Chronic Diarrhea
Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for patients presenting with chronic diarrhea. This clinical pathway aims to provide guidance for the differential diagnoses, management, and appropriate referral and follow-up of these patients.

Background

Chronic diarrhea in children is defined as diarrhea persisting beyond 14 days, with etiologies spanning infectious, allergic, dietary, immunological, and congenital causes.[1,2] The initial evaluation should assess risk factors for infectious causes of chronic diarrhea, the presence of bloody stools, and adequacy of weight gain to guide appropriate referral, diagnostic workup, and management.[2,3] This clinical pathway provides standardized guidance for evaluating common differential diagnoses, directing initial testing considerations, and determining when specialty consultation is warranted for optimal patient outcomes.

Target Users

- Physicians (Ambulatory Pediatrics, Gastroenterology, Infectious Diseases, Hospital Medicine, Fellows, Resident Physicians)
- Nurse Practitioners
- Physician Assistants

Target Population

Inclusion Criteria

- Patients greater than 1 year of age with diarrhea, defined as loose, watery stools, for greater than or equal to 14 days

Exclusion Criteria

- Patients with diarrhea for less than 14 days (see Acute Gastroenteritis Clinical Pathway)
- Patients known to be immunocompromised

Practice Recommendations

In lieu of a clinical practice guideline fully addressing the management of chronic diarrhea in pediatric and adolescent patients, guidance from pediatric literature for the diagnosis and management of chronic and infectious diarrhea was used in conjunction with the expert consensus of the Chronic Diarrhea Clinical Pathway Committee to inform the initial assessment, diagnosis, management, and referral guidance in this pathway[1-7].

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Measures

- Access to the clinical pathway (website hits)

Value Implications

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

- Decreased risk of inaccurate diagnosis
- Decreased risk of overtreatment (i.e., treatment for infectious diarrhea when dietary modifications will address symptoms)
- Decreased risk of unnecessary testing, consultation or referral
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators

Potential Barriers

- Variability of the acceptable level of risk among providers
- Variability in experience among clinicians
- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Order Sets

- There are no order sets associated with this pathway.

Educational Materials

- There are no educational materials associated with this pathway.

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Chronic Diarrhea Clinical Pathway Committee, composed of content experts at Children's Mercy.

Chronic Diarrhea Clinical Pathway Committee Members and Representation

- Katy Clarkston, MD | Gastroenterology | Committee Chair
- Maria (Pachi) Deza Leon, MD | Infectious Diseases | Committee Member
- Ashley Hacker, DO | Hospital Medicine | Committee Member
- Neena Kanwar, PhD | Pathology and Laboratory Medicine | Committee Member
- Kirby Lampe, DO | Pediatric Fellow (Gastroenterology) | Committee Member
- Erin McCann, MD, MPH | General Academic Pediatrics | Committee Member
- Victoria Sarata, MD | Pediatric Fellow (Gastroenterology) | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Gastroenterology, Infectious Diseases, Hospital Medicine, General Academic Pediatrics, Laboratory Medicine, and Evidence Based Practice.

Conflict of Interest

The contributors to the Chronic Diarrhea Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process
This pathway was reviewed and approved by the EBP Department and the Chronic Diarrhea Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

Review Requested

Department/Unit	Date
Gastroenterology	June 2026
Infectious Diseases	June 2026
Laboratory Medicine	June 2026
Hospital Medicine	June 2026
General Academic Pediatrics	June 2026

Version History

Date	Comments
July 2026	Version one – development of algorithm and associated differential diagnoses tables

Date for Next Review
- July 2029

Implementation & Follow-Up
- Once approved, the pathway was implemented and presented to the appropriate care teams:
  - Announcements made to relevant departments
  - Additional institution-wide announcements were made via the hospital website and relevant huddles
  - Community clinics affiliated with CM received announcements via "Progress Notes"
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer
When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the order set(s) and/or order panel(s) that accompany the clinical pathway.

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those involved in providing health care are expected to use their judgment to determine what is in the patient's best interests based on the circumstances at the time.

It is impossible to anticipate all possible situations and ~~to~~ prepare clinical pathways for each. Accordingly, these clinical pathways should guide care, with the understanding that departures may be required at times.

References

1. Giannattasio A, Guarino A, Lo Vecchio A. Management of children with prolonged diarrhea. *F1000Research*. 2016;5:F1000 Faculty Rev-206.
2. Zella GC, Israel EJ. Chronic diarrhea in children. *Pediatr Rev*. 2012;33(5):207-218.
3. Shankar S, Rosenbaum J. Chronic diarrhoea in children: a practical algorithm-based approach. *J Paediatr Child Health.* 2020;56(7):1029-1038.
4. American Academy of Pediatrics, Committee on Infectious Diseases. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd ed. American Academy of Pediatrics*; 2021. doi:10.1542/9781610025782
5. Shane AL, Mody RK, Crump JA, et al. 2017 Infectious Diseases Society of America clinical practice guidelines for the diagnosis and management of infectious diarrhea. *Clin Infect Dis*. 2017;65(12):e45-e80. doi:10.1093/cid/cix669
6. Mallon D, Hajjat T. Serologic evaluation of celiac disease for patients younger than 2 years of age. *J Pediatr.* 2020;224:16-17.
7. Martin MG, Thiagarajah JR. Approach to chronic diarrhea in children > 6 months in resource-abundant settings. In: Connor RF, ed. *UpToDate.* Wolters Kluwer. Accessed May 2026.