

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis



Management - Combined Acute and Primary Care

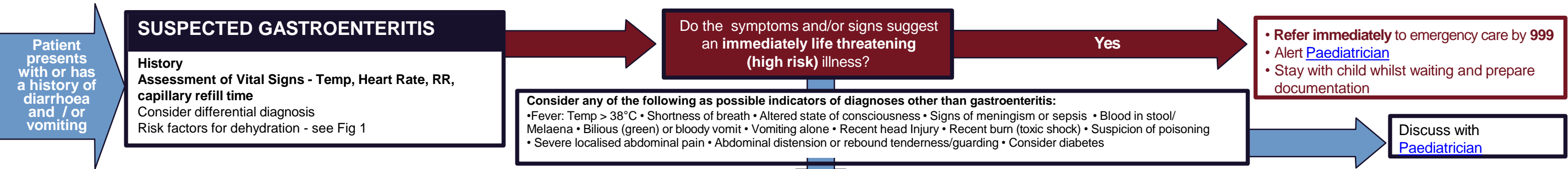


Table 1

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* Peripheral pulses weak
Eyes	<ul style="list-style-type: none"> Not sunken 	<ul style="list-style-type: none"> Sunken Eyes Additional parent/carer support required 	<ul style="list-style-type: none"> Hypotensive

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
- Infants who have stopped breast feeding during the illness
- 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 solution (ORS; can taste better with dilute squash added). 2mls/kg every 10 mins OR 5mls every 5minutes.
- Consider checking blood glucose, esp in <6 month age group
- If child fails to improve within 2 hours, refer to paediatrics
- Reintroduce breast/bottle feeding as tolerated
- Continue ORS if ongoing losses
- Consider Ondansetron 0.1mg/kg PO/sublingual (max 4mg) if continued vomiting in context of suspected gastroenteritis
- If fluids tolerated and clinically improves, move to green actions

Fig 3 Management of Clinical Shock

- Check blood glucose and gas
- Give 10-20ml/kg 0.9% Saline or Plasmalyte IV/IO
- If hypoglycaemic give 2ml/kg 10% Dextrose if unconscious or Dextrogl
- Reassess and give further 10-20ml/kg fluid bolus
- Reassess and liaise with STRS

*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

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](#).

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.

If clinical shock suspected or confirmed follow management plan [Fig 3]

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPXI2b>)

