

Paed. Gastroenteritis – ED Guide

Severity

- When assessing children with Gastroenteritis look for signs of dehydration & shock
- Any red fields indicate increased risk of developing shock
- Signs of hypernatremia
 - Jittery
 - Increased muscle tone
 - Hyperreflexia
 - Convulsions
 - Drowsy/coma

Dehydration	Shock
Unwell/Deteriorating	
Lethargy/Irritable	Responds to VPU
Reduced Urine Output	
Skin colour Normal	Skin Mottled/Pale
Warm extremities	Cold extremities
Sunken Eyes	
Dry Mucosa	
Tachycardia	Tachycardia
Tachypnoea	Tachypnoea
Normal peripheral pulses	Weak Pulses
Normal CRT	Prolonged CRT
Reduced Skin Turgor	
Normal BP	Hypotension

Preventing dehydration

- Continue breastfeed/milk
- Encourage fluid Intake
- Discourage fruit juice or Soda
- Offer Oral rehydration therapy

Treating dehydration

Use Oral Rehydration Therapy unless IV fluid indicated

50ml/kg over 4 hours

- Frequent small volumes
- Consider supplementing with usual fluids
- Consider giving via NG (if cant unable to drink)
- Admit to Paediatrics

IV Therapy

- Shock or suspected shock
- Red flags/fields
- Not tolerating ORT

Get senior support

Shock/Suspected Shock

- 20ml/kg, 0.9% NaCl

Rehydration

- 0.9% NaCl +/- 5% glucose
- **Shocked**
 - Add 100ml/kg to maintenance
- **Not Shocked**
 - Add 50ml/kg to maintenance
- **Not Shocked [hypernatremia]**
 - Replace deficit over 48 hours

Fluid – Maintenance

0-12.9kg	80ml/kg/24hr
13-19.9kg	65ml/kg/24hr
20-34.9kg	55ml/kg/24hr
35-59.9kg	45ml/kg/24hr
>60kg	35ml/kg/24hr