMBs

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

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