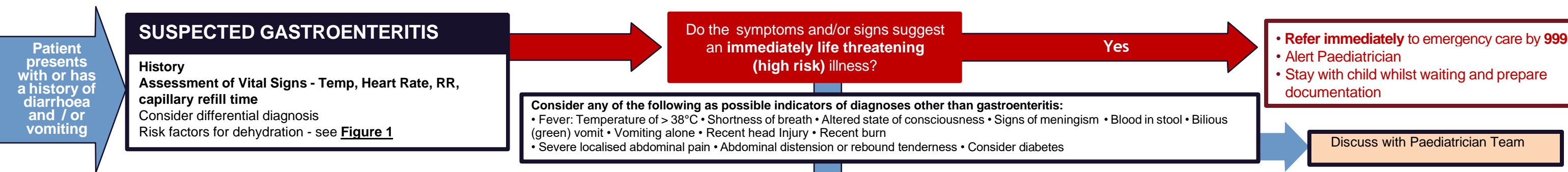


# Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis

## Management - Primary Care and Community Settings



**Table 1**

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
<b>Behaviour</b>	<ul style="list-style-type: none"> <li>Responds normally to social cues</li> <li>Content / smiles</li> <li>Stays awake / awakens quickly</li> <li>Strong normal crying / not crying</li> <li>Appears well</li> </ul>	<ul style="list-style-type: none"> <li>Altered response to social cues</li> <li>No smile</li> <li>Decreased activity</li> <li>Irritable</li> <li>Lethargic</li> <li>Appears unwell</li> </ul>	<ul style="list-style-type: none"> <li>No response to social cues</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill to a healthcare professional</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Normal skin colour</li> <li>Warm extremities</li> <li>Normal turgor</li> </ul>	<ul style="list-style-type: none"> <li>Normal skin colour</li> <li>Warm extremities</li> <li>Reduced skin turgor</li> </ul>	<ul style="list-style-type: none"> <li>Pale / mottled / ashen blue</li> <li>Cold extremities</li> </ul>
<b>Hydration</b>	<ul style="list-style-type: none"> <li>CRT &lt; 2 secs</li> <li>Moist mucous membranes (except after a drink)</li> <li>Fontanelle normal</li> </ul>	<ul style="list-style-type: none"> <li>CRT 2-3 secs</li> <li>Dry mucous membranes (except for mouth breather)</li> <li>Sunken fontanelle</li> </ul>	<ul style="list-style-type: none"> <li>CRT &gt; 3 secs</li> </ul>
<b>Urine output</b>	<ul style="list-style-type: none"> <li>Normal urine output</li> </ul>	<ul style="list-style-type: none"> <li>Reduced urine output / no urine output for 12 hours</li> </ul>	<ul style="list-style-type: none"> <li>No urine output for &gt;24 hours</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>Normal breathing pattern and rate*</li> </ul>	<ul style="list-style-type: none"> <li>Normal breathing pattern and rate*</li> </ul>	<ul style="list-style-type: none"> <li>Abnormal breathing / tachypnoea*</li> </ul>
<b>Heart Rate</b>	<ul style="list-style-type: none"> <li>Heart rate normal</li> <li>Peripheral pulses normal</li> </ul>	<ul style="list-style-type: none"> <li>Mild tachycardia*</li> <li>Peripheral pulses normal</li> </ul>	<ul style="list-style-type: none"> <li>Severe tachycardia**</li> </ul>
<b>Eyes</b>	<ul style="list-style-type: none"> <li>Not sunken</li> </ul>	<ul style="list-style-type: none"> <li>Sunken Eyes</li> </ul>	<ul style="list-style-type: none"> <li>Sunken Eyes</li> </ul>
<b>Other</b>		<ul style="list-style-type: none"> <li>Additional parent/carer support required</li> </ul>	

**\*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

† Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels; Susan Wieteska Wiley-Blackwell / 2011 BMJ Books.

**Green Action**

Provide Written and Verbal advice (see [patient advice sheet](#))

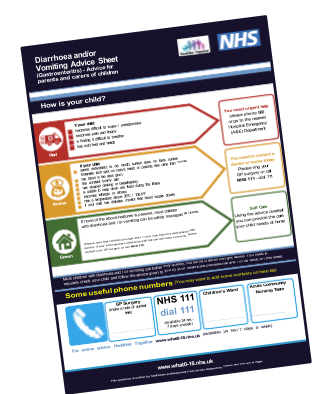
Continue with breast and / or bottle feeding  
Encourage fluid intake, little and often eg. 5mls every 5 mins **Children at increased risk of dehydration [see Fig 1]** Confirm they are comfortable with the decisions / advice given before sending home.  
Consider referral to community nursing team if families need additional support.

**Amber Action**

Begin management of clinical dehydration algorithm [see Fig 2].  
Agree a management plan with parents +/- seek advice from paediatrician.  
Consider referral community nursing team [HERE](#)

**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.



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## Management - Primary Care and Community Settings

**Figure 1: Children are at Risk of Dehydration**

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
- 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 were of a low birth weight
- Infants who have stopped breastfeeding during the illness.

**Figure 2: Management of Clinical Dehydration**

- Trial of oral rehydration fluid (ORS) 2 mls/kg every 10 mins
- To check blood glucose levels, especially in <6 month age group
- Consider referral to acute paediatric community nursing team if available
- If child fails to improve within 4 hours, refer to paediatrics
- Reintroduce breast/bottle feeding as tolerated
- Continue ORS if ongoing losses

**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

**Paediatric Values - Abnormal Values**

Age	Respiratory Rate (breaths/min)		Heart Rate (bpm)	
	Amber	Red	Amber	Red
<1 year	50-59	≥ 60	150-159	≥160
1-2 years	40-49	≥50	140-149	≥ 150
3-4 years	35-39	≥ 40	130-139	≥140
5 years old	24-28	≥ 29	120-129	≥ 130

**Stool Microbiology Advice**

**Perform if;** blood or mucous in stool/  
immunocompromised /foreign travel

**Consider performing if;** Diarrhoea has not improved by day 7