# Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management Tool for Children with suspected Gastroenteritis





Move to Resuscitation Area [see Fig 1]

Inform PEM/EM Cons

Paeds Resus Call ("2222")

senior PEM/ED doctor

Discuss with most

# **Management - Acute Setting**

Patient presents with or has a history of diarrhoea and l or vomiting

Triage

Assessment including PAWS Score

Nursing Assessment - History, Hydration, Antipyretics Start fluid challenge

Foreign travel – consider isolation

Risk factors for dehydration – see figure 3

History/examination suggestive of gastroenteritis? Assess dehydration risk.

Symptoms/signs suggest an immediately life threatening (high risk) illness?

#### Consider alternative diagnoses if:

- •Fever (>38) Shortness of breath Signs of meningism •Altered consciousness Recent head Injury

Fig 1 Management when clinical shock suspected

- Check blood glucose and blood gas
- •Give 10-20 ml/kg 0.9% Sodium Chloride IV / IO
- Reassess
- •Second Bolus 10-20 ml/kg 0.9% NaCl IV/IO
- •Consider contacting **EMBRACE** at 40ml/kg while preparing more fluid

## Fig 2 Management of Clinical Dehydration > 6months old

- Fluid trial Dilute apple juice/ORS 5ml every 5 mins
- Consider Ondansetron 0.1mg/kg PO/sublingual (max 4mg) if continued vomiting in context of suspected gastroenteritis
- If fluids not tolerated or hydration not improved within 2 hours of arrival to ED please refer to paediatric team
- If fluids tolerated and hydration improves proceed to green action with consideration of referral to acute paediatric community nursing team if available

### Fig 3 Children at increased risk of dehydration are those:

- 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 loose stool in the past 24 hours
- History of faltering growth
- Additional parent/carer support required

Clinical Finding	Green – Low Risk	Amber – Intermediate risk	Red- high risk
Age	➤ 1 year	>3 months <1 year	<3 months
Behaviour	Responds normally to social cues Content / smiles Stays awake / awakens quickly Strong normal crying / not crying Appears well	Decreased activity Irritable/unsmiling with parents Lethargic Appears unwell	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	Normal skin colour Warm extremities Normal turgor	Normal skin colour Warm extremities Reduced	Pale / mottled / blue Cold extremities
Hydration	CRT < 2 secs Moist mucous membranes Fontanelle normal	CRT 2-3 secs Dry mucous membranes Sunken fontanelle	CRT> 3 secs
Urine output	Normal urine output	Reduced urine output / no urine output for 12hrs	No urine output for >24 hours
Respiratory	Normal breathing pattern and rate	Normal breathing pattern and rate	Abnormal breathing / tachypnoea
Heart Rate	Heart rate normal Peripheral pulses normal	Tachycardia with normal peripheral pulses	Tachycardia with weak peripheral pulses
Eyes	Not sunken	Sunken Eyes	
Other		History consistent with Figure 3	

For all patients, continue monitoring following PAWS Chart recommendation

Green Action	A	
Provide Written and Verbal advice (via WY Healthier Together) and double check parents happy with plan     Continue breast and / or bottle feeding/ fluid	Begin manage If < 6months ta Advice from Le sought and/or	

mber Action ement of clinical dehydration [Fig 2]

**SEE ABOVE Fig 1** 

**Red Action** 

Normal paediatric values (PAWS):				
	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]		
< 1 year	35 - 54	116 - 155		
1-2 years	27 - 44	106 - 135		
> 2-3 years	23 - 34	91 - 125		
4 - 7 years	20-25	81-110		
8 – 16 years	15-20	66-100		

alk to Paediatrics on call ead ED / Paediatrician should be a clear management plan agreed with parents intake, little and often

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. It has been adapted from the professional guidelines produced by the SE Coast SCN and professionals in Wessex and has been adapted by the PEM Team at CHT. 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