

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis



Management - Primary Care and Community Settings

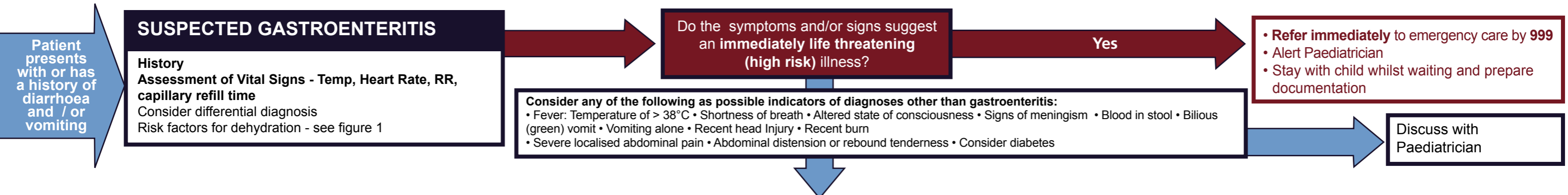


Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
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	<ul style="list-style-type: none"> Normal urine output 	<ul style="list-style-type: none"> Reduced urine output / no urine output for 12 hours 	<ul style="list-style-type: none"> No urine output for >24 hours
Respiratory	<ul style="list-style-type: none"> Normal breathing pattern and rate* 	<ul style="list-style-type: none"> Normal breathing pattern and rate* 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Severe tachycardia**
Eyes	<ul style="list-style-type: none"> Not sunken 	<ul style="list-style-type: none"> Sunken Eyes 	
Other		<ul style="list-style-type: none"> Additional parent/carer support required 	

Fig 1 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

Fig 2 Management of Clinical Dehydration

- Trial of oral rehydration fluid (ORS) 2 mls/kg every 10 mins
- Consider checking blood glucose, esp in <6 month age group
- Consider referral to acute paediatric community nursing team if available
- If child fails to improve within 4 hours, refer to paediatrics
- Reintroduce breast/bottle feeding as tolerated
- Continue ORS if ongoing losses

***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.

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



Green Action

Provide Written and Verbal advice (see [patient advice sheet](#))

Continue with breast and / or bottle feeding

Encourage fluid intake, little and often eg. 5mls every 5 mins

Children at increased risk of dehydration [see Fig 1]

Confirm they are comfortable with the decisions / advice given before sending home.

Amber Action

Begin management of clinical dehydration algorithm [see Fig 2].

Agree a management plan with parents +/- seek advice from paediatrician.

Consider referral to acute paediatric community nursing team if available

Urgent Action

Refer immediately to emergency care - consider 999

Alert paediatrician

Consider initiating Management of Clinical Dehydration [Fig 2] awaiting transfer

Consider commencing high flow oxygen support.

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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