Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management Tool for Children with suspected Gastroenteritis

Management - Acute Setting

Start oral rehydration solution (ORS)

Try to isolate to limit cross infection

Risk factors for dehydration - see figure 3

Patient presents

with or has a history of

diarrhoea and /

or vomiting



Do the symptoms and/or signs suggest an Triage Yes immediately life threatening (high risk) illness? Assessment including PEWS Score Temp, Heart Rate, RR, CRT, O2 Sats, BP, Blood Glucose (if indicated) 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 • Bilio Nursing Assessment -History Hydration Antipyretics (green) vomit • Vomiting alone • Recent head Injury • Recent burn

Severe localised abdominal pain
 Abdominal distension or rebound tenderness
 Consider diabetes

Clinical Table 1 Green - low risk Amber - intermediate risk Red - high risk Findings Fig 1 Man Check bl Age Over 3 months old Under 3 months old Give 20 Reass **Behaviour** Responds normally to social cues Altered response to social cues No response to social cues Second Content / smiles No smile ➡ Reasse Stays awake / awakens guickly ➡ Conside Unable to rouse or if roused does not stay awake Strong normal crying / not crying Decreased activity Appears well Irritable GMC Best Practice recommends: Record your findings See "Good Medical Practice" <u>http://bit.ly/1DPX12b</u>) Lethargic Fig 2 Man Weak, high pitched or continuous cry Trial of o Appears ill to a healthcare professional Appears unwell giving OF vomits pe Skin Normal skin colour Pale / mottled / ashen blue Normal skin colour Consider Warm extremities Warm extremities Cold extremities Conside Normal turgor Reduced skin turgor available Reintrod Hydration CRT < 2 secs CRT 2-3 secs CRT> 3 secs Continue Moist mucous membranes (except after a drink) Dry mucous membranes (except for mouth breather) ED - if ch Fontanelle normal Sunken fontanelle category Reduced urine output / no urine output for 12 hours Urine output Normal urine output No urine output for >24 hours Fig 3 Chil Aged <1 Normal breathing pattern and rate* Normal breathing pattern and rate* Abnormal breathing / tachypnoea* Respiratory Have not presenta Heart rate normal Mild tachycardia* **Heart Rate** Severe tachycardia* Have von Peripheral pulses normal Peripheral pulses norma Has had History of Eyes Not sunken Sunken Eyes Additional parent/carer support required Other *No For all patients, continue monitoring following PEWS Chart recommendation (APLS

How is your out				(74 20)
The state and the state of	Green Action	Amber Action	Urgent Action	< 1 year
	Provide Written and Verbal advice (see <u>patient advice sheet</u>) Continue with breast and / or bottle feeding Encourage fluid intake, little and often Children at increased risk of dehydration [see Fig 3] Confirm they are comfortable with the decisions / advice given and then think " <u>Safeguarding</u> " before sending home.	Begin management of clinical dehydration algorithm [see Fig 2] Consider Blood Glucose Advice from <u>Lead ED / Paediatrician</u> should be sought and/or a clear management plan agreed with parents. Consider referral to <u>acute paediatric community</u> <u>nursing team</u> if available	Immediate Paediatric Assessment If clinical shock suspected or confirmed follow management plan [see Fig 1]	1-2 years > 2-5 years 5-12 years >12 years
Contract Areas demonstration of a second				Wiley-Blackwell / 2011 BMJ Books.

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

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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pus	Contact Lead ED / Pa Move to Resuscitation Resus Call ("2222") • Discuss with Lead Paediatric Doctor	on Area [see Fig 1] for Paediatric Arrest ad ED /	
lood glucose ml/kg 0.9% S ess d Bolus 20 m ess	hen clinical shock suspect and blood gas Sodium Chloride IV / IO nl/kg 0.9% NaCl	cted	May 2018
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Management - Acute Setting

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	



