

Acute Diarrhea

Sample Responses to Patient Portal Messages

The following are examples of asynchronous messages (e.g., MyChart messages) received by telemedicine clinicians for patients with acute diarrhea. The messages below assume that a diagnosis of acute diarrhea has already been established after a virtual visit. The responses below assume a clinician is responding to the patient. Patients should be strongly discouraged from sending asynchronous messages for urgent concerns. Pay special attention to suggested responses that differ by age below.

Responses Intended for Adult Patients¹⁻²

- **“How long will my diarrhea last?”**
 - **Possible response:** Most people with acute diarrhea start to feel better within 3 days, and symptoms often resolve within about a week. Mild cramping or loose stools may linger briefly, but steady improvement is expected. If symptoms last longer than a week without any improvement, or if they worsen—for example, your stool becomes bloody or you are feeling more ill—seek in-person care.
- **“What can I do to feel better?”**
 - **Possible response:** Staying hydrated is the most important step. Drink plenty of fluids—water, broth, or oral rehydration solutions are best. For adults, Pedialyte® is one option. About 2–3 liters (8–12 cups) of fluids per day are suggested. Avoid sugary drinks and caffeine, as these can worsen diarrhea. Sports drinks also may worsen diarrhea and are not preferred if other options are available.³ Eating small, bland meals can help. You may want to consider following the BRAT diet, which is a bland diet that can help people recover from diarrhea. BRAT stands for: bananas, rice (plain, white), applesauce, and toast (plain, usually white bread). Rest is also important while your body recovers. Over-the-counter medications like loperamide (Imodium®) can help, but avoid them if you have a fever or blood in your stool.
- **“Is diarrhea contagious? When can I go back to work?”**
 - **Possible response:** Many causes of diarrhea are contagious. Wash your hands well and avoid preparing food for others until you’re feeling better. You can usually return to work once your stools are forming again and you haven’t had diarrhea for at least 24 hours.
- **“When should I see a clinician in person?”**
 - **Possible response:** If your diarrhea does not improve over a 1-week period, consider seeing a clinician via an in-person visit for more guidance on the next steps. You should seek in-person medical care (preferably at an emergency department) if you have bloody stools, a fever higher than 102 degrees Fahrenheit (38.9 degrees Celsius), signs of dehydration (such as dizziness, very

little or no urine, or extreme thirst), lethargy, confusion, or severe abdominal pain. Those could be signs of a more serious infection that needs care right away.

Responses Intended for the Family Members of Pediatric Patients¹⁻²

- **“How long will my child’s diarrhea last?”**
 - **Possible response:** Most people with acute diarrhea start to feel better within 3 days, and symptoms often resolve within about a week. Mild cramping or loose stools may linger briefly, but steady improvement is expected. If your child’s symptoms last longer than a week without any improvement, or if they worsen—for example, their stool becomes bloody or they are feeling more ill—please seek in-person medical care.
- **“What can I do to help my child feel better?”**
 - **Possible response:** For children, preventing dehydration is the top priority. Offer frequent sips of oral rehydration solution (e.g., Pedialyte®). Aim for your child to drink enough so that they are peeing at least every few hours and the urine is pale yellow. After each loose stool, offer a little extra fluid (about half a cup for younger kids, a full cup for older kids). About 1–2 cups (8–16 ounces) are needed for younger children and 2–4 cups (16–32 ounces) for older children after each loose stool. Encourage small, frequent sips to improve tolerance. If your child is eating solid foods, bland items like bananas, rice, applesauce, and toast can be gentle on the stomach. Avoid giving sugary drinks like soda or juice. Sports drinks are not ideal but can be used if an oral rehydration solution is not available or your child will not drink it.³ Over-the-counter antidiarrheal medications like loperamide (Imodium®) are not suggested as they can be harmful for children; it can cause confusion and other problems. Encourage rest and monitor for any signs of dehydration such as dry mouth, fewer wet diapers/urinations, or unusual tiredness.
- **“Is diarrhea contagious? When can my child go back to daycare/school?”**
 - **Possible response:** Many causes of diarrhea are contagious. Washing your child’s hands and not sharing their utensils or drinks until they’re feeling better prevents spread. Your child can usually return to daycare or school once their stools are forming again and they haven’t had diarrhea for at least 24 hours. Schools and daycare centers may have their own rules, but typically children should be fever free for 24 hours before returning to school.
- **“When should my child see a clinician again?”**
 - **Possible response:** If your child’s diarrhea does not improve over a 1-week period, consider seeing a clinician via an in-person visit for more guidance on the next steps. Go to an emergency department if your child has bloody stools, a fever higher than 102 degrees Fahrenheit (38.9 degrees Celsius), signs of dehydration (such as dizziness, very little or no urine, or extreme thirst), lethargy, confusion, or severe abdominal pain. Those could be signs of a more serious infection that needs care right away.

References

1. Shane AL, Mody RK, Crump JA, et al. 2017 Infectious Diseases Society of America clinical practice guidelines for the diagnosis and management of infectious diarrhea. Clin Infect Dis. 2017 Nov 29;65(12):1963-73. PMID: 29194550.
2. Riddle MS, DuPont HL, Connor BA. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. Am J Gastroenterol. 2016 May;111(5):602-22. PMID: 27068718.
3. Freedman SB, Willan AR, Boutis K, et al. Effect of dilute apple juice and preferred fluids vs electrolyte maintenance solution on treatment failure among children with mild gastroenteritis: A randomized clinical trial. JAMA. 2016 May 10;315(18):1966-74. PMID: 27131100.

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