Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

PhilHealth Circular
No. 2016 - 001

TO : **ALL ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHER CONCERNED**

SUBJECT : **Policy statements on the Diagnosis and Management of Acute Gastroenteritis as reference by the Corporation in ensuring quality of care**

I. RATIONALE

The revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 (RA 7875 as amended by RA 9241 and RA 10606) under Title V (Quality Assurance and Accreditation) Rule 1 (Quality Assurance) Section 51 provides the implementation of quality assurance standards as reference for ensuring quality of health care services.

Compliance to clinical practice guidelines (CPGs) is one of the strategies in the implementation of quality assurance standards. As such, the Corporation adopts CPG recommendations based on best available evidence and translates them into policy statements to be used primarily to provide guidance to doctors, health care institutions (HCIs) and patients as to what tests, medicines, and procedures are strongly recommended if benefits clearly outweigh the harms. Such policy statements serve as basis in assessing the quality of care rendered by PhilHealth-accredited health care providers to members during performance monitoring and other activities when necessary.

Acute gastroenteritis (AGE) or diarrhea is one of the top illnesses reimbursed by PhilHealth. Diarrhea with moderate and severe dehydration requires inpatient care because of the need for rapid intravenous rehydration and close observation due to risk of developing complications. This guideline includes new recommendations in the AGE Policy Statements published by the Corporation in The HTA Forum 2006 which are based on the World Health Organization (WHO) Clinical Practice Guideline on Acute Diarrhea and Infectious Diseases Society of America (IDSA) Practice Guideline for the Management of Infectious Diarrhea. Furthermore, the Philippine College of Physicians (PCP) and the Philippine Pediatric Society (PPS) provided expert opinion on the policy statements including consideration for local applicability of the recommendations.

II. POLICY RECOMMENDATIONS

The Corporation shall adopt as standards the following statements in defining, diagnosing and managing AGE in adults and children which shall serve as guide to health care practitioners. However, specific provisions may be explicitly stated to affect reimbursement i.e., denial of claims for less than 3 days confinement.

A. DEFINITION

Acute gastroenteritis or diarrhea is defined as a decrease in stool consistency (loose or liquid) and/or increase in frequency of evacuation 3 or more times in 24 hours with or without vomiting or fever, usually lasting for 7 days but not more than 14 days.

B. DIAGNOSTIC TESTS

1. Stool examination is NOT routinely recommended as it cannot distinguish the etiology of acute gastroenteritis in the clinical setting. Stool examination with or without stool culture and sensitivity, however may be requested for acute bloody diarrhea.

2. Generally, acute gastroenteritis does not require specific diagnostic work-up except in those with chronic condition like malignancies, inflammatory bowel disease, bloody diarrhea unresponsive to initial empirical antibiotic treatment, outbreaks or epidemics and other immunocompromised hosts.

3. Routine serum electrolyte determination is not recommended. However, for hospitalized patients, serum electrolytes should be done in the following conditions:

3.1. The history and physical examination are inconsistent with the diarrheal illness and hydration status of the child.
3.2. Patients started on parenteral fluids and symptoms of electrolyte imbalance/s after hydration are still present.
3.3. Guidance to clinicians on the rate of intravenous hydration.
3.4. Patients with anuria, undernutrition, seizures or ileus.

C. HOSPITAL ADMISSION AND LENGTH OF STAY

1. Patients with severe dehydration, as well as patients who remain to have some dehydration despite initial treatment and any child with bloody diarrhea and severe malnutrition should be admitted.

2. Patients who are in shock, with neurological abnormalities, intractable or bilious vomiting, failure of oral rehydration at home or the emergency room, or suspected surgical conditions should be admitted.

3. Infants less than six (6) months of age, regardless of hydration status, should be evaluated for hospital confinement.

4. Children with rapid stool losses of more than 15-20 ml/kg/hour may warrant admission.

5. The length of hospital stay (LOS), for patients with moderate or severe diarrhea, is at least 3 days (72 hours). Otherwise, the claim shall be denied.

D. TREATMENT

1. Oral Rehydration Solution (ORS) and IV fluids are the standard of treatment for dehydration caused by diarrhea and these are administered based on the degree of dehydration.
2. The preferred treatment for children with severe dehydration is appropriate intravenous rehydration.
3. Zinc supplementation at a dose of 10-20 mg per day may be given for 10-14 days to all children with diarrhea.
4. Malnourished children or children who develop diarrhea during or shortly after measles may be given oral vitamin A at once and again the next day at the following doses:
   - 200,000 units/dose for age 12 months to 5 years
   - 100,000 units/dose for age 6 months to 12 months
   - 50,000 units for age less than 6 months
5. Antimicrobials (refer to annex A) should not be used routinely except in the following conditions:
   - Cases of bloody diarrhea (dysentery)
   - Suspected cases of cholera with severe dehydration

- Laboratory proven, symptomatic infection with Giardia duodenalis
- Diarrhea associated with another acute infection (eg, pneumonia, UTI)

6. "Anti-diarrheal" drugs have no proven benefit and never indicated for acute diarrhea. Drugs in this category include the following:
   - Adsorbents such as kaolin, activated charcoal, cholestyramine, or attapulgite
   - Antimotility drugs such as loperamide hydrochloride, diphenoxylate with atropine, or codeine
   - Products combining adsorbents, antimicrobials, antimotility drugs, or other agents are considered irrational use, costly, and have side effects higher than individual drugs.

7. Other drugs such as anti-emetics, cardiac stimulants, blood or plasma, steroids, or purgatives have no proven role in the management of acute diarrhea.

III. MONITORING AND EVALUATION

The health care provider shall be bound by the provisions of the Performance Commitment and subject to the rules on monitoring and evaluation of performance as provided in PhilHealth Circular No. 31 s-2014 (HC P-PAS).

This Circular shall be reviewed periodically and as necessary.

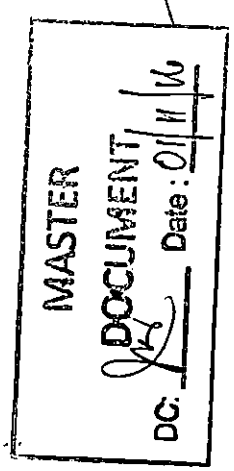
IV. REPEALING CLAUSE

All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is particularly applicable, are hereby amended, modified or repealed accordingly.

V. EFFECTIVITY

This Circular shall take effect fifteen days after publication in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

ALEXANDER A. PADILLA
President and CEO
Date signed: 01/08/16



Annex A. Antimicrobials used to treat specific causes of diarrhea (Adapted from WHO, 2005)

ANTIBIOTICS		DOSE, FREQUENCY, DURATION
Cholera		
Antibiotic of choice	Doxycycline	Adults: 300 mg once
	Tetracycline	Children: 12.5 mg/kg 4 times a day x 3 days Adult: 500 mg 4 times a day x 3 days
Alternative	Erythromycin	Children: 12.5 mg/kg 4 times a day x 3 days Adults: 250 mg 4 times a day x 3 days
Shigella dysentery		
Antibiotic of choice	Ciprofloxacin	Children: 15 mg/kg 2 times a day x 3 days Adults: 500 mg 2 times a day x 3 days
Alternative	Cefrtiaxone	Children: 50-100 mg/kg once a day IM x 2-5 days
Amoebiasis		
Antibiotic of choice	Metronidazole	Children: 10 mg/kg 3 times a day (10 days for severe disease) Adults: 750 mg 3 times a day x 5 days (10 days for severe disease)
Giardiasis		
Antibiotic of choice	Metronidazole	Children: 5 mg/kg 3 times a day Adults: 250 mg 3 times a day x 5 days