## Management - Paramedic

<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><strong>Age</strong></td>
<td>1+</td>
<td>Under 1</td>
<td>Blue, grey or mottled</td>
</tr>
<tr>
<td><strong>Colours</strong></td>
<td>Normal</td>
<td>Pale</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Content/smiles</td>
<td>Decreased activity/lethargic irritable No smile</td>
<td>Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry No response</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Normal respiratory rate: RR&lt;50 (&lt;1 year), &lt;40 (1-5 years), &lt;25 (6-11 years), &lt;20 (12+)</td>
<td>Tachypnoea: RR &gt; 50 breaths/min (&lt;1 year), &gt;40 (1-5 years), &gt;25 (6-11 years), &gt;20 (12+)</td>
<td></td>
</tr>
<tr>
<td><strong>Circulation/hydration</strong></td>
<td>Cap Refill Time &lt;2 secs Normal heart rate Warm extremities Fontanelle normal, moist mucus membranes</td>
<td>Cap Refill Time 2-3 secs Tachycardia: HR &gt; 160 beats/min if age &lt; 1 yr; HR &gt; 150 beats/min if age 1 - 2 years; HR &gt; 140 beats/min if age 3 - 5 years; HR&gt; 120 beats/min if 6-11 years; HR&gt;100 beats/min if age &gt;12 years Sunken fontanelle, dry mucus membranes Sunken eyes Reduced urine output / not PU 12 hours</td>
<td>Cap Refill Time &gt;3 secs Cold hands and feet in absence of fever</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td>Additional parent/carer concerns</td>
<td>Bloody diarrhoea Blood in vomit Dark green (bilious) vomiting Rigors Age 0-3 months with temp ≥38°</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This pathway is largely written for an eventual diagnosis of infectious gastroenteritis - 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 meningitis
- Blood in stool
- Bilious (green) vomit
- Vomiting alone
- Recent head injury
- Recent burn

**Green Action**
(Only in those 1+ years)
- Provide D&V safety netting advice via text share or by printing onsite
- Confirm they are comfortable with the decisions / advice given
- Always consider safeguarding issues.

**Amber Action**
- Discuss the case with patient’s GP practice (in hours) and/or
- Discuss the case with SCAS clinical Coordination Centre Clinician

**Red Action**
- Transfer immediately to local Emergency Department
- Commence Oxygen support to maintain Sats >92%
- Emergency transfer and Pre alert as necessary
- If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc

This writing of this guideline involved extensive consultation with healthcare professionals in Wessex. Review date: May 2025

Diarrhoea & Vomiting
Clinical assessment / management tool for children

Transferred to local Emergency Department
Commence Oxygen support to maintain Sats >92%
Emergency transfer and Pre alert as necessary
If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc