PEDIATRIC GI CHEAT SHEET
RACECADOTRIL

1. Drug Overview

Class: Antisecretory antidiarrheal (Enkephalinase inhibitor)
Mechanism: Inhibits enkephalinase → ↑ endogenous enkephalins → ↓ cAMP-mediated intestinal chloride and water secretion.
No effect on intestinal motility.
Clinical pearl: Reduces stool volume without causing rebound constipation or delaying pathogen clearance.

Available formulations: 10 mg sachet, 30 mg sachet (availability varies by region).

Age restriction:
• Approved for children ≥3 months.
• Avoid in neonates (<28 days).
• Limited evidence in infants <3 months—follow local guidelines.

2. Weight-Based Dosing

Give 1.5 mg/kg/dose orally every 8 hours until diarrhea stops (maximum 7 days). Stop once stools normalize.

3. Indications

- Acute watery diarrhea
- Viral gastroenteritis
- Secretory diarrhea
- Always as an adjunct to ORS and Zinc

4. Contraindications / Avoid

- Neonates
- Bloody diarrhea/dysentery
- Persistent vomiting preventing oral therapy
- Suspected surgical abdomen
- Chronic diarrhea
- Known hypersensitivity

5. ORS FIRST – NEVER FORGET

ORS remains the cornerstone of treatment.
Racecadotril reduces stool losses but does NOT correct dehydration or replace ORS or Zinc.

No ORS = Incomplete management.

6. When to Order Stool Culture

- Gross blood or mucus in stool
- High fever with toxic appearance
- Persistent diarrhea >7 days
- Immunocompromised child
- Recent travel to endemic area
- Post-antibiotic diarrhea (consider C. difficile)
- Suspected cholera outbreak
- Hospitalized child with severe illness

7. WHO Dehydration Assessment

No dehydration	Some dehydration	Severe dehydration
Alert	Restless/irritable	Lethargic
Drinks normally	Drinks eagerly	Drinks poorly/unable
Skin pinch normal	Slow	Very slow

WHO plans: Plan A (no dehydration) • Plan B (some dehydration) • Plan C (severe dehydration).

8. High-Yield PG Pearls

- Does not reduce gut motility unlike loperamide.
- Does not prolong pathogen clearance.
- Works best in acute watery diarrhea.
- No proven role in dysentery.
- Stop once diarrhea resolves.
- Does not replace Zinc or ORS.
- No established role in chronic diarrhea.

9. Common Mistakes

- Prescribing without ORS.
- Using in bloody diarrhea.
- Continuing after diarrhea stops.
- Using in chronic diarrhea.
- Expecting immediate reduction in stool frequency.

References (Vancouver)

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Nelson Textbook of Pediatrics. 22nd ed.

Indian Academy of Pediatrics. Standard Treatment Guidelines.