



## Guidance document for processing PM-JAY packages

### Gastroenteritis, Dehydration

Procedures covered: 3

Specialty: General Medicine/ Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute gastroenteritis with dehydration	Acute gastroenteritis with moderate dehydration	M100001	MG009A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Acute gastroenteritis with severe dehydration	Acute gastroenteritis with severe dehydration	M100048	MG009B	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	M100002	MG025A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

**ALOS (days):** 2 days

**Minimum qualification of the treating doctor:**

**Essential:** MBBS, **Desirable:** MD/DNB/equivalent (in General Medicine, Pediatric Medicine)

**Special empanelment criteria/linkage to empanelment module:**

**Disclaimer:**

ICMR has issued clinical guidelines for Management of **Gastroenteritis, Dehydration** to be followed in country. For monitoring and administering the claim management process of Chronic diarrhoea, Persistent diarrhoea 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.

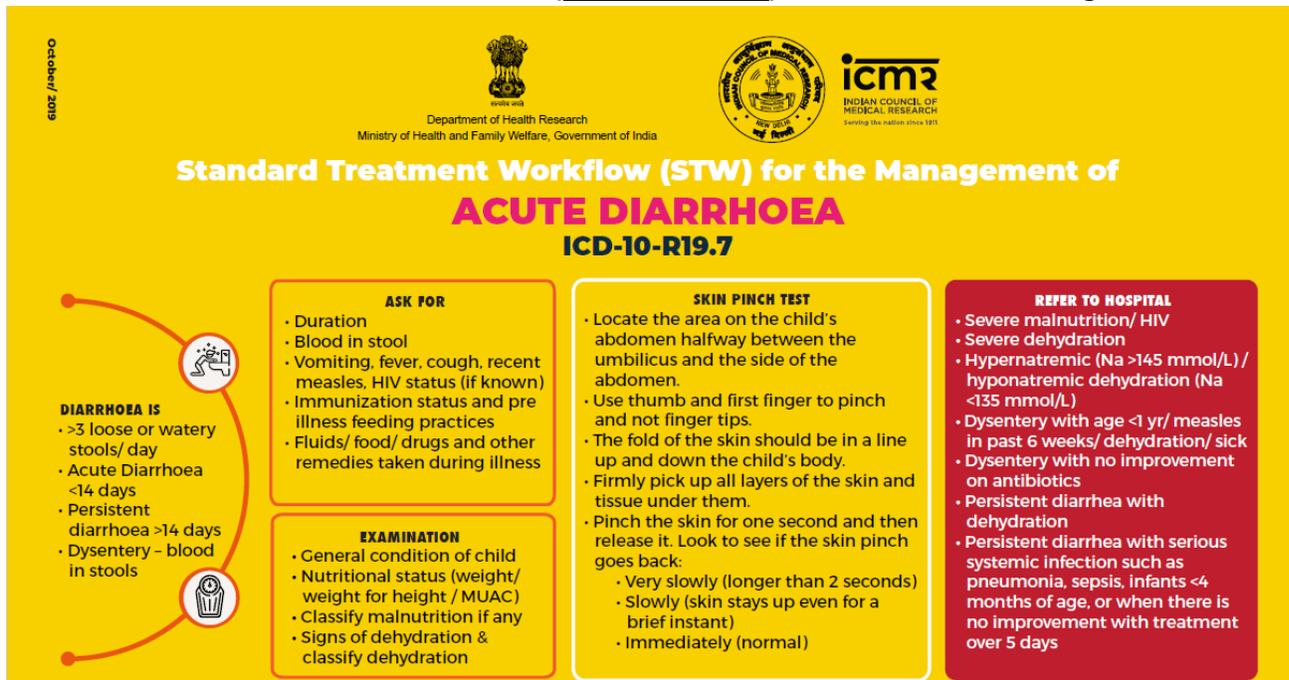
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

### 1.2 Clinical key pointers:

Proceed with management of Diarrhoea / Acute gastroenteritis with dehydration / Recurrent vomiting with dehydration only if diagnosis made is backed by clinical signs,

1. >3 loose or watery stool / day
2. Nausea and vomiting
3. Pain in Abdomen / Abdominal cramps
4. Bloating
5. Fever (+ / -)

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



**Standard Treatment Workflow (STW) for the Management of ACUTE DIARRHOEA ICD-10-R19.7**

**DIARRHOEA IS**

- >3 loose or watery stools/ day
- Acute Diarrhoea <14 days
- Persistent diarrhoea >14 days
- Dysentery - blood in stools

**ASK FOR**

- Duration
- Blood in stool
- Vomiting, fever, cough, recent measles, HIV status (if known)
- Immunization status and pre illness feeding practices
- Fluids/ food/ drugs and other remedies taken during illness

**EXAMINATION**

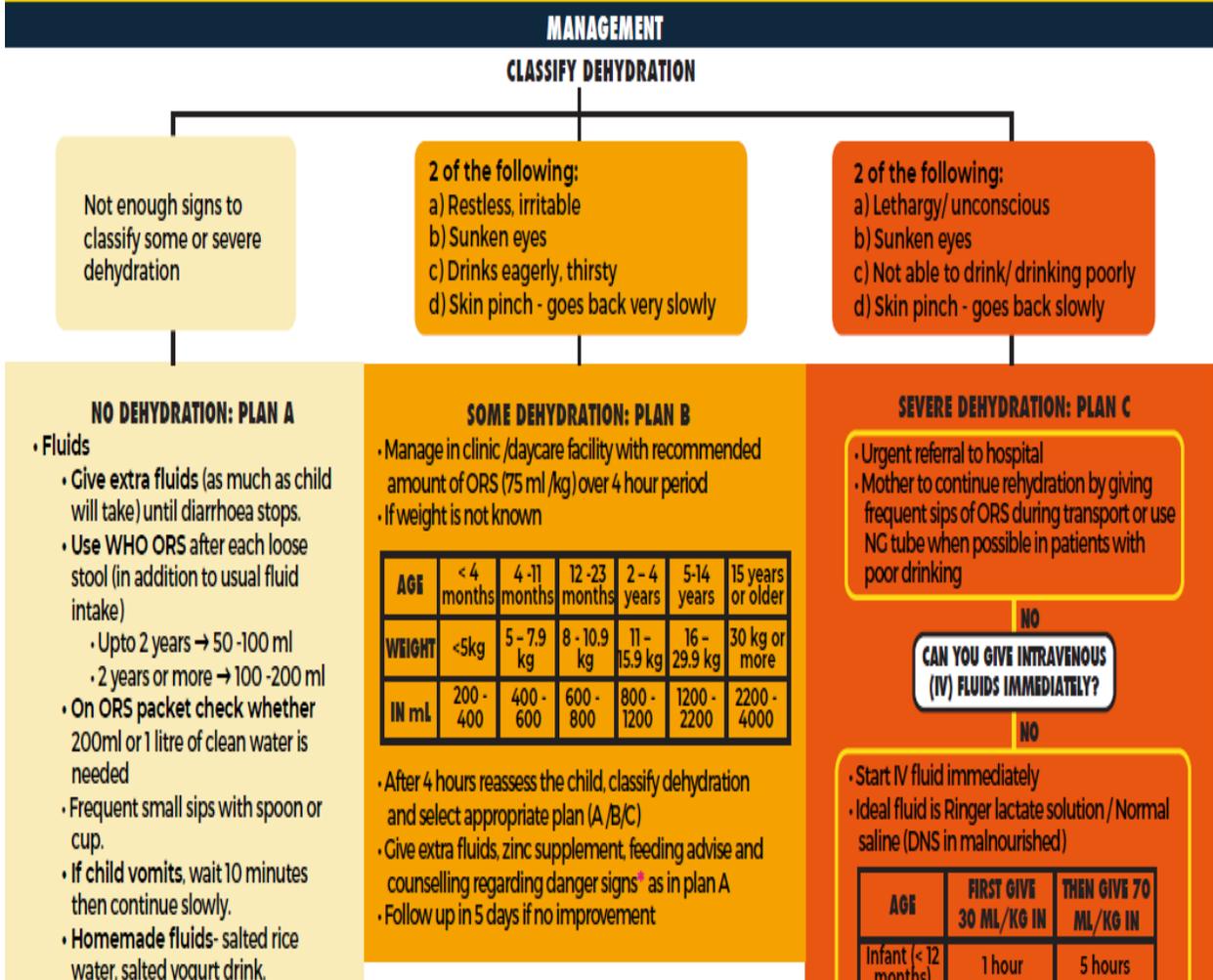
- General condition of child
- Nutritional status (weight/ weight for height / MUAC)
- Classify malnutrition if any
- Signs of dehydration & classify dehydration

**SKIN PINCH TEST**

- Locate the area on the child's abdomen halfway between the umbilicus and the side of the abdomen.
- Use thumb and first finger to pinch and not finger tips.
- The fold of the skin should be in a line up and down the child's body.
- Firmly pick up all layers of the skin and tissue under them.
- Pinch the skin for one second and then release it. Look to see if the skin pinch goes back:
  - Very slowly (longer than 2 seconds)
  - Slowly (skin stays up even for a brief instant)
  - Immediately (normal)

**REFER TO HOSPITAL**

- Severe malnutrition/ HIV
- Severe dehydration
- Hypernatremic (Na >145 mmol/L) / hyponatremic dehydration (Na <135 mmol/L)
- Dysentery with age <1 yr/ measles in past 6 weeks/ dehydration/ sick
- Dysentery with no improvement on antibiotics
- Persistent diarrhea with dehydration
- Persistent diarrhea with serious systemic infection such as pneumonia, sepsis, infants <4 months of age, or when there is no improvement with treatment over 5 days



water, salted yogurt drink, vegetable or chicken soup with salt and clean water, unsweetened fresh fruit juice and coconut water

- **Unsuitable fluids** - carbonated beverages, commercial fruit juice, sweetened tea & coffee, other medicinal teas / infusions.
- **Zinc supplement** (Zinc sulphate/ carbonate / acetate)
  - 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

**PATIENT EDUCATION**

- Danger signs\*
- Hygiene practices
- Hand washing , proper disposal of excreta
- Safe drinking water
- Appropriate feeding practices
- Vaccination as per IAP guidelines

**INVESTIGATIONS**

- **Some dehydration:**  
**Preferable Tests-** electrolytes
- **Severe dehydration:**  
**Essential tests-** CBC, electrolytes  
**Preferable Tests-** Renal Function Tests, VBC
- **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

months	30 minutes	2.5 hours
Older		

- If child can drink, give ORS by mouth while the drip is set up
- Assess heart rate/ respiratory rate/ BP/ CFT/ consciousness and recognize early shock
- Refer for hospitalization
- If prevalence of cholera -  
Doxycycline single dose 300mg or 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 -  
Ondanestron 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

**WHEN CONSIDERING ALTERNATIVE DIAGNOSIS OF PERSISTENT DIARRHOEA AND DYSENTRY**

**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)

**DYSENTRY**

- 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.

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

This STW has 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 our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.

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#### 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	Gastroenteritis	Recurrent vomiting with dehydration
<b>i. At the time of Pre-authorization</b>		
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes	Yes
b. CBC report	Yes	Yes
c. Sr. Electrolyte report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers	Yes	Yes
b. Post treatment Stool culture report	Yes	NA
c. Post treatment Sr. Electrolyte report	Yes	Yes
d. Detailed Discharge Summary	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:**

##### **Diarrhoea:**

1. Did the patient complain of > 3 watery stool per day? Yes

##### **Acute gastroenteritis with dehydration / Recurrent vomiting with dehydration**

1. Did the Sr. Electrolyte report suggest hyponatremic dehydration (Na <135 mmol/L)/ Hypernatremic dehydration (Na > 145 mmol/L)? Yes

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

<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



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