Diarrhoea and vomiting pathway

Clinical support tool for remote clinical assessment

This pathway is largely written for an eventual diagnosis of infectious gastroentritis - however please be alert to the following symptoms that may raise the possibility of a more concerning diagnosis: • Fever: Temperature of > 38°C • Shortness of breath • Altered state of consciousness • Signs of meningism • Blood in stool • Bilious (green) vomit • Vomiting alone • Recent head injury • Recent burn • Severe localised abdominal pain • Abdominal distension.

<table>
<thead>
<tr>
<th>Clinical findings</th>
<th>Green – low risk</th>
<th>Amber – intermediate risk</th>
<th>Red – high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>• Under 3 months</td>
<td></td>
</tr>
<tr>
<td>Behaviour</td>
<td>• Content/smiles</td>
<td>• No smile</td>
<td>• No response</td>
</tr>
<tr>
<td></td>
<td>• Stays awake/awakens quickly</td>
<td>• Decreased activity/lethargic</td>
<td>• Unable to rouse or if roused does not stay awake</td>
</tr>
<tr>
<td></td>
<td>• Strong normal crying/not crying</td>
<td>• Irritable</td>
<td>• Clinical concerns about nature of cry (weak, high pitched or continuous)</td>
</tr>
<tr>
<td>Skin</td>
<td>• Normal skin colour</td>
<td>• Moist tongue and conjunctivae</td>
<td>• Pale/mottled/blue</td>
</tr>
<tr>
<td></td>
<td>• Warm extremities</td>
<td>• Fontanelle normal</td>
<td>• Cold extremities</td>
</tr>
<tr>
<td>Hydration</td>
<td>• Moist tongue and conjunctivae</td>
<td>• Dry tongue and conjunctivae</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fontanelle normal</td>
<td>• Sunken fontanelle</td>
<td></td>
</tr>
<tr>
<td>Urine output</td>
<td>• Normal</td>
<td>• Reduced / not passed urine in past 12 hours</td>
<td>• No urine for 24 hours</td>
</tr>
<tr>
<td>Respiratory</td>
<td>• Normal pattern and rate</td>
<td></td>
<td>• Abnormal/fast breathing</td>
</tr>
<tr>
<td>Eyes</td>
<td>• Not sunken</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sunken eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>• Additional parent/carer concerns</td>
<td>• Bloody diarrhoea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection</td>
<td>• Blood in vomit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Age 0-3 months with temp ≥38° (100.4°F)</td>
<td>• Dark green (bilious) vomiting</td>
</tr>
</tbody>
</table>

**Green Action**

Provide diarrhoea and vomiting safety netting advice
Confirm they are comfortable with the decisions/advice given
Always consider safeguarding issues
Lower threshold for referral to primary care if have long term condition ie diabetes
Lower threshold for referral in those with increased risk of dehydration

**Amber Action**

For face to face review (consider if video consultation is appropriate).
If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.

**Red Action**

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

*Children with increased risk of dehydration
>3 vomits within 24 hours
>6 episodes of diarrhoea within 24 hours
Not tolerating fluids
History of faltering growth

This writing of this guideline involved extensive consultation with healthcare professionals in Wessex.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.