

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
	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 	<ul style="list-style-type: none"> Normal skin colour Warm extremities 	<ul style="list-style-type: none"> Pale / mottled / blue Cold extremities
	Hydration	<ul style="list-style-type: none"> CRT < 2 secs Moist mucous membranes Fontanelle normal 	<ul style="list-style-type: none"> CRT 2-3 secs Dry mucous membranes 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 	<ul style="list-style-type: none"> Severe tachycardia** Weak peripheral pulses
	Eyes	Not sunken	Sunken Eyes	
	Other		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

- Fluid trial – Dilute apple juice/ORS 5ml every 5 mins
- Consider Ondansetron 0.1mg/kg PO/sublingual (max 4mg) if continued vomiting in context of suspected gastroenteritis
- If fluids not tolerated or hydration not improved within 2 hours please refer to paediatric team
- If fluids tolerated and hydration improves proceed to green action with consideration of referral to acute paediatric community nursing team if available

***Normal paediatric values (APLS):**

(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.

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
Check blood glucose

Urgent Action

Refer immediately to emergency care - consider emergency ambulance
Alert Paediatrician
Consider initiating Management of Clinical Dehydration [Fig 2] awaiting transfer
Consider commencing high flow oxygen support.

