



## Guidance document for processing PM-JAY packages

### Management of Diarrhoea

Procedures covered/ procedure count: 3

Specialty: General Medicine/ Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (In INR)
Diarrhoea	Chronic diarrhoea	M100036, M200001, M200028	MG010A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Diarrhoea	Persistent diarrhoea	M100036, M200001, M200028	MG010B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Dysentery	Dysentery	M100003, M200002	MG011A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

**ALOS:** 3 days

**Minimum qualification of the treating doctor:**

**Essential:** MBBS

**Desirable:** MD/ DNB/ equivalent (Medicine/ Pediatrics)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

ICMR has issued clinical guidelines for **Management of Acute Diarrhoea** to be followed in country. For monitoring and administering the claim management process of **Chronic diarrhoea, Persistent diarrhea & Dysentery**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to the ICMR poster and other relevant material as per the extant professional norms.

### **PART I: Guidelines for Clinicians and Healthcare Providers**

#### **1.1 Objective:**

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the



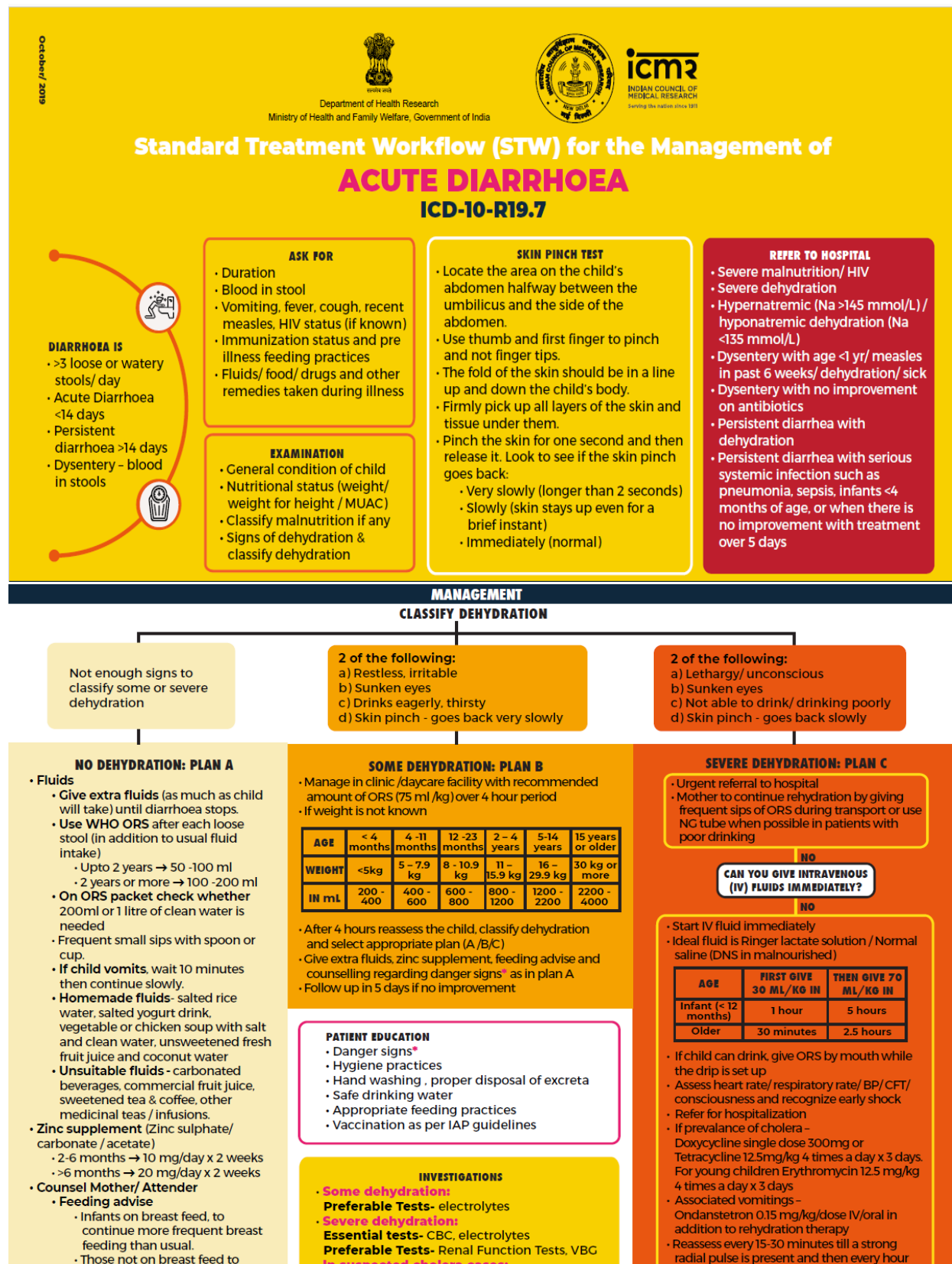
appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

### **1.2 Clinical key pointers:**

- a. Proceed with management of Diarrhoea only if diagnosis made is backed by clinical signs,
  1. > 3 days of watery stool per day
  2. Acute Diarrhoea < 14 days, Chronic Diarrhoea >28 days
  3. Pain in Abdomen / Abdominal cramps
  4. Bloating
  5. Fever (+ / -)
  6. Bloody stool in case of Dysentery

### 1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)<sup>i</sup>- For clinicians/ treating doctor



- 2-6 months → 10 mg/day x 2 weeks
- >6 months → 20 mg/day x 2 weeks
- **Counsel Mother/ Attender**
- **Feeding advise**
  - Infants on breast feed, to continue more frequent breast feeding than usual.
  - Those not on breast feed to continue their usual milk feed/ formula at least once in 3 hours.
  - Give age appropriate foods to >6 months old based on their pre illness feeding pattern

- **Danger signs (return immediately)**
  - Passing many watery stools
  - Repeated vomiting / very thirsty
  - Eating / drinking poorly
  - Develops fever / blood in stools

- Follow up in 5 days if no improvement

#### INVESTIGATIONS

- **Some dehydration:**  
**Preferable Tests-** electrolytes
- **Severe dehydration:**  
**Essential tests-** CBC, electrolytes  
**Preferable Tests-** Renal Function Tests, VBG
- **In suspected cholera cases:**  
**Preferable tests-** stool for hanging drop and stool culture
- **Dysentery:** (no response to antibiotic in 2 days) **Preferable test-** stool culture & stool routine for trophozoites of Amoeba
- **Persistent diarrhoea:**  
**Preferable test-** stool routine microscopy, urine routine microscopy, urine culture, sepsis screen

#### WHEN CONSIDERING ALTERNATIVE DIAGNOSIS OF PERSISTENT DIARRHOEA AND DYSENTERY

#### PERSISTENT DIARRHOEA

- Appropriate fluids to prevent or treat dehydration
- **Nutrition:**
  - If breastfeeding, give more frequent, longer breastfeeds, day and night.
  - Other milk: replace with increased breastfeeding, or with fermented milk products, such as yogurt, or half the milk with nutrient-rich semi-solid food.
  - For other foods, follow feeding recommendations for the child's age: give small, frequent meals (at least 6 times a day), and avoid very sweet foods or drinks.
- Zinc for 14 days
- Supplement vitamins / minerals
- Antimicrobial to treat diagnosed infection
  - A) Intestinal infection:
    - If blood in stool: Treat like dysentery
    - If stool routine suggestive of Amoebiasis: Treat for it
    - If stool suggestive of cyst/ Trophozoite of Giardia: Give Metronidazole 5 mg/kg/dose x 8 hourly x 5 -7 days
  - B) Treat Non Intestinal such as UTI/ Otitis Media
- Follow up in 5 days
- Refer to hospital (See box)

- Tetracycline 12.5mg/kg 4 times a day x 3 days. For young children Erythromycin 12.5 mg/kg 4 times a day x 3 days
- Associated vomitings – Ondansetron 0.15 mg/kg/dose IV/oral in addition to rehydration therapy
- Reassess every 15-30 minutes till a strong radial pulse is present and then every hour. If hydration status is not improving, give IV drip more rapidly
- After 6 hours (infants) and 3 hours (older patients) - evaluate for dehydration and choose the appropriate plan (A, B, or C) to continue treatment
- Give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3-4 hours (infants) or 1-2 hours (children)
- Observe for 6 hours after the child has been fully rehydrated.
- In hypernatremic and hyponatremic dehydration child appears relatively less ill / more ill respectively and needs to be referred for hospitalization

#### DISCHARGE CRITERIA

- Sufficient rehydration (indicated by wt gain &/ or clinical status)
- IV fluids no longer needed
- Oral intake = /> losses
- Medical f/u available

#### DYSENTERY

- Treat dehydration according to assessment.
- Ciprofloxacin 15 mg/kg twice a day and reassess after 2 days.  
Improvement: 3 days of treatment
- No improvement → Cefixime 10 mg/kg/d, 2 div doses. Reassess after 2 days. If better complete 3 -5 days of treatment.
  - If stool routine positive for Ameobiasis : Metronidazole 10mg/kg/dose 8 hourly x 7 days (10 days in severe cases)
- Refer to hospital (See box)

#### REFERENCES

1. IMCI (WHO) module on Diarrhea 2014.
2. WHO Treatment for Diarrhea - A manual for physicians and other senior health workers 2005.
3. WHO GLOBAL TASK FORCE ON CHOLERA CONTROL 2010.

#### 1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Chronic diarrhoea	Persistent diarrhoea	Dysentery
<b>i. At the time of Pre-authorization</b>			
Clinical notes with indications	Yes	Yes	Yes
Planned line of management	Yes	Yes	Yes
Chest X ray	NA	Yes	NA
Stool pH	NA	Yes	NA
Stool Examination report	NA	Yes	NA
<b>ii. At the time of claim submission</b>			
Indoor case papers	Yes	Yes	Yes
Stool report	Yes	Yes	NA
Discharge Summary	Yes	Yes	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)**

**3.1 Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:**

	Chronic Diarrhoea	Persistent Diarrhoea	Dysentery
Degree of Dehydration?	Yes (if yes please mention the degree)	Yes (if yes please mention the degree)	NA
Is there evidence (Clinical notes, history) of blood in stool?	NA	NA	Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.



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<sup>[1]</sup> Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.