

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis



Management - Primary Care and Community Settings

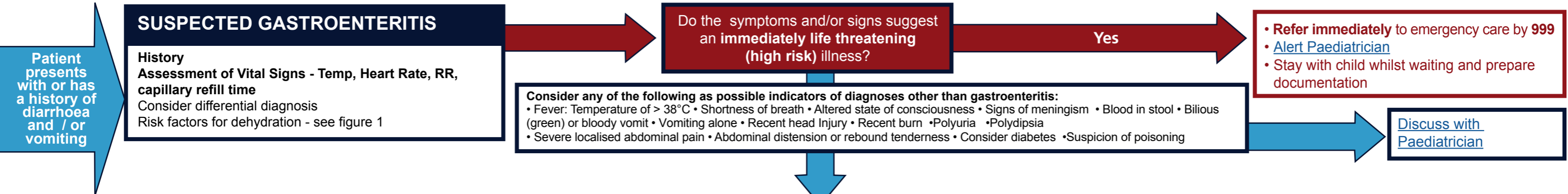


Table 1

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 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	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** Peripheral pulses weak
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
- Infants who have stopped breastfeeding during the illness

Fig 2 Management of Clinical Dehydration

- Trial of oral rehydration fluid (ORS; can taste better with dilute squash added) or apple juice. 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 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.

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



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]
Refer to ondansetron pathway (COMING SOON)
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.

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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

Table 1: Paediatric Normal Values

(Adapted from APLS)	Respiratory Rate at rest:	Heart Rate	Systolic BP mmHg
Neonate <4 weeks	40 - 60	120 - 160	>60
Infant <1 year	30 - 40	110 - 160	70 - 90
Toddler 1 - 2 years	25 - 35	100 - 150	75 - 95
2 - 5 years	25 - 30	95 - 140	85 - 100