

HUS Risk- Bloody Diarrhea Clinical Guideline

Go directly to [Care Map Flowchart](#)



When accessing a document, please use the browser return arrow (upper left-hand corner) to return to the Care Map

Care Map Symbols

Links to more information or returns to a previous page.

Start of a Care Map Segment

Decision Point

Stop and Evaluate

Care Map Step
Blue underlined text is a hyperlink

Progression of care – Patient Improving



Source Reference



Education Module



Hospital Policy



Hospital Reference



Provider Information



Download File

Clinical Guideline

Go directly to [Care Map Flowchart](#)

[Seattle Children's](#) Guideline

Suggested Inclusion Criteria for Clinical Guideline

- Age > 4 months (or eating solid foods)
- Bloody diarrhea OR non bloody diarrhea with any [HUS risk factor](#)



This care map document does not supersede the clinical judgment of a provider regarding the care that is ultimately ordered for a given patient. [Click to see full disclaimer.](#)



[Executive Owner: Nephrology](#)



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Potential Reasons to Avoid Clinical Guideline

- Known diagnosis of HUS(proceed to management)
- Known or suspected malignancy
- Hemorrhagic shock
- Known inflammatory bowel disease (IBD)
- Known renal disease.
- Concern for intussusception



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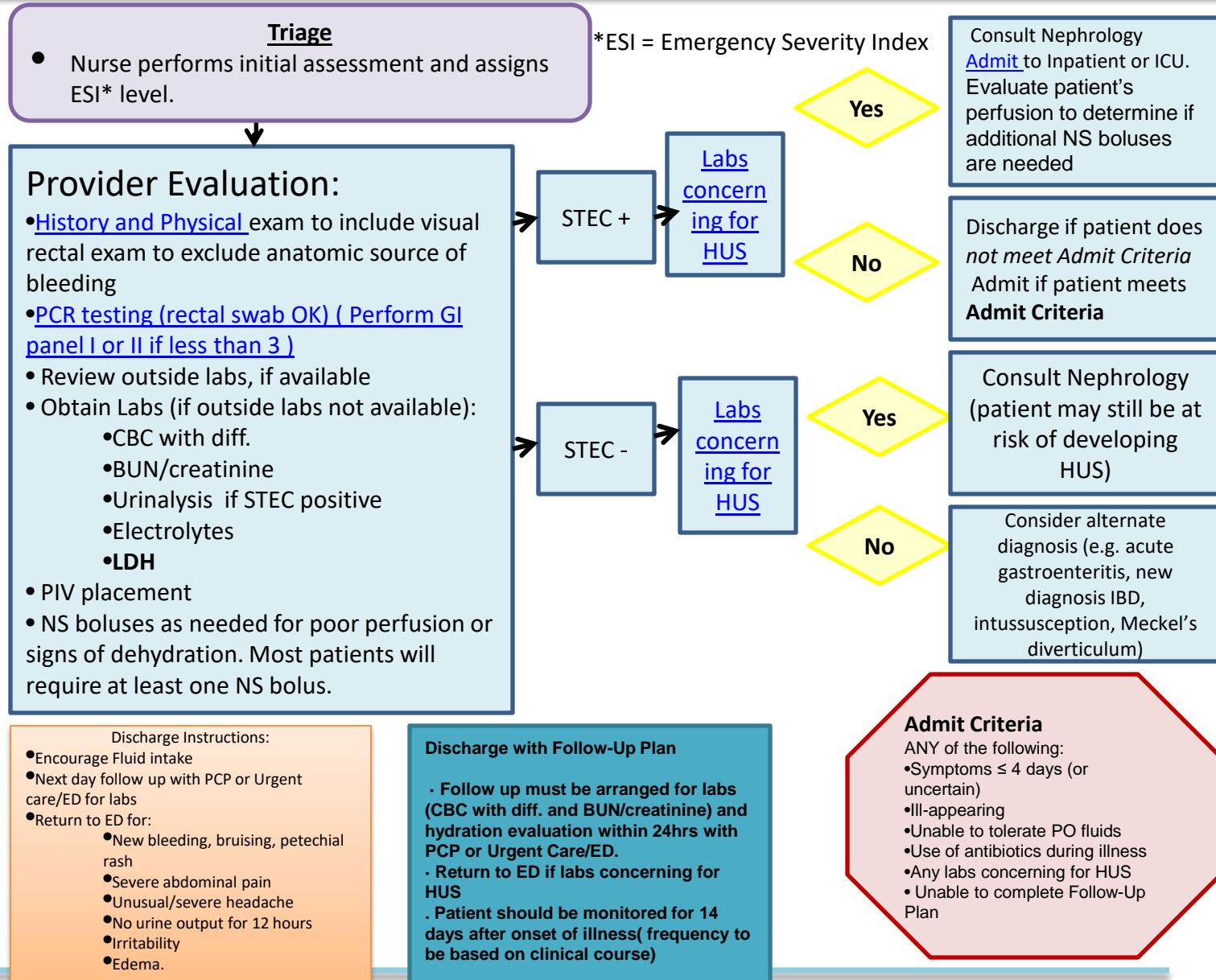


Emergency Department Care: Chief Complaint : Bloody Diarrhea/HUS risk



Diagnostic testing & therapies not routinely recommended if STEC positive :

- NSAIDS
- Antibiotics
- Opiods
- Antimotility agents





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Ongoing Management

- Evaluate patient's perfusion to determine if additional NS boluses are needed
- Initiate/continue **isotonic** (if >1) Maintenance IV Fluid (Maintenance rate or 1 and ½ maintenance or replacement fluids may be necessary)
- Monitor strict I/O, including daily weights· Regular diet in addition to full maintenance fluids
- Check Daily Labs (minimum)
 - BUN/Creatinine
 - CBC with diff
 - Electrolytes

Additional Labs:

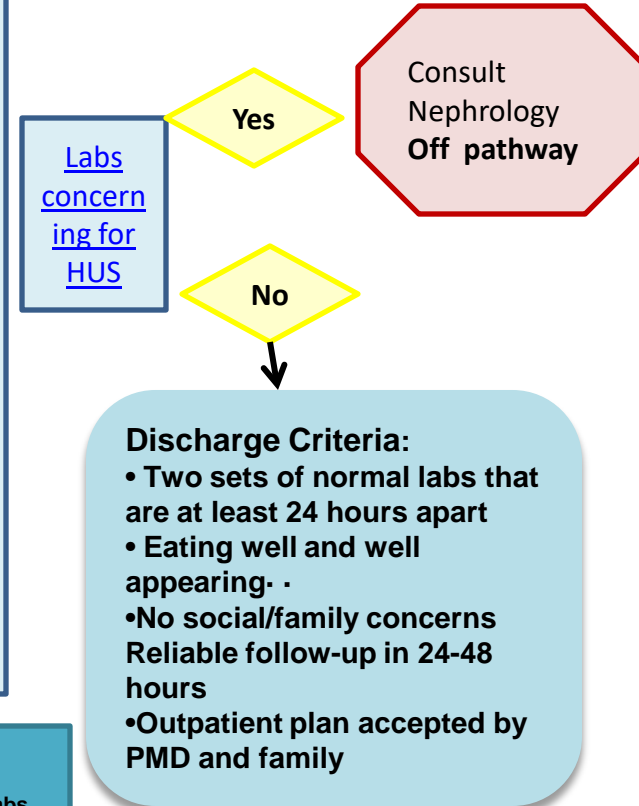
- Order the following with the first set of daily labs **and trend if concerns:**
 - LDH

Discharge Instructions:

- Encourage Fluid intake
- Next day follow up with PCP or Urgent care/ED for labs
- Return to ED for:
 - New bleeding, bruising, petechial rash
 - Severe abdominal pain
 - Unusual/severe headache
 - No urine output for 12 hours
 - Irritability
 - Edema.

Discharge with Follow-Up Plan

- Follow up must be arranged for labs (CBC with diff. and BUN/creatinine) and hydration evaluation within 24hrs with PCP or Urgent Care/ED.
- Return to ED if labs concerning for HUS
- Patient should be monitored for 14 days after onset of illness(frequency to be based on clinical course)



HUS Risk Factors

- Exam findings (petechial rash, edema, hypertension, pallor)
- Eating raw/undercooked meat
- Farm visits or farm animal contact
- Close contact with known Shiga Toxin E.Coli (STEC) infected person

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Multiplex PCR GI panel

GI panel I

CAMPYLOBACTER
SALMONELLA
SHIGELLA
SHIG-TOXIN E. COLI / with reflex to E. COLI 0157
CRYPTOSPORIDIUM

GI panel II

ROTAVIRUS A
NOROVIRUS GI/GII
ADENOVIRUS F40/41
CAMPYLOBACTER
SALMONELLA
SHIGELLA/ENTEROINVASIVE E. COLI
ENTEROPATHOGENIC E. COLI
SHIG-TOXIN E. COLI / with reflex to E. COLI 0157
CRYPTOSPORIDIUM
GIARDIA LAMBLIA

GI panel

ROTAVIRUS A
NOROVIRUS GI/GII
ADENOVIRUS F40/41
CAMPYLOBACTER
SALMONELLA
SHIGELLA/ENTEROINVASIVE E. COLI
ENTEROPATHOGENIC E. COLI
SHIG-LIKE TOXIN E. COLI
E. COLI 0157
CRYPTOSPORIDIUM
GIARDIA LAMBLIA
CLOSTRIDIUM DIFFICILE TOXIN A/B
PLESIOMONAS SHIGELLOIDES
YERSINIA ENTEROCOLITICA
VIBRIO SPECIES
VIBRIO CHOLERA
ENTERAGGREGATIVE E. COLI
ENTEROTOXIGENIC E. COLI
CYCLOSPORA CAYETANENIS
ENTAMOEBIA HISTOLYTICA
ASTROVIRUS
SAPOVIRUS (I,II,IV,V)

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HUS criteria/Labs concerning for HUS

HUS Criteria (*need all three*)

- Hemolytic anemia (Hgb < 10g/dL, positive schistocytes)
- Thrombocytopenia (platelet < 150k)
- Acute kidney injury (elevated BUN/creatinine)

Labs Concerning for Developing HUS

Any of the above HUS criteria *OR*

- *5% decrease in platelet count since onset of symptoms OR*
- *Rising BUN/Creatinine since onset of symptoms*

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References

[Associations Between Hydration Status, Intravenous Fluid Administration, and Outcomes of Patients Infected With Shiga Toxin–Producing *Escherichia coli*:A Systematic Review and Meta-analysis.](#)

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[Early Volume Expansion and Outcomes of Hemolytic Uremic Syndrome.](#)

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Contact and Revisions Number

- **For questions concerning this care map, contact: CareMap@etch.com**
- **Last Update: 06/12/19**