

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management Tool for Children with suspected Gastroenteritis



Management - Acute Setting

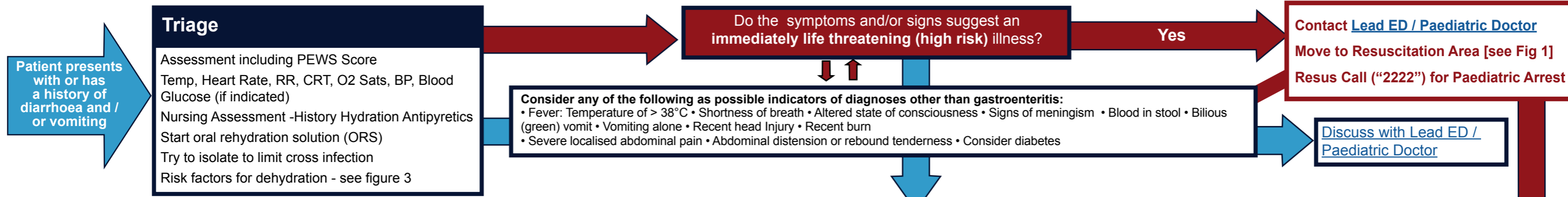


Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
Age	Over 3 months old	Under 3 months old	
Behaviour	<ul style="list-style-type: none"> Responds normally to social cues Content / smiles Stays awake / awakens quickly Strong normal crying / not crying Appears well 	<ul style="list-style-type: none"> Altered response to social cues No smile Decreased activity Irritable Lethargic Appears unwell 	<ul style="list-style-type: none"> No response to social cues Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry Appears ill to a healthcare professional
Skin	<ul style="list-style-type: none"> Normal skin colour Warm extremities Normal turgor 	<ul style="list-style-type: none"> Normal skin colour Warm extremities Reduced skin turgor 	<ul style="list-style-type: none"> Pale / mottled / ashen blue Cold extremities
Hydration	<ul style="list-style-type: none"> CRT < 2 secs Moist mucous membranes (except after a drink) Fontanelle normal 	<ul style="list-style-type: none"> CRT 2-3 secs Dry mucous membranes (except for mouth breather) Sunken fontanelle 	<ul style="list-style-type: none"> CRT > 3 secs
Urine output	• Normal urine output	• Reduced urine output / no urine output for 12 hours	• No urine output for >24 hours
Respiratory	• Normal breathing pattern and rate*	• Normal breathing pattern and rate*	• Abnormal breathing / tachypnoea*
Heart Rate	<ul style="list-style-type: none"> Heart rate normal Peripheral pulses normal 	<ul style="list-style-type: none"> Mild tachycardia* Peripheral pulses normal 	• Severe tachycardia*
Eyes	• Not sunken	• Sunken Eyes	
Other		• Additional parent/carer support required	

Fig 1 Management when clinical shock suspected

- Check blood glucose and blood gas
- Give 20 ml/kg 0.9% Sodium Chloride IV / IO
- Reassess
- Second Bolus 20 ml/kg 0.9% NaCl
- Reassess
- Consider contacting PICU (SORT 023 8077 5502)

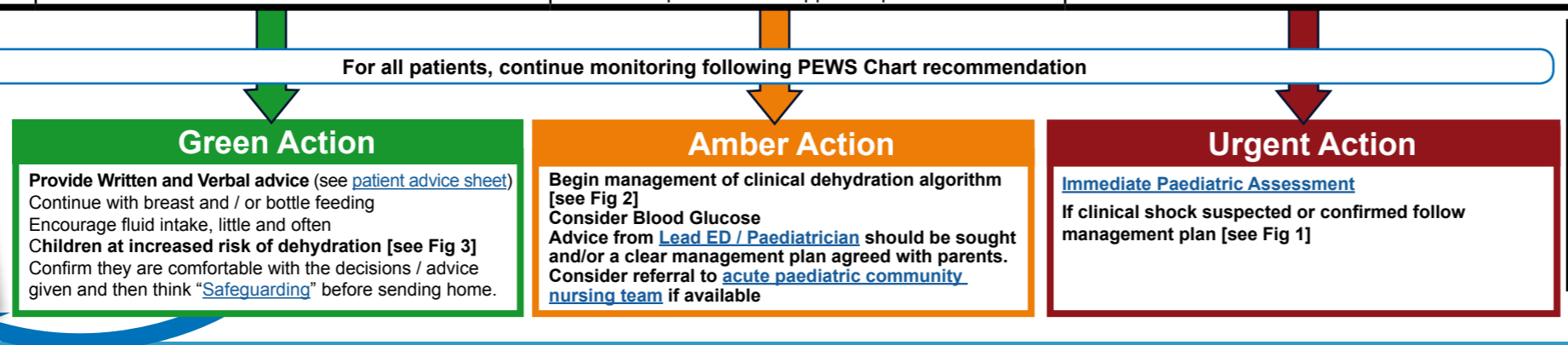
Fig 2 Management of Clinical Dehydration

- Trial of oral rehydration fluid (ORS) 2 mls/kg every 10 mins - consider giving ORS via nasogastric tube if the child is unable to drink or vomits persistently
- Consider checking blood glucose, esp in <6 month age group
- Consider referral to acute paediatric community nursing team if available
- Reintroduce breast/bottle feeding as tolerated
- Continue ORS if ongoing losses
- ED - if child fails to improve within 2 hours and remains within amber category, refer to paediatric team

Fig 3 Children at increased risk of dehydration are those:

- Aged <1 year old (and especially the < 6 month age group)
- Have not taken or have not been able to tolerate fluids before presentation
- Have vomited three times or more in the last 24 hours
- Has had six or more episodes of diarrhoea in the past 24 hours
- History of faltering growth

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPX12b>)



***Normal paediatric values:**

(APLS†)	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]
< 1 year	30 - 40	110 - 160
1-2 years	25 - 35	100 - 150
> 2-5 years	25 - 30	95 - 140
5-12 years	20-25	80-120
>12 years	15-20	60-100

† Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels; Susan Wieteska Wiley-Blackwell / 2011 BMJ Books.

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Glossary of Terms	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count