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AMARAVATES: Chief Minister YS Jagan Mohan Reddy held a review meeting on the progress of works related to YSR Digital libraries and directed officials to make use of the latest technologies and ensure the uninterrupted internet connection gang is provided to every digital village library. During the review meeting held at the field office here on Friday, the chief minister directed the district collectors of Anantapur, Chittoor, Visakhapatnam, and eastern Godavari districts to pay particular attention to the construction of digital libraries in their respective districts. He said that the structures should be provided so that these libraries are useful for working-from-home conditions and the preparation of young people for competitive examinations. He has appointed officials to concentrate and ensure the proper maintenance of libraries. Officials informed the chief minister that 12,979 digital libraries are being processed in three stages of which work relating to 4,530 digital libraries will be completed in the first phase by January 2022. The Minister has appointed officials to organize computers, printers, scanners and other infrastructures and added to ensure desktop computers, system chairs, plastic chairs, fans, tube lights, iron racks, books and magazines are arranged in every digital library. The Chief Minister said that digital libraries, including computer equipment, phase-1, will be made available by Ugadi 2022 and told officials to prepare an action plan to complete phase 2 works by December 2022 and phase 3 works by June 2023. Industries, Commerce and IT Minister Mekapati Goutham Reddy, Chief Secretary Sameer Sharma, Panchayat Raj and Rural Development Principal Secretary Gopal Krishna Dwivedi, IT Electronics and Communications Principal Secretary G Jaya Lakshmi, Secretary of Energy Nagulapalli Srikanth, Secretary of Finance Gulzar, Panchayat Raj and Commissioner for Rural Development Kona Sashidar, APS Key decisions approved at the meeting of the Government AP Hyderabad: After Telugu Desam Party (TDP) Spokesperson K Pattabhi Ram was arrested on Wednesday evening for using abusive words against Chief Minister YS Jagan Mohan Reddy, the latter on Thursday said that the expulsion used by the leader of the TDP was to trigger those who admire it and create revolts in the state. “How is it right?” he asked. The CM on the occasion of the Police Commemoration Day, on Thursday, said that the TDP promotes enmity among groups using expletives against him and causing people to violate peace. In the meantime, former head minister and TDP president N Chandrababu Naidu wrote to the President, the Prime Minister and the Minister of the Union who asked to impose the President’s government.State. He also asked for a CBI survey on the attacks on the TDP Party offices across the state presumably by YSRCP followers. Read also | Andhra Pradesh: Pradesh:The leaders of the TDP arrested themselves to protest against attacks on their party offices TDP president and former Andhra Pradesh CM N Chandrababu Naidu (in the file photo) writes to the president, Prime Minister and the Union Home Minister for “nationally-wide attacks against the TDP offices and workers”, requesting to impose the President’s rule and requesting the CBI investigation of accidents. pic.twitter.com/sN6jxquXFG — ANI (@ANI) 20 October 2021 At the beginning of Wednesday, TDP called for a state arrest after its party offices were vandalized. While many TDP leaders were arrested who tried to organize protests, several senior leaders were placed under house arrest. The TDP spokesman was booked under the IPC 153A sections (promote enmity between different groups for reasons of religion, race, birthplace, residence, language, etc., and do prejudices to the maintenance of harmony), 505 (2) (stations leading to public malfactor), 353 (assault or criminal force to discourage the public servant from the discard of his criminal duty), 504 (insulting criminal). Read also | AP PG CET 2021: Hall Tickets For Andhra Pradesh PG CET 2021 Released — Download Using These diarrhea steps is a common condition that varies in gravity and etiology. The diarrhea assessment varies depending on the duration, severity and presence of certain concomitant symptoms. Treatment also varies, although rehydration therapy is an important aspect of the management of any patient with diarrhea. This activity examines the evaluation and treatment of diarrhea and emphasizes the role of the interprofessional team in the care for patients with this condition. Objectives: Identify the epidemiology of diarrhea. Describe acute and chronic diarrhea etiologies. Evide management options available for acute and chronic diarrhea. Review interprofessional team strategies to improve treatment coordination and optimize results for diarrhea patients. Access multiple choice free questions on this topic. The diarrhea is described as three or more loose or aqueous stools a day. The infection commonly causes acute diarrhea. Non-infectious ethologies are more common as the duration of diarrhea becomes chronic. Treatment and management are based on the specific duration and etiology. Rehydration therapy is an important aspect of managing any patient with diarrhea. [1] Prevention of infectious diarrhea includes proper hand washing to prevent the spread of infection. [2]Diarrhea is classified in acute or chronic and infectious or non-infective based on duration and type of symptoms. Acute diarrhea is defined as an episode of the duration of less than 2 weeks. An infection causes more commonly acute diarrhea. Most cases areresult of a viral infection, and the course is self-limited. Chronic diarrhea is defined as a duration greater than 4 weeks and tends to be non-infective. Common causes include malabsorption, intestinal inflammatory disease, and drug sidelt is associated with about a fifth of all cases of infectious diarrhea, with a similar prevalence in both children and adults, and is estimated to cause over 200,000 deaths each year in developing countries. [4] Historically, rotavirus was the most common cause of severe illness in young children globally. Rotavirus vaccination programmes decreased the prevalence of rotavirus-associated diarrhoea. A common cause of chronic diarrhea includes inflammatory bowel disease, Crohn’s disease and ulcerative colitis. In Europe, the incidence of ulcerative colitis and Crohn’s disease increased overall from 6.0 to 100,000 person-years in ulcerative colitis and 1.0 per 100,000 person-years in Crohn’s disease in 1962 to 9.8 per 100,000 person-years and 6.3 per 100,000 person-years in 2010, respectively. [5]Diarrhea is the result of reduced absorption of water from the intestine or increased secretion of water. Most cases of acute diarrhoea are due to infectious etiology. Chronic diarrhea is commonly classified into three groups: watery, fatty (malabsorption), or infectious. Lactose intolerance is a type of watery diarrhea that causes an increase in the secretion of water in the intestinal lumen. [6] Patients typically have symptoms of swelling and flatulence along with watery diarrhoea. Lactose is broken in the intestine by enzymatic lactase. By-products are easily absorbed by epithelial cells. When lactase is decreased or absent, lactose cannot be absorbed, and remains in the intestinal lumen. Lactose is osmotically active, and maintains and attracts water leading to watery diarrhea. Common causes of fatty diarrhea include celiac disease and chronic pancreatitis. The pancreas releases enzymes that are needed for the breakdown of food. Enzymes are released from the pancreas and help in the digestion of fats, carbohydrates and proteins. Once divided, the products are available for intestinal absorption. Patients with chronic pancreatitis have insufficient release of enzymes leading to malabsorption. Symptoms often include upper abdominal pain, flatulence and pale bulky stools, bulky due to malabsorption of fats. [7] In bacterial and viral diarrhea, the watery stool is the result of lesions to the intestinal epithelium. The epithelial cells line up the intestinal tract and facilitate the absorption of water, electrolytes and other solutes. Infectious etiologies cause damage to epithelial cells leading to increased intestinal permeability. Damaged epithelial cells are unable to absorb water from the intestinal lumen leading to loose stools. History should include duration of symptoms, accompanying symptoms, travel history, and exposures to drugs and food. It is important to ask the frequency of the type, volume and presence of blood or mucus. Patients with diarrhea may also complain of abdominal pain or cramps, vomiting, swelling, flatulence, fever, and bloody or mucous stools. Important aspects of physical examination vital signs of the patient, state of volume and abdominal examination. Dry mucous membranes, poor skin torgo, and delayed capillary filling are signs of dehydration. An in-depth story and a physical examination are important to determine the correct diagnostic work. Typically, a patient with acute diarrhea will have a self-limited course and does not require laboratories or images. A stool culture is guaranteed in a patient with bleeding diarrhea or severe disease to exclude bacterial causes. Bloody stools require additional tests for Shiga toxin and lactoferrin. A patient with recent antibiotic use or hospitalization will require tests for the Clostridium infection difficult. The imagination is not routinely ordered in a patient with acute diarrhea. However, an abdominal CT may be required when a patient has significant peritoneal signs. An in-depth story is important to determine which laboratories and images should be ordered to distinguish the cause of chronic diarrhea. [8] Basic laboratory work for a patient with chronic diarrhea includes a complete blood test, a basic metabolic panel, stimulating thyroid hormone, erythrocyte sedimentation rate, liver panel and stool analysis. The doctor should classify the type of chronic diarrhea both aqueous, fat, or inflammatory according to the patient’s history and physical examination. Once a probable diagnosis is determined, additional labs and specific tests for suspicious etiology must be ordered. An important aspect of diarrhea management is reintegrating liquid and electrolyte loss. [9] Patients should be encouraged to drink diluted fruit juice, Pedialyte or Gatorade. In severe cases of diarrhea, the rehydration of liquid IV can become necessary. [10] Eating foods that are lower in fiber can help make feces more solid. A bland ‘BRAT’ diet including bananas, toasts, oatmeal, white rice, molasses and soup/ broth is well tolerated and can improve symptoms. [11] Anti-diarral therapy with anti-secretory or anti-motility agents can be initiated to reduce stool frequency. However, they should be avoided in adults with bloody diarrhea or high fever because they can worsen severe intestinal infections. Embryonal antibiotic therapy with an oral fluoroquinolone can be considered in patients with more severe symptoms. Probiotic supplementation has been demonstrated to reduce the severity and duration of symptoms and should be encouraged in patients with acute diarrhea. Treatment of chronic diarrhea is specific for etiology. [12] The first step is to classify diarrhea in water, fat or inflammatory. Once categorized, an algorithm can be used to determine the next step in management. Most cases require further studieslaboratory work or imaging. More invasive procedures such as colonoscopy or higher endoscopy may be required. Differential DiagnosisGlucose-galactium malabsorptionIntestinal enterokinase deficiencyMeckel diverticulum imagingPediatric Crohn’s DiseasePediatric hypertiroidismPediatric malabsorption malabsorptionhand washing can prevent the spread of infectious diarrhea. Patients with infectious diarrhea should not return to work school or kindergarten until their symptoms have resolved. Professionals should encourage parents to vaccinate their children against rotavirus, a common etiology of viral diarrhea. Probiotic therapy can be considered in patients taking antibiotics to prevent C. colitis difficult. [13]To reduce the likelihood of traveller diarrhea, encourage patients to drink bottled water, avoid raw fruits and vegetables, and eat only hot and well cooked foods when traveling in developing countries. Bottled water should also be used when brushing teeth. Prophylactic antibiotics for traveler diarrhea are usually not recommended. Antibiotics can be considered in individuals with underlying medical diseases that can be affected more significantly by diarrhea. [14]There are many causes of diarrhea and the condition is better managed by an interprofessional team that includes nurses and pharmacist. Most cases of diarrhea can be avoided while maintaining good personal hygiene and hand washing. In addition, the key is to hydrate patients. Most viral cases do not require specific treatment, but bacterial causes may require antibiotics. The results for patients who are well hydrated are excellent, but patients at an age cannot tolerate any degree of dehydration. [15][16]Regarding questions1. Chen J, Wan CM, Gong ST, Fang F, Sun M, Qian Y, Huang Y, Wang BX, Xu CD, Ye LY, Dong M, Jin Y, Huang ZH, Wu QB, Zhu, Zhu CM Guidelines of Chinese clinical practice for acute infectious diarrhea in children. World J Pediatr. 2018 Oct;14(5):429-436. [PubMed: 30269306]2. Null C, Stewart CP, Pickering AJ, Dentz HN, Arnold BF, Arnold CD, Benjamin-Chung J, Clasen T, Dewey KG, Fernald LCH, Hubbard AE, Kariger P, Lin A, Luby SP, Mertens A, Njenga SM, Nyambane G, Ram PK, Effects of water quality, hygienic-sanal services Lancet Glob Health. 2018 Mar;6(3):e316-e329. 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