Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis

Management - Primary Care and Community Settings

SUSPECTED GASTROENTERITIS

Patient History presents

Assessment of Vital Signs - Temp, Heart Rate, RR, capillary refill time Consider differential diagnosis Risk factors for dehydration - see figure 1

Encourage fluid intake, little and often eq. 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.

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Yes

Consider any of the following as possible indicators of diagnoses other than gastroenteritis: Fever: Temperature of > 38°C • Shortness of breath • Altered state of consciousness • Signs of meningism • Blood in stool • Bilious (green) or bloody vomit • Vomiting alone • Recent head Injury • Recent burn • Polyuria • Polydipsia

Severe localised abdominal pain • Abdominal distension or rebound tenderness • Consider diabetes • Suspicion of poisoning

Table

with or has

a history of diarrhoea and / or

vomiting

GMC Best Practice recommends: Record your findings See "Good Medical Practice" <u>http://bit.ly/1DPXI2b</u>)

				_		
Clinical Findings	Green - Iow risk	Amber - intermediate risk	Red - high risk			
Age	Over 3 months old	Under 3 months old			 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 present 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 	
Behaviour	 Responds normally to social cues Content / smiles Stays awake / awakens quickly Strong normal crying / not crying Appears well 	Altered response to social cues No smile Decreased activity Irritable	 No response to social cues Unable to rouse or if roused does not stay awake 	 Have not taken or hat Have vomited three tien Has had six or more History of faltering groups 		
		Lethargic Appears unwell	 Weak, high pitched or continuous cry Appears ill to a healthcare professional 	 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		
Skin	 Normal skin colour Warm extremities Normal turgor 	Normal skin colourWarm extremitiesReduced skin turgor	Pale / mottled / ashen blue Cold extremities			
Hydration	 CRT < 2 secs Moist mucous membranes (except after a drink) Fontanelle normal 	 CRT 2-3 secs Dry mucous membranes (except for mouth breather) Sunken fontanelle 	• CRT> 3 secs	Continue ORS if onge	bing losses	
				*Normal paediatric values:		
Urine output	Normal urine output	Reduced urine output / no urine output for 12 hours	No urine output for >24 hours	(APLS [†])	Respiratory	Heart Rate
Respiratory	 Normal breathing pattern and rate* 	Normal breathing pattern and rate*	Abnormal breathing / tachypnoea*	-	Rate at rest: [b/min]	[bpm]
Heart Rate		Mild tachycardia* Peripheral pulses normal	Severe tachycardia** • Peripheral pulses	< 1 year	30 - 40	110 - 160
	Heart rate normalPeripheral pulses normal			1-2 years > 2-5 years	25 - 35 25 - 30	100 - 150 95 - 140
Eyes	Not sunken	Sunken Eyes	weak	5-12 years	20-25	80-120
_,			Hypotensive	>12 years	15-20	60-100
Other		 Additional parent/carer support required 			cal Approach Fifth Edition Advanced Life Support Group Ed	



Green Action	Amber Action		
Provide Written and Verbal advice (see patient advice sheet)	Begin management of clinical dehydration algorithm [see Fig 2]		
Continue with breast and / or bottle feeding			

Refer to ondansetron pathway

Agree a management plan with parents +/- seek advice from paediatrician.

Urgent Action

Refer immediatley to emergency care - consider 999 Alert Paediatrician

Consider initiating Management of Clinical Dehydration [Fig 2] awaiting transfer Consider commencing high flow oxygen support.

This guidance was written in collaboration with the SE Coast SCN and involved extensive consultation with healthcare professionals in Frimley, Wessex and Wexham

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.



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Glossary of Terms				
ABC	Airways, Breathing, Circulation			
APLS	Advanced Paediatric Life Support			
AVPU	PU 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			
моі	Mechanism of Injury			
PEWS	Paediatric Early Warning Score			
RR	Respiratory Rate			
WBC	White Blood Cell Count			

Table 1: Paediatric Normal Values

(Adapted from APL S [†])	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

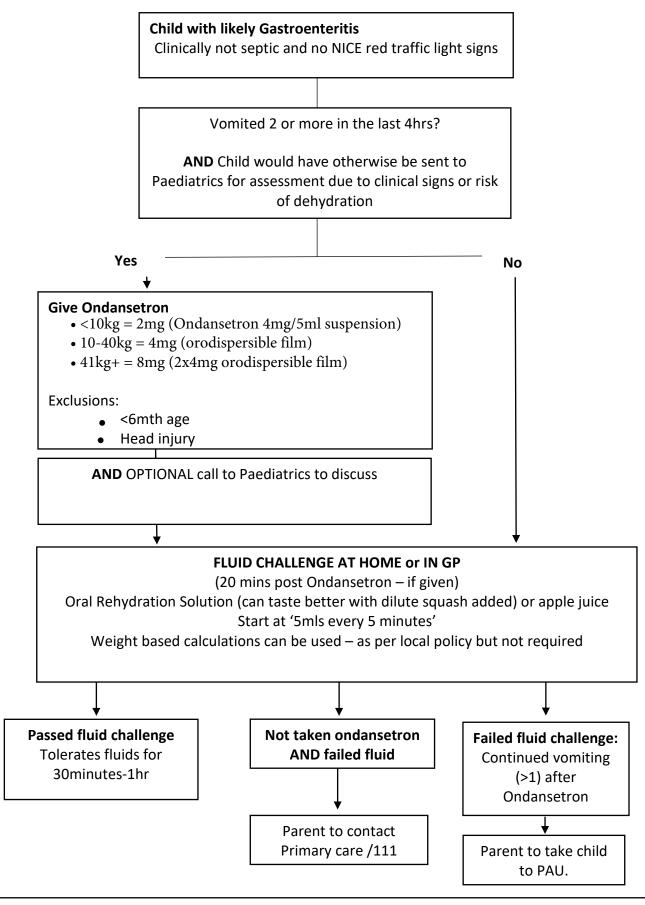


Local advice and support to help manage and improve the health and wellbeing of bables, children, and young people



ONDANSETRON GASTROENTERITIS PATHWAY





GIVE ALL:

- Gastro advice sheet below or linked via Smartphone/accurx
- <u>https://frimley-healthiertogether.nhs.uk/professionals/safety-netting-documents-parents/diarrhoea-andor-vomiting-advice-sheet</u>
- Note: Passing of urine within 4-6hrs post fluid challenge can occur at home





Dispensing Participating Chemists

R F Blackburn	58 High Street	Sunninghill	SL5 9NF	M-F 9-18.00, Sat 9-17.00, Sun Closed
Boots	70 Yorktown Road	Sandhurst	GU47 9BT	M-F 8.30-18.30, Sat 9-17.00, Sun Closed
Boots	Unit 731 Bath Road Retail Park Bath Road	Slough	SL1 4DX	M-F 9-20,00, Sat 9-20.00, Sun 11-17.00
Willow Pharmacy (KLSD Ltd)	7 Willow Parade	Langley, Slough	SL3 8HD	M-F 7-22.30, Sat 9.30-20.00, Sun 10-22.00
Boots	54 High Street	Maidenhead	SL6 1PY	M-F 8.30-19.00, Sat 9.30- 20.00, Sun 11-17.00
Boots	5 The Square	Bracknell	RG12 9LP	M-F 8.30-18.00, Sat 9-17.00, Sun Closed
Boots	83 Dedworth Rd	Windsor	SL4 5BB	M-F 9-17.30, Sat 9-17.30, Sun Closed
Boots	26/30 Obelisk Way	Camberley	GU15 3SD	M-F 8.30-18.00, Sat 8.30- 18.00, Sun 10.30-16.30
Boots	261 Frimley Green Road	Frimley Green	GU16 6LD	M-F 8.45-18.00, Sat 8.45- 17.30, Sun Closed
Boots	43/45 Guildford Road	Lightwater	GU18 5SA	M-F 9-18.00, Sat 9-17.30, Sun Closed
Boots the Chemist	39-40 The Wellington Centre,	Aldershot	GU11 1DB	M-F 8.30-17.30, Sat 8.30- 17.30, Sun 10-16.00
Chapel Lane Pharmacy	102 Chapel Lane,	Farnborough	GU14 9BL	M-F 9-18.00, Sat 9-16.00, Sun Closed
Morrisons Pharmacy	Links Way, Summit Avenue, Southwood Village Centre,	Farnborough	GU14 ONA	M-F 8.30-20.00, Sat 8.00- 19.00, Sun 11-17.00
Rowlands Pharmacy	5 Linkway Parade, Courtmoor	Fleet	GU52 7UL	M-F 9-17.30, Sat 9-12.00, Sun 10-16.00
Boots the Chemist	Unit 1 Tresham Crescent, Monteagle Lane	Yateley	GU46 6FR	M-F 9-19.00, Sat 9-17.30, Sun 10-16.00
Blackwater Pharmacy	40 London Road, Blackwater	Camberley	GU17 9AA	M-F 9-18.30, Sat 9-15.00, Sun Closed
Rowlands Pharmacy	Farnham Centre for Health Hale Road, Farnham	Surrey	GU9 9QL	M- Th 08:00 – 19:00, F 08:00 – 18:00, Sat & sun closed