



Treatment of Cholera Patients

Ministry of Health and Wellness
MAURITIUS






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TREATMENT OF CHOLERA PATIENTS			
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Treatment of Cholera Patients

1. While most patients are asymptomatic, some will develop painless watery voluminous diarrhea associated with vomiting and abdominal cramps; about 5% of infected patients can develop severe symptoms.
2. All patients should be encouraged to eat and drink as much as tolerated.
3. Fluid management is the cornerstone of cholera treatment:
 - a. Cholera cots are useful for estimating stool volume losses; if these are not available, ongoing losses may be estimated at 10 to 20 mL/kg of body weight for each episode of diarrhea or vomiting.
 - b. See figure 1 for details regarding treatment of dehydration.
 - c. Volume status should be assessed via physical exam on an ongoing basis, and the rate of fluid repletion should be adjusted if needed.
 - d. Indications for intravenous hydration include:
 - i. Patients with vomiting or diarrhea more than three times in one hour; or
 - ii. Patients who are unable to drink because of vomiting or altered mental status.
 - e. Ringer's Lactate is preferred due to its electrolyte contents.
4. Zinc supplementation:
 - a. Children from 6m to 5y of age should be given 20mg/d for 10 days of zinc; children less than 6m old can be given 10mg/d of zinc for 10 days.
5. Antibiotic therapy:
 - a. Antibiotics can be given to patients with moderate to severe cholera to shorten the course of diarrhea and to reduce stool volume losses.
 - b. One of the following regimens can be chosen:
 - i. Azithromycin 1,000mg single dose – resistance is rare.
 1. In children, use 20mg/kg PO single dose.
 - ii. Ciprofloxacin 1,000mg single dose can also be administered; resistance is on the rise globally.
 1. In children, use 20mg/kg PO single dose. Use in children is controversial – use only if azithromycin is not available.
 - iii. Doxycycline 300mg single dose can be used if the lab is able to confirm susceptibility of the strain of *V. cholerae* to this drug.
 1. In children < 12y old, give 2-4mg/kg PO single dose. Use in children is controversial – use only if azithromycin is not available.
 - c. Pregnant women and children should preferably receive azithromycin.

6. Complications of cholera should be treated as clinically indicated:

- a. Hypokalemia, hyponatremia or hypernatremia, hypocalcemia, hypoglycemia, acidosis, acute kidney injury, confusion / coma, aspiration pneumonia and malnutrition.

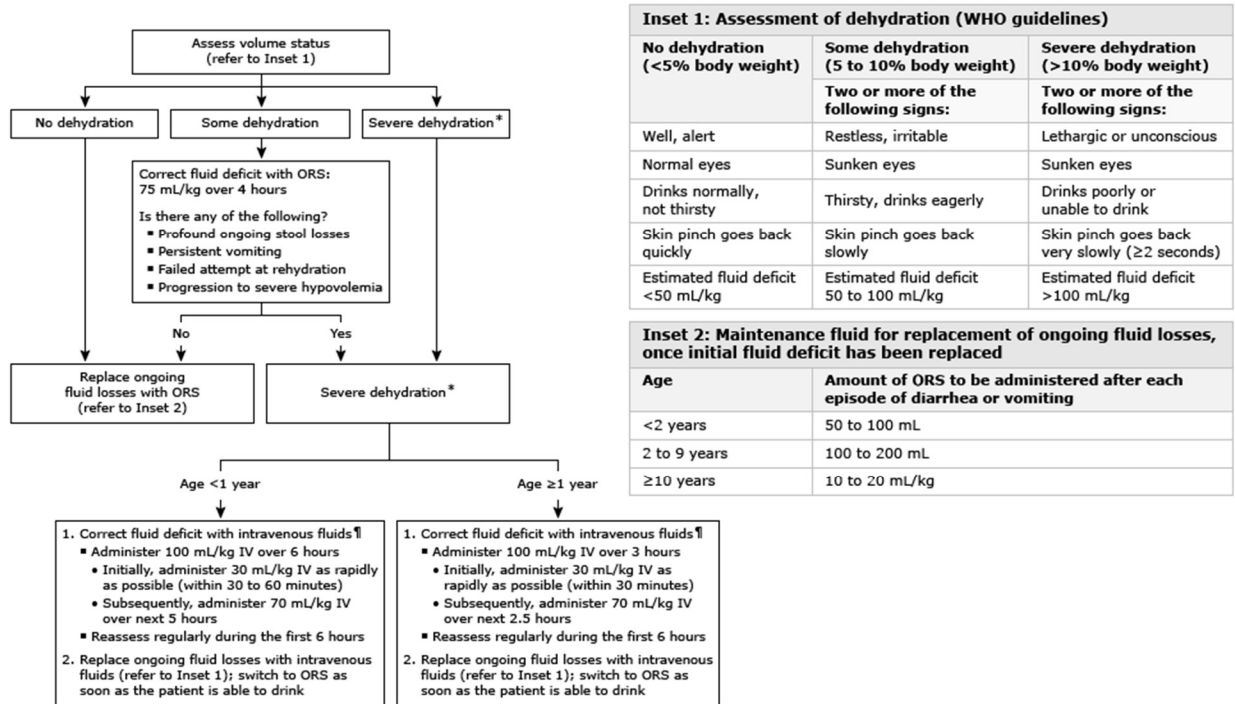


Figure 1: From UpToDate – see reference 1.

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