

Traveller Information Sheets



Instructions for taking gastro medications

Please use these medications in conjunction with your travel health doctor's advice and "The Traveller's Pocket Medical Guide". NB: The key to treatment is adequate rehydration, especially in children. Avoid all milk and dairy products for at least 2 days.

TREATMENT OF TRAVELLER'S DIARRHOEA

1. Gastrolyte oral rehydration sachets or tablets - use one sachet or 2 dispersible tablets made up with exactly 200ml of boiled water after each loose bowel motion as per instructions.

2. If diarrhoea occurs for longer than 24 - 48 hours or is very inconvenient (eg touring or trekking), also take:

Loperamide HCl 2mg (Imodium, Gastrostop) 2 capsules initially, then 1 after each unformed stool up to maximum 8 caps daily

or *Diphenoxylate 2.5mg (Lomotil)* 2 tablets up to maximum four times daily

Do not use either Loperamide or Diphenoxylate if pregnant, for children or if fever over 38° , blood in the stool or longer than 48 hours.

3. If high fever (more than 38.5°), blood or pus in the stool.

Norfloxacin 400mg (Noroxin) or Ciprofloxacin 500mg (Ciproxin) 1 tablet twice daily for 3 days

or – *Azithromycin 500mg (Zithromax or Zedd)* 1 daily for 3 days

Recent research suggests that bacterial diarrhoea may be treated effectively within 3 hours by taking Loperamide 1 tablet together either with Azithromycin 2 tablets, or with Noroxin 2 tablets, followed by Noroxin 1 tablet twice daily. This is useful if backpacking or on transport with limited access to toilets.

4. If mild diarrhoea longer than one week, cramps, excessive gas:

Tinidazole 500mg (Simplotan or Fasigyn)

4 tablets at once will treat Giardia, repeat for 3 days if you have proven amoebic dysentery. Do not have alcohol for at least 24 hours after this to avoid unpleasant reactions.

Other medications such as Bactrim, Doxycycline, Flagyl and Codeine should really only be used after prior medical advice and with monitoring of therapy.

If you expect to travel off the beaten track you should take the above medications with you for use where medical advice is not available.

NAUSEA / VOMITING / TRAVEL or MOTION SICKNESS

For vomiting, avoid oral intake for 2 - 4 hours, then attempt a teaspoon of Gastrolyte solution or fluids as per Traveller's Pocket Medical Guide. Wait for 15 - 20 minutes and then if no vomiting gradually increase fluid intake. Maintain fluids only for 24 hours then attempt to add dry biscuit or toast with honey or jam (no butter or margarine), clear soup, stewed apple, bananas, jelly, mashed potatoes, boiled rice (readily available in Asia) in small to increasing amounts as tolerated. **Avoid all milk and dairy products for at least 2 days.**

Medications are best taken one hour prior to travel or before you get sick.

Prochlorperazine 5mg tablet / 25mg suppository (Stemetil or Stemizine) Not for use in children under 14 years. 1 tablet every 6 hours up to maximum four times daily or 1 suppository inserted rectally twice daily.

Metoclopramide 10mg (Maxolon) 1 tablet up to 3 times daily. Not for use in children under 14 years.

Phenergan syrup for children, *Phenergan tablets, Avil* or other antihistamines as per instructions. These may be used as anti-nauseants and for motion sickness and are probably safer for children.

SCOP patch applied to behind ear at least 6 hours prior to travel and then every third day. Like *Kwells*, may induce side effects of blurred vision, dry mouth, altered conscious state, interacts with alcohol, effects persist long after removing patch.

NB: See also chapter on 'Travelling with Children' in The Travellers Pocket Medical Guide.

Reference

Cohen J, 2014, *Instructions for taking gastro medications*, Travel Clinics Australia, viewed 18th April 2014, <<http://travelclinic.com.au/members-area/>>