Gastroenteritis in children < 5 yrs Care Pathway for ED Staff



Diagnosis

For use in children < 5yrs who present with vomiting and/or diarrhoea for < 48 hours.

Patient Label

Are any of the following present?		
Temperature of 38°C or higher (younger than 3 months)	Yes	No
Temperature of 39°C or higher (3 months or older)	Yes	No
Shortness of breath	Yes	No
Altered conscious state	Yes	No
Neck stiffness	Yes	No
Bulging fontanelle (in infants)	Yes	No
Non-blanching rash	Yes	No
Blood and/or mucus in stool	Yes	No
Bilious (green) vomit	Yes	No
Severe or localised abdominal pain	Yes	No
Abdominal distension	Yes	No
Known diabetes	Yes	No
		`↓

If **yes** to any of the above gastroenteritis is unlikely, will need further medical assessment.

If **no** to all of the above suspect Gastroenteritis and assess for presence and severity of dehydration (see page 2)

Plus:

Calculate PEWS

Check BM

This guidance is written in the following context

This care pathway is based on NICE guidance, which was arrived at after careful consideration of the evidence available. 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 guardian or carer.

Assessment of Hydration Status

Increasing severity of dehydration

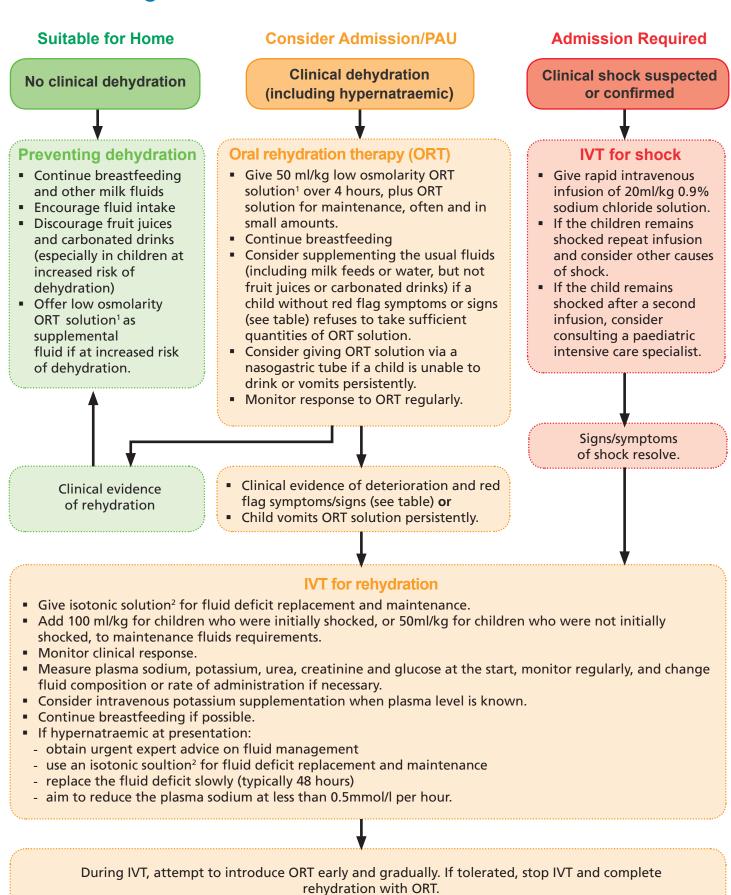
	No clinically detectable dehydration		Clinical dehydration	Clinical shock			
Symptoms (remote and face-to-face assessments)	Appears well		Appears to be unwell or deteriorating	-			
	Alert and responsive		Altered responsiveness (for example, irritable, lethargic)	Decreased level of consciousness			
	Normal urine output		Decreased urine output	-			
	Skin colour unchanged		Skin colour unchanged	Pale or mottled skin			
	Warm extremities		Warm extremities	Cold extremities			
Signs (face-to-face assessments)	Alert and responsive		Altered responsiveness (for example, irritable, lethargic)	Decreased level of consciousness			
	Skin colour unchanged		Skin colour unchanged	Pale or mottled skin			
	Warm extremities		Warm extremities	Cold extremities			
	Eyes not sunken		Sunken eyes	-			
	Moist mucous membranes (except after drink)		Dry mucous membranes (except for 'mouth breather')	-			
	Normal heart rate		Tachycardia	Tachycardia			
	Normal breathing pattern		Tachypnoea	Tachypnoea			
	Normal peripheral pulses		Normal peripheral pulses	Weak peripheral pulses			
	Normal capillary refill time		Normal capillary refill time	Prolonged capillary refill time			
	Normal skin turgor		Reduced skin turgor	-			
	Normal blood pressure		Normal blood pressure	Hypotension (indicates decompensated shock)			
	PEWS score less than 2		PEWS score more than 2				
* * *							
All GreenDischarge home with advice leafletAny Amber Signs/SymptomsNeeds further assessment by doctor. Consider admission.Any Red Signs/SymptomsImmediate medical assessment and resuscitation							
See page 3 for initial management							

Symptoms and signs of clinical dehydration and shock

Interpret symptoms and signs taking into account risk factors for dehydration. More numerous and more pronounced symptoms and/or signs of clinical dehydration indicate greater severity. For clinical shock, one or more symptoms or signs would be present.

Red flag (►) symptoms and signs may help to identity children at increased risk of progression to shock. If in doubt, manage as if there are red flag symptoms or signs. Dashes (-) indicate that these clinical features do not specifically indicate shock.

Initial Management of Gastroenteristis



¹ 240-250 mOsm/l. The 'BNFC' 2008 edition lists the following products with this composition: Dioralyte, Dioralyte Relief, Electrolade and Rapolyte.

² Such as 0.9% sodium chloride, or 0.9% sodium chloride with 5% glucose.