

Anexo 3

Protocolo de búsqueda de Guías de práctica clínica basadas en la evidencia

1. Objetivo de la búsqueda de guías relacionadas

Documentar el proceso de búsqueda de GPCBE relacionadas a la Enfermedad diarreica aguda, gastroenteritis o a temas abordados por alguna (s) de las preguntas de la GAI-EDA, en niños menores de cinco años, como una herramienta que oriente el desarrollo documental de forma sistemática, permita la compilación de evidencia de calidad y, pueda ser verificada y reproducida por los usuarios finales de la guía.

2. Selección de términos controlados y términos libres

Para la selección de la terminología se realizó una revisión previa del documento alcances y objetivos, del listado de preguntas clínicas de la GAI-EDA y se consultó con expertos en el tema. Posteriormente se seleccionó un grupo de términos relevantes para la búsqueda, controlados y libres.

- *Lenguaje controlado*: descriptores, que conforman los términos admitidos y normalizados para la indización, búsqueda y recuperación documental. En esta categoría se incluye los tesauros, listas de encabezamiento de material y clasificaciones.
- *Lenguaje libre*: descriptores no predefinidos, ni normalizados, que se generan a partir de la indización(1). En esta categoría se incluyen: descriptores libres y palabras clave.

Para la selección del lenguaje controlado se usaron: el DeSC (Descriptores en Ciencias de la Salud) y el MeSH (Medical Subject Headings) como tesauros, revisando el grado de importancia de cada término dentro del árbol conceptual. De igual forma, se consideraron sinónimos y términos libres para ampliar el nivel de sensibilidad en la recuperación de información; esto teniendo en cuenta que se debe recuperar la mayor cantidad de evidencia de calidad posible. En el **Apéndice 1** se presenta el listado de términos seleccionados relacionados con la enfermedad, los cuales se utilizarán para todas las búsquedas a partir de este paso. Allí se muestra: Lenguaje natural, término controlado, términos libres y definición de cada uno.

3. Sitios seleccionados para búsqueda de información

Para la selección de sitios de búsqueda se tomó en cuenta los sitios sugeridos en la Guía Metodológica para la elaboración de Guías de Atención Integral en el Sistema General de Seguridad en Salud Colombiano (**Ver apéndice 2**).

De igual manera, a esta lista se le agregaron nuevos sitios que proveen información de importancia referente a guías de práctica clínica, los cuales no estaban contemplados en la Guía metodológica. Los sitios para búsqueda de GPC se clasifican en cinco categorías diferentes (**ver tabla 1**).

Tabla 1. Clasificación de sitios para búsqueda de información

Organismos elaboradores	Organismos compiladores	Bases de datos electrónicas	Motores de búsqueda especializados	Búsqueda manual
Organizaciones que desarrollan guías de práctica clínica. Entre las cuales se encuentran: Asociaciones Ministerios de salud, Sociedades médicas y científicas por aéreas de salud.	Denominados también organismos de registros o <i>Clearinghouses</i> Son sitios que reúnen y compilan guías de práctica clínica desarrollada por diferentes grupos.	Almacenadores de grandes registros de información de manera organizada para la búsqueda y recuperación. En cuanto a la temática se puede dividir en: especializadas y generales. De acuerdo al acceso, se clasifican en referenciales y de texto completo.	Motores de búsqueda que rastrean la información contenida en determinados sitios, para la búsqueda se optó por motores de búsqueda que ofrezcan información académica.	Búsqueda en unidades de información especializada, información recomendada por conocedores en el tema.

4. Diseño de estrategias para búsqueda de guías de práctica clínica

Para la búsqueda de guías se elaboró una estrategia de búsqueda para cada pregunta clínica contempladas en la GAI-EDA, de acuerdo con las características y opciones de búsqueda que ofrece cada sitio: motores de búsqueda, listado de temáticas médicas, listados de patologías, grupos desarrolladores de guías de práctica clínica e incluso, por orden cronológico o periodicidad. La búsqueda de GPCBE se realizó en el periodo comprendido entre el 1 de marzo y el 30 de junio de 2011.

Límites usados

Se realizó una búsqueda de alta sensibilidad en la que se pudiera recuperar la mayor cantidad de registros posibles referentes a la guía en desarrollo, por ello se tuvo en cuenta las diferentes denominaciones que se asignan a este tipo de publicaciones, optando por incluir en las búsquedas de guías términos como:

- “Evidence-Based Medicine”[Mesh]: **41760** resultados (PubMed)
- “Critical Pathways”[Mesh]: **3678** resultados (PubMed)
- “Guideline” [Publication Type]: **20832** resultados (PubMed)
- Task force [tw]: “Advisory Committees”[Mesh]: **5558** resultados (PubMed)

En la base de datos Medline, se realizó una búsqueda sensible para el componente de prevención/tratamiento de la deshidratación. Esto para revisar de manera exploratoria la cantidad de GPC sobre dicho tema en esta base de datos (**Ver apéndice 3**). A partir de este ejercicio, se evidenció poca recuperación de GPCBE en esta base de datos, para dicho componente.

No hubo restricciones de idioma, año, o edad. Esta última consideración se hizo a pesar de que el alcance de la guía se restringe a menores de 5 años, se sabe que hay guías de diarrea aguda que son generales y hacen recomendaciones para adultos y a su vez hacen especificaciones y recomendaciones para niños menores.

Teniendo en cuenta que la mayoría de sitios no poseen motores de búsqueda, se presentaron algunas dificultades en la recuperación de información, ya que muchos sitios no reconocen lenguajes controlados, ni ofrecen diferentes alternativas de búsqueda. De igual forma, se evidenció que en la mayoría de sitios de búsqueda es más representativo realizar la revisión, a través de los listados que ofrecen en sus portales.

5. Proceso filtros de guías

Antes de iniciar el proceso de búsquedas sistemáticas de GPCBE, el GDG realizó una búsqueda exploratoria obteniendo un total de 11 GPC, dicho proceso se fundamentó en la información del GDG acerca del tema y del conocimiento de guías publicadas. Las guías previamente obtenidas y conocidas fueron:

Tabla 2. Búsqueda exploratoria de guías previas realizada por el GDG

Resultado búsqueda exploratoria de guías previa por el GDG	
1	Comité Nacional de Infectología. Gastroenteritis por rotavirus y su prevención. 2006 (3)
2	Afazani A. Diarrea aguda en la infancia: Actualización sobre criterios de diagnóstico y tratamiento. 2009 (4)
3	Guarino A. European Society for Paediatric Gastroenterology, Hepatology, and Nutrition/ European Society for Paediatric Infectious Diseases Evidence-based Guidelines for the Management of Acute Gastroenteritis in Children in Europe. 2008 (5)
4	NICE. Diarrhoea and vomiting caused by gastroenteritis diagnosis, assessment and management in children younger than 5 years. 2009 (6)
5	Lozano J. Enfermedad diarreica aguda. 2009 (7)
6	Gutiérrez P. Manejo de la gastroenteritis aguda en menores de 5 años: un enfoque basado en la evidencia. Guía Ibero latinoamericana. 2008 (8)
7	Bhatnagar S. IAP Guidelines 2006 on Management of Acute Diarrhea. 2007 (9)
8	World Health Organization .The Treatment of diarrhoea: a manual for physicians and other senior health workers. 2005 (10)
9	Vesikari T. European Society for Paediatric Infectious Diseases/European Society for Paediatric Gastroenterology, Hepatology, and Nutrition Evidence-Based Recommendations for Rotavirus Vaccination in Europe. 2008 (11)
10	Canadian Paediatric Society. Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. 2006 (12)
11	Briceño Copete. Guías de gastrohepatología y nutrición pediátrica basados en la evidencia. 2006 (13)

Posteriormente la bibliotecóloga del Grupo, consolidó un listado de guías obtenidas a partir de la búsqueda en bases de datos, sitios de grupos elaboradores, compiladores y búsqueda manual, realizada dentro del periodo de búsquedas de guías. La búsqueda manual se realizó en los catálogos con los que cuentan las Bibliotecas de la ciudad que tienen Facultad de Medicina; tales como: Universidad de Antioquia, Universidad Pontificia Bolivariana y Universidad CES.

A continuación, se presentan las guías recuperadas a través de la búsqueda manual. Cabe anotar, que de los 6 títulos recuperados en la búsqueda manual sólo dos de estos fueron seleccionados para continuar el proceso, aunque no cuentan con el rigor metodológico que recomienda la Guía Metodológica (2) son representativos para el contexto colombiano, ya que poseen información actualizada y sus elaboradores cuentan con amplio conocimiento en el tema

Tabla 3. Listado de guías recuperadas en la búsqueda manual

Guías encontradas a partir de la búsqueda manual		
No.	Referencia abrev.	Observación
1	Paipilla SH. Guía para el manejo del niño con enfermedad diarreica aguda. 1998 (14)	Primer versión
2	Lozano JM. Enfermedad diarreica aguda. 2003 (15)	Segunda revisión
3	Lozano JM. Enfermedad diarreica aguda. 2009 (16)	Guía seleccionada para proceso de revisión y evaluación de su calidad, implementabilidad y adaptabilidad
4	Velasco CA. Actualización en la enfermedad diarreica aguda en pediatría. 2000 (17)	No es una GPC basada en la evidencia
5	Bustos JC, Mejía N. Líquidos y electrolitos. 2009 (18)	No es una GPC basada en la evidencia
6	Briceño GD. Guías de gastrohepatología y nutrición pediátrica basados en la evidencia. 2006.(13)	Guía seleccionada para proceso de revisión y evaluación de su calidad, implementabilidad y adaptabilidad

En total se recuperaron 63 artículos de posibles GPCBE relacionadas con el tema de la GAI-EDA o con alguna (s) de sus preguntas. Estas guías fueron sometidas a revisión por parte de expertos en metodología (epidemiólogos clínicos) del GDG para un primer filtro, en el cuál se evaluaron dos criterios: 1) Que la probable GPCBE coincidiera con la GAI-EDA en cuanto a foco, alcances y los objetivos planteados, y 2) que sus recomendaciones estuvieran basadas en la evidencia. Si la GPC cumplía estos dos requisitos en una primera evaluación de apariencia, se escogía para ser evaluada a profundidad. En la tabla 4, a continuación, se detallan las convenciones para explicar el proceso de escogencia de GPCBE que se detalla en la **tabla 5**.

Tabla 4. Convenciones usadas en el proceso de escogencia de GPCBE

Convenciones	
Continúa	Pasa el primer filtro: cumple con requisitos mínimos de foco, alcances, objetivos y sus recomendaciones están basadas en la evidencia. Será sometida a la revisión y evaluación de su calidad, implementabilidad y adaptabilidad
No continúa	No cumple con los requisitos mínimos, no es una guía (puede ser una revisión narrativa), no posee información importante relacionada con la GAI-EDA.
No seleccionada – insumo bibliográfico	Guía que pasa los requisitos y por lo tanto no será sometida a revisión y evaluación de su calidad, implementabilidad y adaptabilidad. Pero se almacena como insumo importante de información como apoyo de bibliografía, puesto que pudo ser desarrollada por alguna agencia o institución de reconocimiento mundial en el área, y posee algún consenso de expertos reconocidos.

Tabla 5. Proceso en la escogencia de GPCBE

Revisor	Título	Observación
Dr. JA	1 Acute gastroenteritis (AGE) in children aged 2 months through 5 years. (19)	Continua
	2 An evidence and consensus based guideline for acute diarrhoea management (20)	Continua
	3 Clinical Efficacy of Probiotics: Review of the Evidence With Focus on Children (21)	No continua
	4 Cost effectiveness of zinc as adjunct therapy for acute childhood diarrhoea in developing countries. (22)	No continua
	5 Children and infants with gastroenteritis acute management. (23)	No continua
	6 Diarrhoea - antibiotic associated Clinical Knowledge Summaries (September 2009) (24)	No continua
	7 Diarrhoea - prevention and advice for travellers: Diarrhoea - prevention and advice for travellers. (25)	No continua
	8 Diarrhoea and vomiting in children. Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years. (6)	Continúa
	9 Diarrhoea treatment guidelines including new recommendations for the use of ORS and zinc supplementation for clinic-based healthcare workers (26)	No seleccionada-insumo bibliográfico

Dr. JOC	10	Enfermedad diarreica aguda (7)	Continua
	11	Evidence-Based Practice Guideline for the Management of Diarrhoea with or without Vomiting in Children (27)	Continua
	12	Evidence-based recommendations for the use of rotavirus vaccination in Europe (11)	No continua
	13	Evidence-based Guidelines for the Management of Acute Gastroenteritis in Children in Europe (5)	No continua
	14	Gastroenteritis (CKS Topic). (28)	No continua
	15	Gastroenteritis aguda en el niño. (29)	No seleccionada-insumo bibliográfico
	16	Guía para la práctica clínica de las enfermedades diarreicas agudas. (15)	No continua
	17	Guidelines on Hand Hygiene in Health Care. (30)	No continua
	18	Guidelines for Canadian Drinking Water Quality: Enteric viruses (31)	No continua
Dr. LHLA	19	Guidelines for estimating the economic burden of diarrhoeal disease, with focus on assessing the costs of rotavirus diarrhoea (32)	No seleccionada-insumo bibliográfico
	20	Guidelines for the control of shigellosis, including epidemics due to Shigella dysenteriae. (33)	No continua
	21	Guidelines for the approach to outpatient children with acute diarrhoea. (34)	Continua
	22	Guidelines for the investigation of chronic diarrhoea (35)	No continua
	23	Guidelines on food fortification with micronutrients. (36)	No seleccionada-insumo bibliográfico
	24	Guiding for principles for feeding non breastfed children 6-24 months of age (37)	No seleccionada-insumo bibliográfico
	25	Guiding principles for complementary feeding of the breastfed child. (38)	No seleccionada-insumo bibliográfico
	26	Infectious diarrhea Guideline for ordering stool specimens. (39)	No seleccionada-insumo bibliográfico
	27	Immunization Programs for infants, children, adolescents, and adults: Clinical Practice Guidelines. (40)	No seleccionada-insumo bibliográfico
	28	Implementing the New Recommendations on the Clinical Management of Diarrhoea. (41)	No seleccionada-insumo bibliográfico

Dr. JMSA	29	Management of Breastfeeding for Healthy Full-Term Infants. (42)	No continua
	30	IAP Guidelines 2006 on Management of Acute Diarrhea. (9)	Continua
	31	Managing acute gastroenteritis among children: oral rehydration, maintenance and nutritional therapy. (43)	Continua
	32	Oral rehydration therapy (ORT) in children. (44)	No seleccionada-insumo bibliográfico
	33	Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. (12)	Continua
	34	Laboratory Guideline for Ordering stool tests for investigation of suspected infectious diarrhea. (45)	No seleccionada-insumo bibliográfico
	35	Manejo del paciente con diarrea aguda.(46)	Continua
	36	Practice Guidelines for the Management of Infectious Diarrhea. (47)	Continua
	37	Practice parameter: The management of acute gastroenteritis in young children. (48)	Continua
	38	Prevention et controle de la diarrhee nosocomiale associee au clostridium difficile au Quebec. (49)	No continua
Dr. MET	39	Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers. (50)	No continua
	40	Prevention of rotavirus disease: guidelines for use of rotavirus vaccine. (51)	No seleccionada-insumo bibliográfico
	41	Prevention of rotavirus gastroenteritis among infants and children. (52) Recommendations of the Advisory Committee on Immunization Practices (ACIP).	No seleccionada-insumo bibliográfico
	42	Prise en charge de la diarrhee aigue. (53)	No continua
	43	Prise en charge de la gastro-entérite aiguë en pratique ambulatoire. (54)	No continua
	44	Prise en charge de la gastro-entérite aiguë de l'enfant evidence based medicine vs medicine experience based. (55)	No continua
	45	Probiotics and prebiotics. (56)	No continua
	46	Readings on diarrhoea: student manual. (57)	No continua
	47	Recommendations for the use of rotavirus vaccines in infants. (Position Statements). (58)	No seleccionada-insumo bibliográfico

Dr. IDFG	48	Manejo de la gastroenteritis aguda en menores de 5 años: un enfoque basado en la evidencia. Guía de práctica clínica Iberoamericana. (8)	Continua
	49	Rotavirus vaccine for the prevention of rotavirus gastroenteritis among children: recommendations of the Advisory Committee on Immunization Practices. (59)	No seleccionada-insumo bibliográfico
	50	Statement On Persistent Diarrhea In The Returned Traveller. (60)	No continua
	51	Standaard acute diarree. (61)	No continua
	52	Tratamiento de diarrea aguda en niños y adultos. (62)	Continua
	53	The traeatment of diarrhoea: A manual for physicians and other senior health workers. (10)	No seleccionada-insumo bibliográfico
	54	The management of bloody diarrhoea in young children. (63)	No seleccionada-insumo bibliográfico
	55	The use of probiotics in the prevention and treatment of clostridium difficile diarrhea. (64)	No continua
	56	Updated Statement on the use of Rotavirus Vaccines. (65)	No seleccionada-insumo bibliográfico
	57	Guías para el manejo clínico de la enfermedad diarreaica aguda. (66)	Continua
	58	Guías de gastrohepatología y nutrición pediátrica basados en la evidencia. (13)	Continua
	59	Prevención, diagnostico y tratamiento de la diarrea aguda en niños de dos meses a cinco años en el primero y segundo nivel de atención. (67)	Continua
	60	Viral agents of gastroenteritis. Public health importance and outbreak management. (68)	No continua
	61	Recommendations for the diagnosis and management of pediatric acute gastroenteritis in Israel!* (69)	No seleccionada-insumo bibliográfico
	AM	62	Vigilancia epidemiológica de diarreas causadas por rotavirus: Guía práctica. (70)
63		Diarrea Aguda Guía práctica. (71)	No seleccionada-insumo bibliográfico

En una revisión posterior se realizó la siguiente clasificación: guías para apoyo bibliográfico (20), guías que pasan a un segundo filtro para revisión y evaluación de su calidad, implementabilidad y adaptabilidad (17) y guías descartadas por no cumplir los criterios de inclusión (26), para un total de 63 guías.

En el **apéndice 4** se presenta un flujograma que evidencia el proceso para la selección de guías.

6. Apoyo colaboración Cochrane en proceso de búsqueda de información

Con el fin de validar las búsquedas y aumentar la sensibilidad de la revisión sistemática desarrollada, el grupo desarrollador de la guía solicitó a la Colaboración Cochrane (Centro Iberoamericano de Cochrane en Barcelona, España) el apoyo en este proceso de búsqueda, contratando dicho servicio, en un convenio firmado entre el Centro Iberoamericano y la Universidad de Antioquia.

Para este proceso se envió a Cochrane el documento de alcances y objetivos, las preguntas y los desenlaces de la GAI-EDA. La búsqueda sistemática fue desarrollada nuevamente por personal especializado de este centro, de la cual se obtuvo 23 guías.

Tabla 6. Búsquedas obtenidas por el Centro COCHRANE

Guías obtenidas en la búsqueda por el centro COCHRANE	
1	Breast-feeding: A commentary by the ESPGHAN Committee on Nutrition.(72)
2	Evidence based guideline for the management of diarrhoea with or without vomiting in children. (27)
3	IAP Guidelines 2006 on management of acute diarrhea.(9)
4	Acute otitis media in children: an evidence-based practice guideline. (73)
5	Managing acute gastroenteritis among children: oral rehydration, maintenance, and nutritional therapy.(43)
6	Guidelines for the approach to outpatient children with acute diarrhoea. (34)
7	An evidence and consensus based guideline for acute diarrhoea management. (20)
8	Practice parameter: the management of acute gastroenteritis in young children. American Academy of Pediatrics, Provisional Committee on Quality Improvement, Subcommittee on Acute Gastroenteritis. (48)
9	Practice guidelines for ordering stool cultures in a pediatric population.(74)
10	The management of acute diarrhea in children: oral rehydration, maintenance, and nutritional therapy. Centers for Disease Control and Prevention. (75)
11	Infectious diarrhea Guideline for ordering stool specimens. (39)
12	Laboratory Guideline for Ordering stool tests for investigation of suspected infectious diarrhea. (45)
13	Recommendations for the use of rotavirus vaccines in infants. (58)
14	Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis.(12)
15	Acute gastroenteritis (AGE) in children aged 2 months through 5 years.(19)

16	Diarrhoea and vomiting in children. Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years.(6)
17	Children and infants with gastroenteritis acute management. (23)
18	Diarrea aguda. (76)
19	Colorrectal disease. Position statement. (77)
20	Listeria monocytogenes. A clinical practice guideline. (78)
21	Guideline for the investigations and initial therapy of diarrhea negative hemolytic uremic syndrome. (79)
22	Rotavirus vaccination in France. Recommendations of the speaking group of pediatric gastroenterology hepatology and nutrition. (80)
23	Viral agents of gastroenteritis. Public health importance and outbreak management. (68)

En el **apéndice 5** se presenta el listado de las guías encontradas por la Colaboración Cochrane que coinciden con las guías encontradas por el GDG y en el **apéndice 6** se presenta una descripción del total de guías obtenidas según su medio de publicación: revistas, libros o agencia desarrolladora.

7. Resultados finales

En el proceso de revisión y validación de las guías encontradas desde la búsqueda exploratoria, la búsqueda específica y la validación de información hecha por la colaboración Cochrane, se encontró que 17 de las 23 guías obtenidas por Cochrane corresponden a guías encontradas desde la búsqueda específica por el GDG, las otras cinco guías no coinciden con el foco y alcances de la GAI-EDA. A partir de dicho consolidado se obtuvo 16 guías que finalmente ingresaron al proceso de revisión y evaluación de su calidad, implementabilidad y adaptabilidad (**ver tabla 7**).

Tabla 7. Guías que cumplen con requisitos mínimos de inclusión:

Guías que cumplen con requisitos mínimos de inclusión	
1	Acute gastroenteritis (AGE) in children aged 2 months through 5 years. (19)
2	An evidence and consensus based guideline for acute diarrhoea management.(20)
3	Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years.(6)
4	Enfermedad diarreica aguda. (16)
5	Evidence-Based Practice Guideline for the Management of Diarrhoea with or without Vomiting in Children. (27)
6	Guidelines for the approach to outpatient children with acute diarrhoea. (34)
7	Guidelines 2006 on Management of Acute Diarrhea. (9)
8	Managing acute gastroenteritis among children: oral rehydration, maintenance and nutritional therapy.(43)

9	Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. (12)
10	Guía Diarrea aguda niños y adultos. (46)
11	Practice Guidelines for the Management of Infectious Diarrhea. 2001. (47)
12	Practice parameter: The management of acute gastroenteritis in young children. (48)
13	Manejo de la gastroenteritis aguda en menores de 5 años: un enfoque basado en la evidencia. Guía de práctica clínica Iberoamericana. (8)
14	Tratamiento de diarrea aguda en niños y adultos. (62)
15	Guías para el manejo clínico de la enfermedad diarreica aguda.(66)
16	Guías de gastrohepatología y nutrición pediátrica basados en la evidencia. (13)
17	Prevención, diagnóstico y tratamiento de la diarrea aguda en niños de dos meses a cinco años en el primero y segundo nivel de atención. (67)

Guías seleccionadas como potencialmente adaptables para aplicación del GLIA

Para la revisión de las siguientes guías se trató de obtener la mayor cantidad de información posible que apoyara el análisis de las GAI, tales como: tablas de evidencia, estrategias de búsqueda y material que sustente el proceso de desarrollo. Para esto y según el requerimiento, se contactó a través de correo electrónico a autores, grupos desarrolladores y/o agencias responsables de las guías sobre el material que pudieran facilitar; de igual forma, se solicitó permiso a los grupos desarrolladores para hacer uso de la información disponible en las guías, en el caso de una posible adaptación de estas. Después de este proceso se seleccionaron seis guías como potencialmente adaptables, las cuales se describen según lo recomienda la guía metodológica (2) desde la herramienta 9. (Ver tabla 8).

Tabla 8. Guías potencialmente adaptables para la aplicación del GLIA

No.	Título	Grupo realizador	País	Idioma	Fecha de publicación	Fecha final de búsqueda
1	Acute gastroenteritis (AGE) in children aged 2 months through 5 years. (19)	Cincinnati Children's Hospital Medical Center	Estados Unidos	Inglés	may-06	03-jul-11
2	An evidence and consensus based guideline for acute diarrhoea management. (20)	Armon K, Stephenson T, MacFaul R, Eccleston P, Wernek U	Reino Unido	Inglés	2001	25/02/2011
3	Diarrhoea and vomiting in children. Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years. (6)	National Collaborating Centre for Women's and Children's Health.	Reino Unido	Inglés	abr-09	07/02/2011

4	Enfermedad diarreica aguda. (16)	Lozano J, Granados C, Paipilla S, Galindo M	Colombia	Español	2009	07/04/2011
5	Evidence-Based Practice Guideline for the Management of Diarrhoea with or without Vomiting in Children. (27)	Victorian Department of Human Services	Australia	Inglés	jul-07	04/03/2011
6	Manejo de la gastroenteritis aguda en menores de 5 años: un enfoque basado en la evidencia. (8)	Gutiérrez Castrillón P, Polanco Allué I, Salazar Lindo E.	México	Español	mar-10	15/04/2011

8. Almacenamiento de información

Para el almacenamiento de información se seleccionó el gestor bibliográfico EndNote X4, el cual permite gestionar referencias bibliográficas desde bases de datos y algunos motores de búsqueda especializados. Se cuenta con cinco usuarios, quienes tienen la opción de leer y editar cada uno de los registros almacenados por cada uno de los integrantes del grupo desarrollador de la guía. Este recurso permite organizar y manejar la información de forma ágil y segura.

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Apéndices

Apéndice 1. Listado de términos seleccionados

Terminología utilizada para la GAI-EDA				
	Termino libre (lenguaje natural) Español	TÉRMINO MeSH (lenguaje controlado)	Termino libre (lenguaje natural)	DEFINICIÓN (estas definiciones son tomadas del MeSH)
1	GASTROENTERITIS	GASTROENTERITIS	GASTROENTERITIS	Inflammation of any segment of the gastrointestinal tract from esophagus to rectum
2	DIARREA INFANTIL	DIARRHEA INFANTILE	INFANTILE DIARRHEA	Diarrhea occurring in infants from newborn to 24-months old.
3	DIARREA	DIARRHEA	DIARRHOEA - DIARRHEAS	An increased liquidity or decreased consistency of FECES, such as running stool. Fecal consistency is related to the ratio of water-holding capacity of insoluble solids to total water, rather than the amount of water present. Diarrhea is not hyper defecation or increased fecal weight.
4	AGUDO		ACUTE	agudo, periodo no mayor a los 14 dias
5	BEBÉ	INFANT	LACTANTE	A child between 1 and 23 months of age
6	NIÑO PEQUEÑO	CHILD PRESCHOOL	TODDLER	A child between the ages of 2 and 5.
7	NIÑO	CHILD		A person 6 to 12 years of age.
8	COMPLICACIONES	COMPLICATIONS		Used with diseases to indicate conditions that co-exist or follow, i.e., co-existing diseases, complications, or sequelae.

9	LACTANCIA MATERNA	BREAST FEEDING	BREASTFEEDING- EXCLUSIVE BREASTFEEDING-BREAST FEEDING EXCLUSIVE	The nursing of an infant at the breast.
10	LECHE MATERNA	HUMAN MILK	BREAST MILK - BREAST MILKS	
11	SUBSTITUTOS DE LA LECHE	MILK SUBSTITUTES	MILK SUBSTITUTE	Food BEVERAGES that are used as nutritional substitutes for MILK
12	FÓRMULAS COMPLEMENTARIAS	INFANT FORMULA	BABY FORMULAS - FORMULA, BABY-FORMULAS, INFANT	Liquid formulations for the nutrition of INFANTS, useful for those with special needs or MILK HYPERSENSITIVITY or those whose mothers are unable to breastfeed (BREAST FEEDING).
13	FORMULAS ESPECIALES		SEMI ELEMENTAL (HYDROLYZED)	
14			ELEMENTAL	
15			LACTOSA FREE	
16	ALIMENTACIÓN COMPLEMENTARIA	INFANT NUTRITIONAL PHYSIOLOGICAL PHENOMENA	INFANT NUTRITION PHYSIOLOGY - SUPPLEMENTARY FEEDING -	INFANT NUTRITIONAL PHYSIOLOGY
17	DESNUTRICIÓN	MALNUTRITION	UNDERNUTRITION -WASTING-WASTED-STUNTED-STUNTING	An imbalanced nutritional status resulted from insufficient intake of nutrients to meet normal physiological requirement.
18	MALNUTRITION IN INFANT	INFANT NUTRITION DISORDERS	INFANT NUTRITION DISORDER- INFANT OVERNUTRITION- INFANT MALNUTRITION- MALNUTRITION IN INFANT- INFANTILE MALNUTRITION	Disorders caused by nutritional imbalance, either over nutrition or under nutrition, occurring in infants ages 1 month to 24 months.

19	CHILD MALNUTRITION	CHILD NUTRITION DISORDERS	CHILD OVERNUTRITION-MALNUTRITION IN CHILDREN	Disorders caused by nutritional imbalance, either over nutrition or under nutrition, occurring in children ages 2 to 12 years.
20	SOLUCIONES PARA REHIDRATACIÓN	ORAL REHYDRATION SOLUTIONS	SOLUTIONS REHYDRATION	Fluids restored to the body in order to maintain normal water-electrolyte balance.
21	HIDRATACIÓN – SALES DE REHIDRATACIÓN	FLUID THERAPY	FLUID THERAPIES-ORAL REHYDRATION THERAPY-REHYDRATION ORAL REHYDRATION	Therapy whose basic objective is to restore the volume and composition of the body fluids to normal with respect to WATER-ELECTROLYTE BALANCE. Fluids may be administered intravenously, orally, by intermittent gavage, or by HYPODERMOCLYSIS
22	VIA INTRAVENOSA	INFUSIONS PARENTERAL	PARENTERAL SOLUTION-PARENTERAL INFUSIONS-INTRA-ABDOMINAL INFUSIONS-PERITONEAL INFUSIONS-INTRAPERITONEAL INFUSIONS	The administration of liquid medication, nutrient, or other fluid through some other route than the alimentary canal, usually over minutes or hours, either by gravity flow or often by infusion pumping.
23	VIA OSEA	INFUSIONS INTRAOSSEOUS	INTRAOSSEUS INFUSION	The administration of medication or fluid through a needle directly into the bone marrow. The technique is especially useful in the management of pediatric emergencies when intravenous access to the systemic circulation is difficult.
24	HIDRATACIÓN SUBCUTANEA	HYPODERMOCLYSIS	SUBCUTANEOUS HYDRATION-SUBCUTANEOUS FLUID ADMINISTRATION	Technique for treating DEHYDRATION and WATER-ELECTROLYTE IMBALANCE by subcutaneous infusion of REHYDRATION SOLUTIONS.

25	DESHIDRATACIÓN	DEHYDRATION	MILD-MODERATE-SEVERE	The condition that results from excessive loss of water from a living organism.
26	SINTOMAS	DIAGNOSIS	DIAGNOSES-DIAGNOSES AND	The determination of the nature of a disease or condition, or the distinguishing of one disease or condition from another. Assessment may be made through physical examination, laboratory tests, or the likes. Computerized programs may be used to enhance the decision-making process.
27	SINTOMAS DIGESTIVOS	SING AND SYMTOMS DIGESTIVE		Digestive system manifestations of diseases of the gastrointestinal system or of other organs
28	VÓMITO	VOMITING	EMESIS	The forcible expulsion of the contents of the STOMACH through the MOUTH
29	FIEBRE	FEVER	FEVERS-PYREXIA--HYPERThERMIA	An abnormal elevation of body temperature, usually as a result of a pathologic process.
30	GUARDERIAS	CHILD DAY CARE CENTERS	DAY CARE CENTERS FOR CHILDREN	Facilities, which provide care for pre-school and school-age children.
31	GUARDERIAS	NURSERIES	NURSERY	Facilities, which provide care for infants.
32	CUIDADO INFANTIL	INFANT CARE		Care of infants in the home or institution.
33	ROTAVIRUS	ROTAVIRUS	ROTAVIRUSES	A genus of REOVIRIDAE, causing acute gastroenteritis in BIRDS and MAMMALS, including humans. Transmission is horizontal and by environmental contamination. Seven species (Rotaviruses A thru G) are recognized.

34	INFECCIÓN POR ROTAVIRUS	ROTAVIRUS INFECTIONS	INFECTION ROTAVIRUS	Infection with any of the rotaviruses. Specific infections include human infantile diarrhea, neonatal calf diarrhea, and epidemic diarrhea of infant mice
35	VACUNA CONTRA ROTAVIRUS	ROTAVIRUS VACCINES	VACCINES, ROTAVIRUS	Vaccines or candidate vaccines used to prevent infection with ROTAVIRUS.
36	VACUNA	VACCINES		Suspensions of killed or attenuated microorganisms (bacteria, viruses, fungi, protozoa, or rickettsiae), antigenic proteins derived from them, or synthetic constructs, administered for the prevention, amelioration, or treatment of infectious and other diseases.
3	DISENTERÍA	DYSENTERY	INFECTIOUS DIARRHEAL DISEASE - DIARRHEAL DISEASE, INFECTIOUS	Acute inflammation of the intestine associated with infectious DIARRHEA of various etiologies, generally acquired by eating contaminated food containing TOXINS, BIOLOGICAL derived from BACTERIA or other microorganisms.
39	CHOQUE	SHOCK	CIRCULATORY FAILURE - CIRCULATORY COLLAPSE -HYPOVOLEMIC SHOCK	A pathological condition manifested by failure to perfuse or oxygenate vital organs.
40	ABASTECIMIENTO DE AGUA	WATER SUPPLY	SUPPLIES WATER - WATTER SUPPLIES	Source, means, or process of supplying water (as for a community) usually including reservoirs, tunnels, and pipelines and often the watershed from which the water is ultimately drawn.
41	ALCANTARILLADO	SEWAGE	SLUDGE - SLUDGES	Refuse liquid or waste matter carried off by sewers.

42	HECES	FECES	FECAL- STOOL OUTPUT- GASTO FECAL	Excrement from the INTESTINES, containing unabsorbed solids, waste products, secretions, and BACTERIA of the DIGESTIVE SYSTEM
43	MORBILIDAD	MORBIDITY	MORBIDITIES	The proportion of patients with a particular disease, during a given year, per given unit of population.
44	MORTALIDAD	MORTALITY	MORTALITIES - AGE SPECIFIC DEATH RATES	All deaths reported in a given population.
45	COPROCULTIVO		STOOL CULTURE - FECAL CULTURE	A fecal culture is a laboratory test to find organisms in the stool (feces) that can cause gastrointestinal symptoms and disease.
46	COPROLÓGICO			
47	ELECTROLITOS	ELECTROLYTES		Substances that dissociate into two or more ions, to some extent, in water. Solutions of electrolytes thus conduct an electric current and can be decomposed by it (ELECTROLYSIS).
48	ANTIBIÓTICO	ANTI-BACTERIAL AGENTS	ANTIBACTERIAL AGENTS - ANTIBIOTICS - BACTERIOCIDAL AGENTS - BACTERIOCIDES- ANTIMYCOBACTERIAL AGENTS	Substances that reduce the growth or reproduction of BACTERIA.
49	NALIDIXIC ACID	NALIDIXIC ACID	ACID NALIDIXIC - NALIDIXIN- NEVIGRAMON - NALIDIXATE SODIUM- SODIUM NALIDIXIC ACID - MONOHYDRATE	A synthetic 1,8-naphthyridine antimicrobial agent with a limited bacteriocidal spectrum. It is an inhibitor of the A subunit of bacterial DNA GYRASE.
50	CIPROFLOXACINA	CIPROFLOXACIN	CIPROFLOXACIN HYDROCHLORIDE- CIPRO- BAY 09867 - CIPRINOL	A broad-spectrum antimicrobial carboxyfluoroquinolone.

51	SULBACTAM AMPLICILLIN	SULTAMICILLIN [Substance Name]	AMPICILLIN SULBACTAM - CP 49952- UNASYN COMBISID	Contains ampicillin and sulbactam
52	CEFTRIAZONE	CEFTRIAZONE	CEFTRIAZON-ROCEPHIN-ROCEFIN-HOFFMAN LA ROCHE BRAND OF CEFTRAXONE SODIUM-ROCEPHINE- ROCEFALIN- CEFTRIAZON CURAMED- CEFTRIAXON HEXAL- CEFTRIAZON ANDREC - BENAXONA- CEFAXONA- CEFTRX-TACES- TERBAC- SYNTEX BRAND OF CEFTRIAZONE SODIUM -LENDACIN-LONGACEFH- RO199904	A broad-spectrum cephalosporin antibiotic with a very long half-life and high penetrability to meninges, eyes and inner ears.
53	ANTIEMÉTICO	ANTIEMETICS	ANTIEMETICS DRUGS- ANTI-EMETICS- ANTIEMETIC AGENTS	Drugs used to prevent NAUSEA or VOMITING. Antiemetics act by a wide range of mechanisms. Some act on the medullary control centers (the vomiting center and the chemoreceptive trigger zone) while others affect the peripheral receptors.
54	METOCLOPRAMIDA	METOCLOPRAMIDE	MAXOLON - RIMETIN- METACLOPRAMIDE- DIHYDROCHLONDE-RIMETIN- PRIMPERAN-REGLAN- CERUCAL	A dopamine D2 antagonist that is used as an antiemetic
55	ONDANSETRON	ONDANSETRON	ZOFRAN -ONDANSETRON MONOHYDROCHLORIDE - ONDANSETRON HYDROCHLORIDE - ONDANSETRON R ISOMER- SN 307- GR38032F	It is effective in the treatment of nausea and vomiting caused by cytotoxic chemotherapy drugs, including cisplatin, and has reported anxiolytic and neuroleptic properties.
56	ALIZAPRIDE	ALIZAPRIDE [Substance name]	ALIZAPRIDE HYDROCHLORIDE - LITICAN- PLITICAN- VERGENTAN	Structure given in first source
57	ESMECTITA	SMECTITE [Substance Name]	DIOSMECTITE	Type of clay which is mucoprotective
58	RACECADOTRIL	ACETORPHAN [Substance name]	ECADOTRIL - SINORPHAN- RETORPHAN	parenterally active enkephalinase inhibitor

59	ZINC	ZINC		A metallic element, It is a necessary trace element in the diet, forming an essential part of many enzymes, and playing an important role in protein synthesis and in cell division
60	DIPIRONA	DIPYRONE	METAMIZOLE - DIPYRONIUM-NOVALGIN- NORAMIDOPYRINE- METHANESULFONATE SODIUM-NOVAMIDAZOPHEN- METAMIZOL METHAMPYRONE- NOVAMINSULFONE- SULPYRINE-OPTALGIN- ANALGIN-BIOPYRIN- NARONE-NORAMIDOPYRINE- METHANESULFONATE- NORMELUBRINE- NOVALGETOL-PYRALGIN- ALGOPYRIN	A drug that has analgesic, anti-inflammatory, and antipyretic properties. It is the sodium sulfonate of AMINOPYRINE. Because of the risk of serious adverse effects its use is justified only in serious situations where no alternative is available or suitable
61	ACETAMINOFEN	ACETAMINOPHEN	PARACETAMOL	Analgesic antipyretic derivative of acetanilide. It has weak anti-inflammatory properties and is used as a common analgesic, but may cause liver, blood cell, and kidney damage.
62	BUSCAPINA	BUTYLSCO- POLAMMONIUM BROMIDE		Antimuscarinic quaternary ammonium derivative of scopolamine used to treat cramps in gastrointestinal, urinary, uterine, and biliary tracts, and to facilitate radiologic visualization of the gastrointestinal tract.
63	ADSORBENTE	KAOLIN	KAOLINITE	The most common mineral of a group of hydrated aluminum silicates, approximately $H_2Al_2Si_2O_8 \cdot H_2O$. It is prepared for pharmaceutical and medicinal purposes by levigating with water to remove sand, etc

64	LOPERAMIDA	LOPERAMIDE	IMODIUM - LOPERAMIDE HYDROCHLORIDE- R18553	One of the long-acting synthetic ANTIDIARRHEALS; it is not significantly absorbed from the gut, and has no effect on the adrenergic system or central nervous system, but may antagonize histamine and interfere with acetylcholine release locally.
65	DIFENOXILATO	DIPHENOXYLATE	DIPHENOXYLATE MONOHYDROCHLORIDE	A meperidine congener used as an antidiarrheal, usually in combination with ATROPINE. At high doses, it acts like morphine. Its unesterified metabolite difenoxin has similar properties and is used similarly. It has little or no analgesic activity.
66	MICRONUTRIENTES	MICRONUTRIENTS	MICRONUTRIENT	Essential dietary elements or organic compounds that are required in only small quantities for normal physiologic processes to occur.
67	VITAMINA A	VITAMIN A	AQUASOLA - RETINOL - VITAMIN A1 - ALL TRANS RETINOL - 11CIS RETINOL.	Retinol and derivatives of retinol that play an essential role in metabolic functioning of the retina, the growth of and differentiation of epithelial tissue, the growth of bone, reproduction, and the immune response. Dietary vitamin A is derived from a variety of CAROTENOIDS found in plants. It is enriched in the liver, egg yolks, and the fat component of dairy products.
68	PREBIÓTICOS	PREBIOTICS	PREBIOTIC	Non-digestible food ingredients mostly of a carbohydrate base that improve human health by selectively stimulating the growth and/or activity of existing bacteria in the colon.

69	PROBIÓTICOS	PROBIOTICS	PROBIOTIC	Live microbial DIETARY SUPPLEMENTS, which beneficially affect the host animal by improving its intestinal microbial balance. Antibiotics and other related compounds are not included in this definition. In humans, lactobacilli are commonly used as probiotics, either as single species or in mixed culture with other bacteria.
70	DIETA	DIET	DIETS	Regular course of eating and drinking adopted by a person or animal. This does not include DIET THERAPY, a specific diet prescribed in the treatment of a disease.
71	DIETOTERAPIA	DIET THERAPY	DIET THERAPIES - THERAPIES DIETS	By adjusting the quantity and quality of food intake to improve health status of an individual. This term does not include the methods of food intake (NUTRITIONAL SUPPORT).
72	DOLOR ABDOMINAL	ABDOMINAL PAIN		Sensation of discomfort, distress, or agony in the abdominal region; generally associated with functional disorders, tissue injuries, or diseases.
73	AGENTES GASTROINTESTINALES	GASTROINTESTINAL AGENTS	GASTROINTESTINAL DRUGS	Drugs used for their effects on the gastrointestinal system, as to control gastric acidity, regulate gastrointestinal motility and water flow, and improve digestion.
74	NITAZOXADINA	NITAZOXADINE [Substance name]	TAENITAZ- UNIMED BRAND OF NITAZOXANIDE-CRIPTAZ-DAXON- HELITON- ALINIA-COLUFASE	a 5-nitrothiazolyl derivative used for a broad range of intestinal parasitic infections including CRYPTOSPORIDIUM and GIARDIA; it is a redox-active nitrothiazolyl-salicylamide prodrug; structure given in first source

75	NIÑO HOSPITALIZADO	CHILD HOSPITALIZED	HOSPITALIZED CHILD- HOSPITALIZED CHILDREN	Child hospitalized for short term care
76	NAUSEA	NAUSEA		An unpleasant sensation in the stomach usually accompanied by the urge to vomit. Common causes are early pregnancy, sea and motion sickness, emotional stress, intense pain, food poisoning, and various enteroviruses.
77	ETIOLOGÍA	ETIOLOGY	CAUSALITY-CAUSES- PATHOGENESIS	Used with diseases for causative agents including microorganisms and includes environmental and social factors and personal habits as contributing factors. It includes pathogenesis.
78	INTOLERANCIA A LA LACTOSA	LACTOSE INTOLERANCE	INTOLERANCE LACTOSE- MALABSORPTION LACTOSE	The condition resulting from the absence or deficiency of LACTASE in the MUCOSA cells of the GASTROINTESTINAL TRACT, and the inability to break down LACTOSE in milk for ABSORPTION. Bacterial fermentation of the unabsorbed lactose leads to symptoms that range from a mild indigestion (DYSPEPSIA) to severe DIARRHEA. Lactose intolerance may be an inborn error or acquired
79	DIAGNÓSTICO	DIAGNOSIS	DIAGNOSES-DIAGNOSES	The determination of the nature of a disease or condition, or the distinguishing of one disease or condition from another. Assessment may be made through physical examination, laboratory tests, or the likes. Computerized programs may be used to enhance the decision-making process.

80	BACTERIA	BACTERIA	EUBACTERIA	<p>One of the three domains of life (the others being Eukarya and ARCHAEA), also called Eubacteria. They are unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. Bacteria can be classified by their response to OXYGEN: aerobic, anaerobic, or facultatively anaerobic; by the mode by which they obtain their energy: chemotrophy (via chemical reaction) or PHOTOTROPHY (via light reaction); for chemotrophs by their source of chemical energy: CHEMOLITHOTROPHY (from inorganic compounds) or chemoorganotrophy (from organic compounds); and by their source for CARBON; NITROGEN; etc.; HETEROTROPHY (from organic sources) or AUTOTROPHY (from CARBON DIOXIDE).</p>
81	SEPSIS	SEPSIS	<p>PYEMIA- SEVERE SEPSIS- SEPTICEMIAS-PYOHEMIA- SEPTICEMIA-BLOOD POISONING</p>	<p>Systemic inflammatory response syndrome with a proven or suspected infectious etiology. When sepsis is associated with organ dysfunction distant from the site of infection, it is called severe sepsis. When sepsis is accompanied by HYPOTENSION despite adequate fluid infusion, it is called SEPTIC SHOCK</p>

82	BACTEREMIA	BACTEREMIA	BACTEREMIAS	The presence of viable bacteria circulating in the blood. Fever, chills, tachycardia, and tachypnea are common acute manifestations of bacteremia. The majority of cases are seen in already hospitalized patients, most of whom have underlying diseases or procedures which render their bloodstreams susceptible to invasion.
83	LEUCOCITOS	LEUKOCYTES	WHITE BLOOD CELL- BLOOD CORPUSCLE WHITE	White blood cells. These include granular leukocytes (BASOPHILS; EOSINOPHILS; and NEUTROPHILS) as well as non-granular leukocytes (LYMPHOCYTES and MONOCYTES).
84	SANGRE OCULTA	OCCULT BLOOD		Chemical, spectroscopic, or microscopic detection of extremely small amounts of blood.
85	LACTOFERRINA	LACTOFERRIN	LACTOTRASFERRIN	An iron-binding protein in plasma and secretions (milk, mucus, bile), secreted by leukocytes. It is an important component of GRANULOCYTES. It is bacteriostatic, working by depriving bacteria of iron essential for growth
86	INFECCIÓN BACTERIANA	BACTERIAL INFECTIONS	BACTERIAL INFECTION - INFECTION, BACTERIAL	Infections by bacteria, general or unspecified
87	ESTANCIA HOSPITALARIA	LENGTH OF STAY	STAY LENGTH - STAY LENGTHS	The period of confinement of a patient to a hospital or other health facility.
88	ALTA DEL PACIENTE	PATIENT DISCHARGE		The administrative process of discharging the patient, live or dead, from hospitals or other health facilities.
89	CUIDADO DEL NIÑO	CHILD CARE	PUERICULTURE - CHILD SUPPORT	Care of children in the home or institution

90	CUIDADO DEL BEBÉ	CHILD INFANT		Care of infants in the home or institution
91	PATIENT ADMISSION	PATIENT ADMISSION	ASMISSION PATIENT -ADMISSIONS PATIENT- VOLUNTARY ADMISSION	The process of accepting patients. The concept includes patients accepted for medical and nursing care in a hospital or other health care institution.
92	PREFERENCIA DE LOS PACIENTES	PATIENT PREFERENCE	PATIENT PREFERENCES - PREFERENCE PATIENT	Individual's expression of desirability or value of one course of action, outcome, or selection in contrast to others.
93	COTRIMOXAZOLE	TRIMETHOPIN- SULFAMETHOXAZOLE COMBINATION	TRIMETHOPRIM SULFAMETHOXAZOLE - INSOZALIN - CENTRAN - CENTRIN - TRIMEDIN- ESLECTIN - BACTIFOR -BACTRIM-BISEPTOL -EUSAPRIM- ABACTRIM- EUSAPRIM - TMP SMX -DRYLIN-BISEPTOL 480- KEPINOL FORTE- KEPINOL-SEPTRA-SEPTRIM- TRIMOSULFA	This drug combination has proved to be an effective therapeutic agent with broad-spectrum antibacterial activity against both gram-positive and gram-negative organisms. It is effective in the treatment of many infections, including PNEUMOCYSTIS PNEUMONIA in AIDS.
94	AMPICILINA	AMPICILLIN	KSR1-POLYCILLIN- PENTREXYL-OMNIPEN- UKAPEN- AMPICILLIN TRHYDRATE-AMPICILLIN SODIUM-AMINOBENZYL PENICILLIN	Semi-synthetic derivative of penicillin that functions as an orally active broad-spectrum antibiotic.
95	SHIGELLA	SHIGELLA		A genus of gram-negative, facultatively anaerobic, rod-shaped bacteria that ferments sugar without gas production. Its organisms are intestinal pathogens of man and other primates and cause bacillary dysentery
96	SHIGELLA DYSENTERIAE	SHIGELLA DYSENTERIAE		A species of gram-negative, facultatively anaerobic, rod-shaped bacteria that is extremely pathogenic and causes severe dysentery. Infection with this organism often leads to ulceration of the intestinal epithelium

97	MODIFICACIÓN DE EFECTOS	EFFECT MODIFIERS (EPIDEMIOLOGY)	EFFECT MODIFIER - MODERATOR VARIABLES- CONDITIONAL VARIABLES-	Factors that modify the effect of the putative causal factor(s) under study.
98	EFECTO PLACEBO	PLACEBO EFFECT	EFFECTS PLACEBO	An effect usually, but not necessarily, beneficial that is attributable to an expectation that the regimen will have an effect, i.e., the effect is due to the power of suggestion.
99	ECONOMICS		ECONOMICS	
100	COSTOS Y ANÁLISIS DE COSTOS	COST AND COST ANALYSIS		Absolute, comparative, or differential costs pertaining to services, institutions, resources, etc., or the analysis and study of these costs
106	INCIDENCIA	INCIDENCE	INCIDENCES	The number of new cases of a given disease during a given period in a specified population. It also is used for the rate at which new events occur in a defined population. It is differentiated from PREVALENCE, which refers to all cases, new or old, in the population at a given time.
107	PREVALENCIA	PREVALENCE	PREVALENCES	The total number of cases of a given disease in a specified population at a designated time. It is differentiated from INCIDENCE, which refers to the number of new cases in the population at a given time.

108	ELISA	ENZYME-LINKED IMMUNOSORBENT ASSAY	ELISA - Assays, Enzyme-Linked Immunosorbent	<p>An immunoassay utilizing an antibody labeled with an enzyme marker such as horseradish peroxidase. While either the enzyme or the antibody is bound to an immunosorbent substrate, they both retain their biologic activity; the change in enzyme activity as a result of the enzyme-antibody-antigen reaction is proportional to the concentration of the antigen and can be measured spectrophotometrically or with the naked eye. Many variations of the method have been developed.</p>
109	LAVADO DE MANOS	HANDWASHING	HAND SANITIZATION - SANITIZATION, HAND - DESINFECTION, HAND - HAND DISINFECTION - SURGICAL SCRUBBING - SCRUBBING, SURGICAL	<p>The act of cleansing the hands with water or other liquid, with or without the inclusion of soap or other detergent, for the purpose of removing soil or microorganisms.</p>
110	CAMPYLOBACTER	CAMPYLOBACTER		<p>A genus of bacteria found in the reproductive organs, intestinal tract, and oral cavity of animals and man. Some species are pathogenic.</p>
111	SALMONELLA	SALMONELLA		<p>A genus of gram-negative, facultatively anaerobic, rod-shaped bacteria that utilizes citrate as a sole carbon source. It is pathogenic for humans, causing enteric fevers, gastroenteritis, and bacteremia. Food poisoning is the most common clinical manifestation. Organisms within this genus are separated on the basis of antigenic characteristics, sugar fermentation patterns, and bacteriophage susceptibility.</p>

113	MICRONUTRIENTES	MICRONUTRIENTS	MICRONUTRIENT	Essential dietary elements or organic compounds that are required in only small quantities for normal physiologic processes to occur.
114	DEFICIENCIA DE VITAMINAS	AVITAMINOSIS	VITAMIN DEFICIENCE -AVITAMINOSES	A condition due to a deficiency of one or more essential vitamins
115	SANIDAD	SANITATION		The development and establishment of environmental conditions favorable to the health of the public.
116	HIGIENE	HYGIENE		The science dealing with the establishment and maintenance of health in the individual and the group. It includes the conditions and practices conducive to health.
117	HIGIENE ESCOLAR	SCHOOL HEALTH		Preventive health services provided for students. It excludes college or university students.
120		ECONOMICS DENTAL		Economic aspects of the dental profession and dental care.
121		ECONOMICS, HOSPITAL		Economic aspects related to the management and operation of a hospital
122		ECONOMICS MEDICAL		Economic aspects of the field of medicine, the medical profession, and health care. It includes the economic and financial impact of disease in general on the patient, the physician, society, or government
123		ECONOMICS NURSING		Economic aspects of the nursing profession.

124		ECONOMICS PHARMACEUTICAL	Economic aspects of the fields of pharmacy and pharmacology as they apply to the development and study of medical economics in rational drug therapy and the impact of pharmaceuticals on the cost of medical care. Pharmaceutical economics also includes the economic considerations of the pharmaceutical care delivery system and in drug prescribing, particularly of cost-benefit values
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Apéndice 2. Listado de sitios recomendados para la búsqueda de información

RECURSOS DE INFORMACIÓN PARA BÚSQUEDA DE GPC				
RECURSOS WEB PARA BÚSQUEDA DE GUÍAS DE PÁCTICA CLÍNICA	TIPO		ORGANIZACIÓN	URL
	ORGANISMOS COMPILADORES, REGISTROS	1		NCG National Guideline Clearinghouse
2			NeLH National Electronic Library for Health	http://www.library.nhs.uk/guidance/
3			Infectious Disease Society of America	http://www.idsociety.org/default.aspx
4			Medical Journal of Australia	http://www.mja.com.au/public/guides/guides.html#Paediatrics (no está incluido en el listado de sitios recomendado por la (GM-GAI(2))
5			Handbook of United Kingdom and European clinical guidelines for primary and shared care	http://www.eguidelines.co.uk/
6			CMA Infobase, Canadian Medical Association	www.cma.ca/index.cfm/ci_id/54316/la_id/1.htm
7			Patient Information Publication	http://www.patient.co.uk/guidelines.asp
8			GUIA SALUD	www.guiasalud.es/home.asp
9			AEZQ/AQuMed German Agency for Quality in Medicine	http://www.leitlinien.de/leitlinien-finden/thema
10			CISMeF Catalog and Index of French-language health resources	
11			Francophones / Catalog and Index of French -language health resources	http://doccismef.chu-rouen.fr/CISMeFBPTR.html
ORGANISMOS ELABORADORES	12		NHMRC National Health and Medical Research Council	http://www.clinicalguidelines.gov.au/
	13		NICE-National Institute for Clinical Excellence	www.nice.org.uk/Guidance/Topic
	14		GPC de la American Academy of Pediatrics	http://aappolicy.aappublications.org/
	15		GPC Universidad California	http://medicine.ucsf.edu/search/
	16		Guidelines International Network - promoting systematic development of clinical practice guidelines	http://www.g-i-n.net/library/international-guidelines-library

RECURSOS WEB PARA BÚSQUEDA DE GUÍAS DE PÁCTICA CLÍNICA	ORGANISMOS ELABORADORES	17	Grading of Recommendations Assessment, Development and Evaluation (GRADE)	http://www.gradeworkinggroup.org/links.htm
		18	NZGG-New Zeland Guidelines Group	www.nzgg.org.nz/index.cfm
		19	SIGN Scottish Intercollegiate Network	www.sign.ac.uk
		20	ICSI-Institute for Clinical Systems Improvement	www.icsi.org/guidelines_and_more/
		21	South African Department of Health	http://www.doh.gov.za/docs/index.html
		22	AHRQ-Agency for Healthcare Research and Quality	www.ahrq.gov/clinic/cpgonline.htm#Products
		23	Asociación Española de Gastroenterología	http://www.guiasgastro.net/
		24	ACP-American College of Physicians	www.acponline.org/clinical_information/guidelines/
		25	PNLG-Piano Nazionale per le Linee Guida	http://www.snlg-iss.it/
		26	Singapore Ministry of Health Guidelines	www.moh.gov.sg/mohcorp/publications.aspx?id=16934
		27	AATRM-L'Agència d'Avaluació de Tecnologia i Recerca Mèdiques	http://www.gencat.cat/salut/depsan/units/aatrm/html/ca/Du8/index.html
		28	Cancer Care Ontario	http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/pebc
		29	Sociedad Española de Cardiología	www.secardiologia.es
		30	ESC Guidelines European Society of Cardiology	http://www.escardio.org/guidelines-surveys
		31	ASCO-American Society of Clinical Oncology	http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines
		32	Osatzen Sociedad Vasca de Medicina Familiar y Comunitaria	www.osatzen.com/osatzen-documentos.php
		33	British Columbia	http://www.bcguidelines.ca/gpac/
		34	Royal College of Obstetricians and Gynaecologists	http://www.rcog.org.uk/guidelines
		35	Monash University- Medicine, Nursing and Health Sciences	http://www.mihsr.monash.org/hfk/guidelines.html

RECURSOS WEB PARA BÚSQUEDA DE GUÍAS DE PÁCTICA CLÍNICA	ORGANISMOS ELABORADORES	36	Guidelines Advisory Committee	http://www.gacguidelines.ca/
		37	ESPGHAN- European Society for Pediatric Gastroenterology Hepatology and Nutrition	http://espghan.med.up.pt/
		38	National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov/
	BASES DE DATOS ELECTRÓNICAS	39	EMBASE-Experta Medical data base	www.embase.com
		40	LILACS-Literatura Latinoamericana y del Caribe en Ciencias de la Salud	http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IisScript=iah/iah.xis&base=LILACS&lang=i&form=F
		41	CINAHL-Cumulative Index to Nursing & Allied Health Literature	www.cinahl.com
		42	Cochrane Library Plus	http://www.thecochranelibrary.com/view/0/index.html
		43	Current Controlled Trials	http://controlled-trials.com
		44	WHOLIS-Sistema de información de la Biblioteca de la OMS	http://dosei.who.int/uhtbin/cgiirsi/Wed+May++4+03:35:16+MEST+2011/0/49
		45	CDR Centre for reviews and dissemination Database	http://york.ac.uk/inst/crd
		46	PAHO Catálogo de la Biblioteca Sede de la OPS	http://publications.paho.org
		47	HTA - Health Technology Assessment database	http://www.crd.york.ac.uk/crdweb/Home.aspx?DB=HTA
		48	ADOLEC Salud en adolescencia	http://www.bireme.br/php/index.php?lang=es
		49	BDENF Base de datos de enfermería	http://www.bireme.br/php/index.php?lang=es
		50	HOMEINDEX Bibliografía brasileña de homeopatía	http://www.bireme.br/php/index.php?lang=es
		51	LEYES Legislación Básica de la Salud de América Latina y del Caribe	http://www.bireme.br/php/index.php?lang=es
		52	AMED Allied and complementary Medicine Database	http://www.ovid.com/site/catalog/DataBase/12.jsp
53	MEDCARIB Literatura del Caribe en Ciencias de la Salud	www.bireme.br		

MOTORES DE BÚSQUEDA ESPECIALIZADOS	54	PubMed	http://www.ncbi.nih.gov/entrez/query.fcgi
	55	Pubgle	http://www.pubgle.com/buscar.htm
	56	TripDatabase	http://www.tripdatabase.com/index.html
	57	FISTERRA	http://www.fisterra.com/recursos_web/castellano/c_guias_clinicas.asp
	58	Google Scholar	http://scholar.google.com/
	59	SCIRUS	www.scirus.com

Apéndice 3. Búsqueda sensible de GPCBE para componente de prevención/ tratamiento de la deshidratación en Pubmed

Búsqueda de guías de práctica clínica que incluyan el tema de prevención / tratamiento de la deshidratación			
Pregunta	Descriptorios usados	Estrategia	Resultados
1. ¿En los niños menores de 5 años de edad con diarrea aguda sin deshidratación, ofrecer sales de rehidratación oral comparado con líquidos con base en frutas, líquidos con base en cereales, bebidas carbonatadas, u otros líquidos con sodio y glucosa, disminuye el riesgo de deshidratación?	P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis I: fluid therapy, enteral fluid therapy, rehydration solutions, oral rehydration solutions, fluid therapy dehydration. C: Juices, fruit juices, vegetable juices, soft drinks, flour, rice flour, cereals O: prevention, secondary prevention, dehydration Filter: practice guidelines, clinical practice guidelines, evidence based practice	((((((((((((child)) OR (children)) OR (preschool)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (acute gastroenteritis))) AND ((((fluid therapy)) OR (enteral fluid therapy)) OR (rehydration solutions)) OR (oral rehydration solutions))) AND ((((fruit juices)) OR (vegetable juices)) OR (soft drinks)) OR (rice flour)) OR (cereals))) AND ((((prevention)) OR (secondary prevention)) OR (dehydration))) AND ((((practice guidelines)) OR (clinical practice guidelines)) OR (evidence based practice))	No items found.
2. En los niños menores de 5 años con EDA, que necesitaron rehidratación con líquidos parenterales, continuar líquidos parenterales en comparación con SRO, aumenta el riesgo de recaída en deshidratación?	P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis, dehydration I: fluid therapy, intravenous fluid therapy, infusions, parenteral C: enteral fluid therapy, rehydration solutions, oral rehydration solutions O: Dehydration Filter: practice guidelines, clinical practice guidelines, evidence based practice	((((((((((((child)) OR (children)) OR (preschool)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (dehydration))) AND ((((fluid therapy)) OR (intravenous fluid therapy)) OR (infusions)) OR (parenteral))) AND ((((enteral fluid therapy)) OR (rehydration solutions)) OR (oral rehydration solutions))) AND (dehydration)	
3. En los niños menores de 5 años con EDA, que necesitaron rehidratación con líquidos parenterales, continuar líquidos parenterales y SRO, aumenta el riesgo de recaída en deshidratación?	P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis I: fluid therapy, Rehydration Solutions C: Infusions, Parenteral O: Dehydration Filter: practice guidelines, clinical practice guidelines, evidence based practice	((((((((((((child)) OR (children)) OR (preschool)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (dehydration))) AND ((((fluid therapy)) OR (intravenous fluid therapy)) OR (infusions)) OR (parenteral))) AND ((((enteral fluid therapy)) OR (rehydration solutions)) OR (oral rehydration solutions))) AND (dehydration)	Results: 3
4. ¿En los niños menores de 5 años con diarrea aguda, es diferente administrar líquidos y electrolitos por vía oral comparado con la vía parenteral para corregir la deshidratación leve y moderada?	P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis, acute gastroenteritis I: fluid therapy, Rehydration Solutions C: Infusions, Parenteral O: Dehydration Filter: practice guidelines, clinical practice guidelines, evidence based practice	((((((((((((child)) OR (children)) OR (preschool)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (dehydration))) AND ((((fluid therapy)) OR (intravenous fluid therapy)) OR (infusions)) OR (parenteral))) AND ((((enteral fluid therapy)) OR (rehydration solutions)) OR (oral rehydration solutions))) AND (dehydration)	

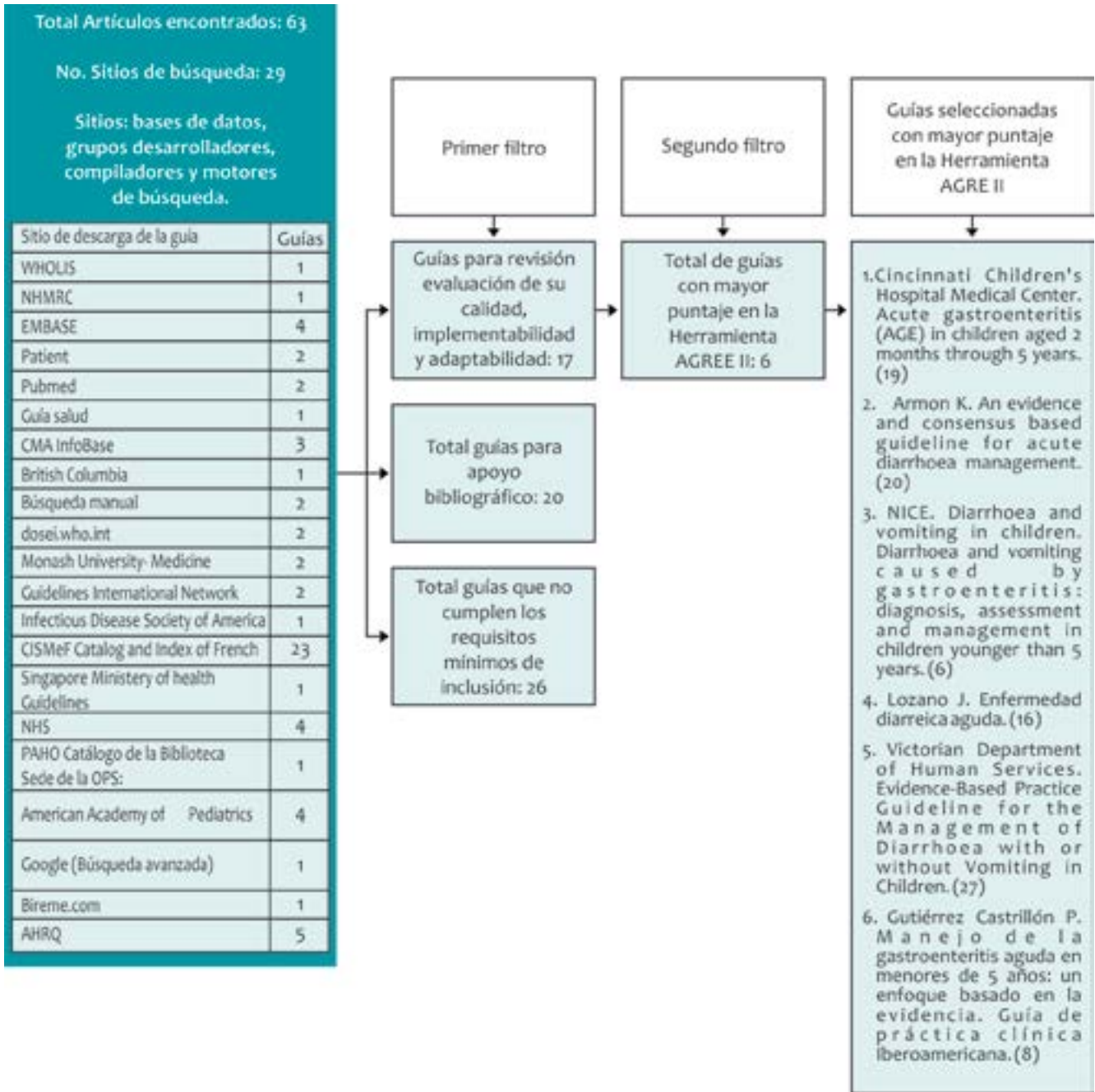
<p>5. ¿En los niños menores de 5 años con diarrea aguda y deshidratación leve y moderada en los cuales se decide hidratación por vía oral, es diferente administrar SRO con baja osmolaridad comparado con SRO estándar u otros líquidos (a base de almidones, jugos naturales, bebidas carbonatadas y bebidas con electrolitos)?</p>	<p>P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis, acute gastroenteritis I: fluid therapy, Rehydration Solutions C: Infusions, Parenteral O: Dehydration</p>	<p>((((((((((((((child)) OR (children)) OR (pre-school)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (acute gastroenteritis))) AND (Rehydration Solutions)) AND (((((Juices)) OR (Soft Drinks)) OR (Flour)) OR (Cereals))) AND (Dehydration))) AND (((practice guidelines)) OR (clinical practice guidelines)) OR (evidence based practice))</p>	<p>Results: 0</p>
<p>6. ¿En los niños menores de 5 años con diarrea aguda y deshidratación leve y moderada en los cuales se decide hidratación con líquidos parenterales, es diferente administrar solución salina, lactato de ringer, o solución polielectrolítica, para corregir la deshidratación leve y moderada y/o evitar complicaciones como hiponatremia e hipokalemia?</p>	<p>P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis, acute gastroenteritis I: Infusions, Parenteral, saline solution, ringer lactate C: Infusions, Parenteral O: shock Filter: practice guidelines, clinical practice guidelines, evidence based practice</p>	<p>((((((((((((((child)) OR (children)) OR (pre-school)) OR (infant)) OR (diarrhea)) OR (acute diarrhea)) OR (viral diarrhea)) OR (gastroenteritis)) OR (acute gastroenteritis))) AND (((((Infusions)) OR (Parenteral)) OR (saline solution)) OR (ringer lactate)) OR (polyelectrolyte))) AND (shock))) AND (((practice guidelines)) OR (clinical practice guidelines)) OR (evidence based practice))</p>	<p>Results: 6</p>
<p>7. ¿En los niños menores de 5 años con diarrea aguda y deshidratación grave es diferente administrar solución salina, lactato de ringer, o solución polielectrolítica, para corregir el choque y/o evitar complicaciones como hiponatremia e hipokalemia?</p>	<p>P: child, children, preschool , infant, diarrhea, acute diarrhea, viral diarrhea, gastroenteritis, acute gastroenteritis I: Infusions, Parenteral, saline solution, ringer lactate C: Infusions, Parenteral O: shock Filter: practice guidelines, clinical practice guidelines, evidence based practice</p>		

Para esta prueba se recuperaron 9 artículos que no corresponden a guías de práctica clínica basadas en la evidencia (ver tabla 9).

Tabla 9. Referencias recuperadas en Pubmed en búsqueda de GPCBE en componente hidratación

Referencias recuperadas en Pubmed en búsqueda de GPCBE en componente hidratación	
1	Treatment of mild to moderate dehydration in children with oral rehydration therapy.(81)
2	Management of acute infantile diarrhoea: a study on community pharmacy counseling in the Midi-Pyrenees region.(82)
3	Exercise and fluid replacement. (83)
4	Updated American College of Critical Care Medicine--pediatric advanced life support guidelines for management of pediatric and neonatal septic shock: relevance to the emergency care clinician. (84)
5	Hemodynamic and metabolic effects of vasopressin infusion in children with shock. (85)
6	Arginine vasopressin during cardiopulmonary resuscitation and vasodilatory shock: current experience and future perspectives. (86)
7	Resuscitation science of Pediatrics. (87)
8	Risks of intravenous administration of hypotonic fluids for pediatric patients in ED and prehospital settings: let's remove the handle from the pump. (88)
9	Clinical safety of a polyvalent F(ab') ₂ equine antivenom in 223 African snake envenomations: a field trial in Cameroon.(89)

Apéndice 4. Flujograma: Proceso de selección de guías de práctica clínica



Apéndice 5. Guías que coinciden entre la búsqueda realizada por el Centro Cochrane y el GDG

Guías que coinciden entre la búsqueda realizada por la Colaboración Cochrane y el GDG	
1	Evidence based guideline for the management of diarrhoea with or without vomiting in children. (27)
2	IAP Guidelines 2006 on management of acute diarrhea. (9)
3	Managing acute gastroenteritis among children: oral rehydration, maintenance, and nutritional therapy. (43)
4	Guidelines for the approach to outpatient children with acute diarrhoea. (34)
5	An evidence and consensus based guideline for acute diarrhoea management. (20)
6	Practice parameter: the management of acute gastroenteritis in young children. American Academy of Pediatrics, Provisional Committee on Quality Improvement, Subcommittee on Acute Gastroenteritis. (48)
7	The management of acute diarrhea in children: oral rehydration, maintenance, and nutritional therapy. Centers for Disease Control and Prevention. (75)
8	Infectious diarrhea Guideline for ordering stool specimens. (39)
9	Laboratory Guideline for Ordering stool tests for investigation of suspected infectious diarrhea. (45)
10	Recommendations for the use of rotavirus vaccines in infants. (58)
11	Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. (12)
12	Acute gastroenteritis (AGE) in children aged 2 months through 5 years.(19)
13	Diarrhoea and vomiting in children. Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years. (6)
14	Children and infants with gastroenteritis acute management. (23)
15	Diarrea aguda. (76)
16	Rotavirus vaccination in France. Recommendations of the speaking group of pediatric gastroenterology hepatology and nutrition. (80)
17	Viral agents of gastroenteritis. Public health importance and outbreak management. (68)

Apéndice 6. Descripción de guías publicadas en revistas, libros o por agencias desarrolladora

Descripción de guías obtenidas a partir de libros, revistas o grupos desarrolladores		
GPC publicadas por libros	GPC publicadas por revistas	GPC publicadas por agencias u organizaciones desarrolladores
Enfermedad diarreica aguda. (7)	An evidence and consensus based guideline for acute diarrhoea management. (20)	Evidence based guideline for the management of diarrhoea with or without vomiting in children. (27)
Guías de gastrohepatología y nutrición pediátrica basados en la evidencia. (13)	Clinical Efficacy of Probiotics: Review of the Evidence With Focus on Children. (21)	Children and infants with gastroenteritis acute management. (23)
	Cost effectiveness of zinc as adjunct therapy for acute childhood diarrhoea in developing countries. (22)	Diarrhoea - antibiotic associated Clinical Knowledge Summaries. (24)
	Evidence-based recommendations for the use of rotavirus vaccination in Europe. (11)	Diarrhoea - prevention and advice for travellers: Diarrhoea - prevention and advice for travellers. (25)
	Guía para la práctica clínica de las enfermedades diarreicas agudas(15)	Diarrhoea and vomiting in children. Diarrhoea and vomiting caused by gastroenteritis: diagnosis, assessment and management in children younger than 5 years. (6)
	Guidelines for the approach to outpatient children with acute diarrhoea. (34)	Diarrhoea treatment guidelines including new recommendations for the use of ORS and zinc supplementation for clinic-based healthcare workers. (26)
	Guidelines for the investigation of chronic diarrhoea. (35)	Evidence-Based Practice Guideline for the Management of Diarrhoea with or without Vomiting in Children. (27)
	Immunization Programs for infants, children, adolescents, and adults: Clinical Practice Guidelines. (40)	Evidence-based Guidelines for the Management of Acute Gastroenteritis in Children in Europe. (5)
	IAP Guidelines 2006 on Management of Acute Diarrhea. (9)	Gastroenteritis (CKS Topic). (28)
	Managing acute gastroenteritis among children: oral rehydration, maintenance and nutritional therapy. (43)	Gastroenteritis aguda en el niño. (29)

	Practice Guidelines for the Management of Infectious Diarrhea. (47)	Guidelines on Hand Hygiene in Health Care. (30)
	Practice parameter: The management of acute gastroenteritis in young children. (48)	Guidelines for Canadian Drinking Water Quality: Enteric viruses. (31)
	Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers. (50)	Guidelines for estimating the economic burden of diarrhoeal disease, with focus on assessing the costs of rotavirus diarrhoea. (32)
	Prevention of rotavirus disease: guidelines for use of rotavirus vaccine. (51)	Guidelines for the control of shigellosis, including epidemics due to Shigella dysenteriae. (33)
	Prevention of rotavirus gastroenteritis among infants and children. (52)	Guidelines on food fortification with micronutrients. (36)
	Manejo de la gastroenteritis aguda en menores de 5 años: un enfoque basado en la evidencia. Guía de práctica clínica Iberoamericana. (8)	Guiding for principles for feeding non breastfed children 6-24 months of age. (37)
	Rotavirus vaccine for the prevention of rotavirus gastroenteritis among children: recommendations of the Advisory Committee on Immunization Practices. (59)	Guiding principles for complementary feeding of the breastfed child. (38)
	Statement On Persistent Diarrhea In The Returned Traveller. (60)	Infectious diarrhea Guideline for ordering stool specimens. (39)
	Recommendations for the use of rotavirus vaccines in infants. (58)	Implementing the New Recommendations on the Clinical Management of Diarrhoea. (41)
	Standaard acute diarree. (61)	Management of Breastfeeding for Healthy Full-Term Infants. (42)
	Updated Statement on the use of Rotavirus Vaccines. (65)	Oral rehydration therapy (ORT) in children. (44)
	Viral agents of gastroenteritis. Public health importance and outbreak management. (68)	Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. (12)

	Recommendations for the diagnosis and management of pediatric acute gastroenteritis in Israel. (69)	Laboratory Guideline for Ordering stool tests for investigation of suspected infectious diarrhea. (45)
		Manejo del paciente con diarrea aguda. (46)
		Prevention et controle de la diarrhee nosocomiale associee au clostridium difficile au Quebec. (49)
		Prise en charge de la diarrhee aigue. (53)
		Prise en charge de la gastro-entérite aiguë en pratique ambulatoire. (54)
		Prise en charge de la gastro-entérite aiguë de l'enfant evidence based medicine vs medicine experience based. (55)
		Probiotics and prebiotics. (56)
		Readings on diarrhoea: student manual. (57)
		Tratamiento de diarrea aguda en niños y adultos. (62)
		The treatment of diarrhoea: A manual for physicians and other senior health workers. (10)
		The management of bloody diarrhoea in young children. (63)
		The use of probiotics in the prevention and treatment of clostridium difficile diarrhea. (64)
		Guías para el manejo clínico de la enfermedad diarreica aguda. (66)
		Prevención, diagnóstico y tratamiento de la diarrea aguda en niños de dos meses a cinco años en el primero y segundo nivel de atención. (67)
		Vigilancia epidemiológica de diarreas causadas por rotavirus: Guía práctica. (70)
		Diarrea Aguda Guía práctica. (71)