

Rare, chronic form:

- Intermittent loose, foul-smelling stools
- Possibility of abdominal bloating, flatulence, sulfur-tasting belches, epigastric pain, vomiting, headache, and weight loss

Diagnosis of giardiasis may be made by microscopic examination of stool specimens or duodenal fluid or by identification of *G. intestinalis* antigens in these specimens by techniques such as enzyme immunoassay (EIA) and direct fluorescence antibody (DFA) assays. Because the *Giardia* organisms live in the upper intestine and are excreted in a highly variable pattern, repeated microscopic examination of stool specimens may be required to identify trophozoites (active parasites) or cysts. Duodenal specimens are obtained by direct aspiration, biopsy, or the string test. In the string test, the child swallows a gelatin capsule with a nylon string attached. Several hours later, the string is withdrawn, and the contents are sent for laboratory analysis. With the availability of EIA techniques to identify *Giardia* antigens in stool specimens, other tests are being used less often.

Therapeutic Management

The drugs of choice for treatment of giardiasis are metronidazole (Flagyl), tinidazole (Tindamax), and nitazoxanide (Alinia). Tinidazole is said to have an 80% to 100% cure rate after a single dose ([American Academy of Pediatrics, 2015](#)). Metronidazole and tinidazole have a metallic taste and gastrointestinal side effects, including nausea and vomiting. Nitazoxanide does not have a bitter taste and should be taken with food to avoid gastrointestinal symptoms; it reportedly has very few adverse effects and is available in suspension form. Alternative drug therapy includes albendazole, furazolidone, and quinacrine ([John, 2016](#)). Quinacrine is only available from a compounding pharmacy.

The most important nursing consideration is prevention of giardiasis and education of parents, child care center staff, and others who assume the daily care of small children. Attention to