

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis



Management - Combined Acute and Primary Care

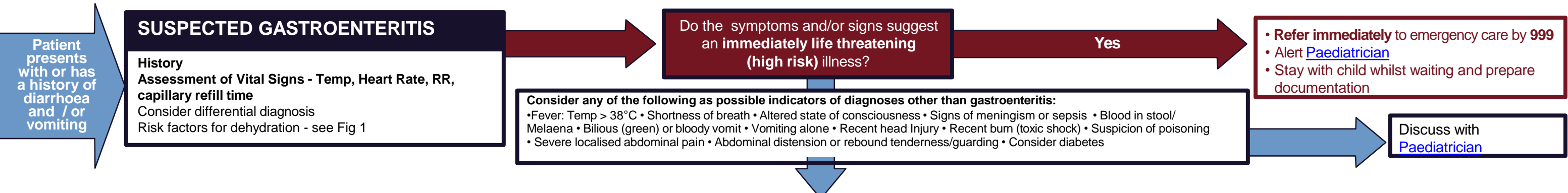


Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
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	<ul style="list-style-type: none"> Normal urine output 	<ul style="list-style-type: none"> Reduced urine output / no urine output for 12 hours 	<ul style="list-style-type: none"> No urine output for >24 hours
Respiratory	<ul style="list-style-type: none"> Normal breathing pattern and rate* 	<ul style="list-style-type: none"> Normal breathing pattern and rate* 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Not sunken 	<ul style="list-style-type: none"> Sunken Eyes Additional parent/carer support required 	<ul style="list-style-type: none"> Hypotensive

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
- Infants who have stopped breast feeding during the illness
- 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

- Trial of oral rehydration solution (ORS; can taste better with dilute squash added). 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 2 hours, refer to paediatrics
- Reintroduce breast/bottle feeding as tolerated
- Continue ORS if ongoing losses
- Consider Ondansetron 0.1mg/kg PO/sublingual (max 4mg) if continued vomiting in context of suspected gastroenteritis
- If fluids tolerated and clinically improves, move to green actions

Fig 3 Management of Clinical Shock

- Check blood glucose and gas
- Give 10-20ml/kg 0.9% Saline or Plasmalyte IV/IO
- If hypoglycaemic give 2ml/kg 10% Dextrose if unconscious or Dextrogl
- Reassess and give further 10-20ml/kg fluid bolus
- Reassess and liaise with STRS

***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

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 before sending home.

Amber Action

Begin management of clinical dehydration algorithm [see Fig 2].
 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.
 If clinical shock suspected or confirmed follow management plan [Fig 3]

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



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This guidance has been reviewed and adapted by healthcare professionals across SWL with consent from the Hampshire development groups

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.