



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

PHILHEALTH CIRCULAR

No. 2022-0026

TO : ALL ACCREDITED HEALTH CARE PROVIDERS,
PHILHEALTH MEMBERS, PHILHEALTH OFFICES (HEAD
OFFICE AND REGIONAL OFFICES AND ALL OTHERS
CONCERNED

SUBJECT : Quality Policy on the Diagnosis and Management of Acute Infectious
Gastroenteritis as Reference of the Corporation

I. RATIONALE

The World Health Organization (WHO) defines Universal Health Care (UHC) as all people having access to quality health services without suffering the financial hardship associated with paying for care. Thus, Philhealth recognizes that safety and quality in health care is an integral aspect of a successful universal health coverage. Republic Act No. 11223 otherwise known as the Universal Health Care Act of 2013 provides that the Corporation shall support the implementation of standards for clinical care set forth by the Department of Health (DOH) based on approved clinical practice guidelines. Further, Section 51 of the revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 under (RA7875 as amended by RA9241 and RA10606) 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 facilities (HFs) 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 document is an update of certain policy statements in PhilHealth Circular no. 2016-0001 in accordance with the Department of Health (DOH) Circular no. 2019 - 0233 entitled "Adoption of the National Food and Waterborne Disease Prevention and Control Program Clinical Practice Guidelines on Acute Infectious Diarrhea Reference Manual" and the 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhea (downloaded article). Further, the policy recommendations were approved by the PhilHealth Quality Assurance Committee (QAC) as reference in ensuring quality of care.

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II. OBJECTIVES

This PhilHealth Circular aims to establish the guidelines for the implementation of the benefit package for the diagnosis and management of acute infectious gastroenteritis.

III. SCOPE

This policy pertains to standards of care on the diagnosis and management of acute infectious diarrhea applicable for adults and children. It shall serve as reference for all accredited health care providers (HCPs) and PhilHealth Regional Offices (PROs) in ensuring quality of care relative to claims of diarrhea.

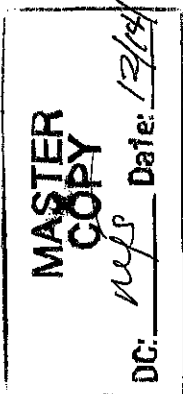
IV. DEFINITION OF TERMS

- A. **Acute infectious gastroenteritis or diarrhea** - the passage of three or more loose, watery or bloody stools from an immunocompetent person's normal baseline in a 24-hour period, with a duration of less than 14 days, usually accompanied by symptoms such as nausea, vomiting, abdominal pain and fever, and is caused by infectious agents such as bacteria, viruses, fungi or protozoa.
- B. **Dehydration** - refers to a loss of total body water
- C. **Dehydration in children** - include abnormal vital signs (tachycardia, tachypnea), depressed level of consciousness, depressed fontanels, sunken eyes, decreased or absent tears, poor skin turgor, prolonged capillary refill time, abnormal respiratory pattern, and decreased urine output
- D. **Dehydration in adult**- include fatigue, thirst, sunken eyes, orthostatic hypotension, increased respiratory rate, increased heart rate, cold, clammy skin, lethargy, dry oral mucosa, muscle weakness, decreased skin turgor (>2 seconds), increased capillary refill time (>2 seconds), decreased urine output, (<0.5 ml/kg/hr, etc

V. POLICY STATEMENTS

A. On 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 and if parasitism is suspected.
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 immune compromised hosts.
3. Routine serum electrolyte determination is NOT recommended. However, for hospitalized patients, serum electrolytes should be done in the following conditions:



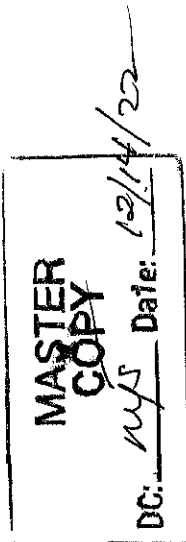
- a. The history and physical examination are inconsistent with the diarrheal illness and hydration status of the child.
- b. Patients started on parenteral fluids and symptoms of electrolyte imbalance/s after hydration are still present.
- c. Guidance to clinicians on the rate of intravenous hydration.
- d. Patients with anuria, under nutrition, seizures or ileus.

B. On Hospital Admission

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.

C. Treatment of Acute Infectious Gastroenteritis

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 20 mg per day for 10-14 days should be given routinely as adjunctive therapy for acute infectious diarrhea in children >6 months old to shorten the duration of diarrhea and reduce frequency of stools.
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:
 - a. 200,000 units/dose for age 12 months to 5 years
 - b. 100,000 units/dose for age 6 months to 12 months
 - c. 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:
 - a. Cases of bloody diarrhea (dysentery)
 - b. Suspected cases of cholera with severe dehydration
 - c. Laboratory proven, symptomatic infection with *Giardia duodenalis*



- d. Diarrhea associated with another acute infection (eg, pneumonia, UTI, meningitis)
- 6. "Anti-diarrheal" drugs have no proven benefit and never indicated for acute infectious diarrhea. Drugs in this category include the following:
 - a. Adsorbents such as kaolin, activated charcoal, cholestyramine, or attapulgate
 - b. Antimotility drugs such as loperamide hydrochloride, diphenoxylate with atropine, or codeine
 - c. 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.

D. Monitoring and Evaluation

- 1. 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. 2018 - 0019 Health Care Provider Performance Assessment System (HCP-PAS) Rev.2.
- 2. Standards of care issued by authorized agencies/organizations shall be regularly monitored. As deemed necessary, a revision of the policy statements shall be made.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of R.A. No. 11223 and R.A. No. 10606, and their respective Implementing Rules and Regulations.

VII. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen days after its publication in the Official Gazette or in any newspaper of general circulation. It shall be forwarded thereafter to the Office of the National Administrative Register at the University of the Philippines Law Center.

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 DC: M/S Date: 12/14/22

EMMANUEL R. LEDESMA, JR.
 Acting President and Chief Executive Officer

Date signed: 12/14/22

Quality Policy on The Diagnosis and Management Of Acute Infectious Gastroenteritis as Reference of the Corporation





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Annex A

Table 1. Antimicrobials used to treat specific causes of diarrhea in children (adapted from DOH DC no. 2019-0233, page 61)

ANTIBIOTICS		DOSE, FREQUENCY, DURATION
Cholera		
Antibiotic of choice	Doxycycline (use only for >8 years old)	2mg/kg single dose (max dose: 100 mg/dose)
	Azithromycin	10mg/kg/dose once for 3 days or 20mg/kg single dose (max dose: 500 mg/24 hours)
Alternatives	Co-trimoxazole	8– 12 mg/kg/day PO (based on trimethoprim component) divided into 2 doses for 3-5 days (max dose: 160 mg/dose)
	Chloramphenicol	50-100 mg/kg/day PO every 6 hours for 3 days (max dose: 750 mg/dose)
	Erythromycin	12.5 mg/kg/dose PO every 6 hours for 3 days (max dose: 49/24 hours)
Shigella dysentery		
Antibiotic of choice	Ciprofloxacin	30 mg/kg/day PO divided into 2 doses x 3 days (max dose: IV 800 mg/24hours)
	Ceftriaxone	IV 75-100 mg/kg/day every 12-24 hours (max dose 2g/24 hours) for 2-5 days
	Azithromycin	10 mg PO once a day for 3 days (max dose: 500 mg/dose)
Non-typhoidal Salmonella (NTS)		
		Antibiotic treatment is NOT recommended for children with non-typhoidal Salmonella EXCEPT in high-risk children to prevent secondary bacteremia, such as: <ul style="list-style-type: none"> •Neonates or young infants <3 years' old •Immunodeficient patients •Anatomical or functional asplenia, corticosteroid or immunosuppressive therapy, inflammatory bowel disease, or achlorhydria

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Amoebiasis		
Antibiotic of choice	Metronidazole	10 mg/kg/dose IV/PO 3 times a day (max dose: 750 mg/dose) for 10-14 days is recommended for confirmed cases of amoebiasis to avoid relapse

Table 2. Antimicrobials used to treat specific causes of diarrhea in adults (adapted from DOH DC no. 2019-0233, page 85)

ANTIBIOTICS		DOSE, FREQUENCY, DURATION
Cholera		
Antibiotic of choice	Azithromycin	1 g PO single dose
	Ciprofloxacin	1-2 g PO single dose or 500 mg twice a day for 3 days
Alternative	Doxycycline	100 mg PO twice a day for 3 days
Shigella dysentery		
Antibiotic of choice	Ceftriaxone	1 gram IV once a day for 5 days
	Ciprofloxacin	500 mg PO twice a day for 5 days
	Azithromycin	1 gram PO single dose
Non-typhoidal Salmonella (NTS)		
Antibiotic of choice	Ciprofloxacin	500 mg PO twice a day for 5 days
	Ceftriaxone	1 gram IV once a day for 5 days
Once culture results are available, antimicrobial therapy can be modified accordingly.		
Amoebiasis		
Antibiotic of choice	Metronidazole	500-750 mg tablet three times a day for 10 days
Alternatives	Tinidazole	2 g once a day for 3 days
	Secnidazole	2 g single dose
Diloxanidefuroate 500 mg three times a day may be added to metronidazole, if available.		

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