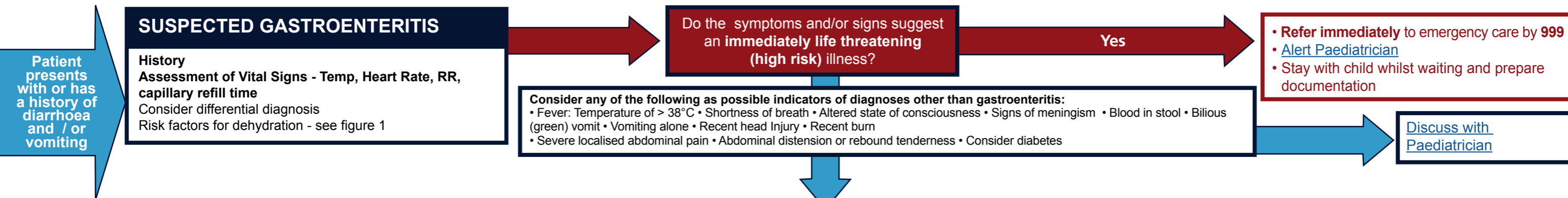


# Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

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

**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 and then think "Safeguarding" 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.

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



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## Management - Primary Care and Community Settings

| 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              |