Traveler's Diarrhea (TD) Flow Chart for Drug Treatment for Adults

TD is the sudden onset of loose or liquid, frequent bowel movements.  
Is your diarrhea...

**Mild**  
Tolerable, not interfering with planned activities

- Replace fluids/salts  
- May begin loperamide⁽¹⁾ or bismuth subsalicylate (BSS)⁽²⁾  

**Symptoms**  

Resolve in ~24-48 hrs?  

Yes  

- Stop loperamide or BSS  
- Continue adequate fluids  
- Gradually resume normal diet  

No  

- If now moderate symptoms, may begin Azithromycin*  
- May begin loperamide  

**Symptoms**  

Resolve in ~24 hours?  

Yes  

- Stop loperamide and Azithromycin  
- Continue adequate fluids  
- Gradually resume normal diet  

No  

- Continue Azithromycin 500mg/day for up to 3 days  
- May continue loperamide

**Symptoms**  

Resolve within 72 hours?  

Yes  

- Stop Azithromycin and loperamide  
- Continue adequate fluids  
- Gradually resume normal diet  

No  

- Seek medical care

**Moderate**  
Distressing, interfering with planned activities

- Replace fluids/salts  
- May begin loperamide⁽¹⁾ alone  
- If inadequate relief, may begin Azithromycin*  

**Symptoms**  

Resolve in ~24 hours?  

Yes  

- Stop loperamide  
- Continue adequate fluids  
- Gradually resume normal diet  

No  

- Begin Azithromycin*  
- Or continue Azithromycin 500mg/day for up to 3 days  
- May continue loperamide

**Symptoms**  

 Resolve within 48-72 hours?  

Yes  

- Continue azithromycin 500mg/day for days 2 and 3  
- Continue adequate fluids  
- Gradually resume normal diet  
- Could use loperamide if needed for comfort once improving-no fever & no blood/mucus in stool  

No  

- Seek medical care

**Severe**  
Incapacitating, preventing planned activities

- Replace fluids/salts  
- Begin Azithromycin*  
- May take loperamide⁽¹⁾  
- Do NOT take loperamide⁽¹⁾  
- Consider seeking medical care

**Blood/mucus in stool or Fever >101°F (38.3°C),**  

Yes  

- Replace fluids/salts  
- Begin Azithromycin*  
- May continue loperamide  
- Do NOT take loperamide⁽¹⁾  
- Consider seeking medical care

No  

**Fever & blood/mucus in stool subside in 24 hours?**  

Yes  

- Replace fluids/salts  
- Begin Azithromycin*  
- May take loperamide⁽¹⁾  
- Do NOT take loperamide⁽¹⁾  
- Consider seeking medical care

No  

- Continue azithromycin 500mg/day for days 2 and 3  
- Continue adequate fluids  
- Gradually resume normal diet  
- Could use loperamide if needed for comfort once improving-no fever & no blood/mucus in stool

⁽¹⁾Loperamide (Imodium⁽⁴⁾): Do not take loperamide if you have high fever or blood/mucus in the stool. If loperamide advised, take 2 tablets the first dose, then 1 tablet after each loose stool (spacing at least 1 to 2 hours apart to help avoid constipation). Do not exceed 4 tablets/24 hours. Usually relieves symptoms in <24 hours.

⁽²⁾Bismuth subsalicylate (BSS): Do not take if allergic to aspirin, pregnant or nursing. If BSS advised, chew 2 tablets every 30 minutes while diarrhea continues, not to exceed 16 tablets/24 hrs. Limit use to 48 hours total. May cause a temporary, harmless darkening of stool or tongue. (Brush teeth and rinse mouth at night.) Treatment doses used with acetazolamide can possibly result in salicylate &/or acetazolamide toxicity causing: tinnitus (ringing in ears), nausea, vomiting, dizziness, sweating, tachycardia, &/or fatigue, somnolence, confusion. Do not take with aspirin, doxybenzine, methotrexate, or anticoagulants. Consult with your health care provider for other drug interactions.

Azithromycin: Consult information sheet provided by pharmacy.  
Levofloxacin: Consult information sheet provided by pharmacy.

*Azithromycin is the preferred antibiotic for TD. If antibiotic is needed, take 1 dose of Azithromycin 500mg. If diarrhea continues take a 2nd dose about 12 hours later. Stop antibiotic when diarrhea resolves. If symptoms are not resolved after 24 hours, continue Azithromycin 500mg daily for up to 3 days. However, Azithromycin should be taken for the full 3 days if blood/mucus or fever >101°F (38.3°C) is associated with the diarrhea. Levofloxacin may be prescribed for those who cannot take Azithromycin. NOTE: Antibiotic use is associated with multi-drug resistant bacteria in the gut of returning travelers. This appears to be transient, but has persisted at a year in approximately 10% of returning travelers and has been transmitted to close household contacts. The impact of the carriage of these multi-drug resistant bacteria is unclear, but prudent use of antibiotics is encouraged.

Want to learn more:  [CDC 2018 Yellow Book - Travelers' Diarrhea](https://www.cdc.gov/travel/yellowbook/2018/chapter-6-digestive-system-diseases/travelers-diarrhea.html)  
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