Clinical Assessment Tool for the Child with Suspected Gastroenteritis 0-5 Years



Management within Hospital Setting



Clinical Assessment Tool for the Child with Suspected Gastroenteritis 0-5 Years



Management within Hospital Setting

Traffic light system for identifying signs and symptoms of clinical dehydration and shock

	Green – Iow risk	Amber – intermediate risk	Red – high risk
Activity	 Responds normally to social cues Content/Smiles Stays awake/awakens quickly Strong normal cry/not crying 	 Altered response to social cues Decreased activity No smile 	 Not responding normally to or no response to social cues Appears ill to a healthcare professional Unable to rouse or if roused does not stay awake Weak, high-pitched or continuous cry
Skin	Normal skin colourNormal turgour	 Normal skin colour Warm extremeties 	Pale/Mottled/Ashen blueCold extremeties
Respiratory	Normal breathing	• Tachypnoea (ref to normal values table 3)	• Tachycardic (ref to normal values table 3)
Hydration	 CRT≤ 2 secs Moist mucous membranes (except after a drink) Normal urine 	 CRT 2–3 secs Dry mucous membrances (except after a drink) Reduced urine output 	• CRT >3 seconds
Pulses/ Heart Rate	 Heart rate normal Peripheral pulses normal 	 Tachycardic (ref to normal values table 3) Peripheral pulses weak 	 Tachycardic (ref to normal values table 3) Peripheral pulses weak
Blood Pressure	Normal (ref to normal values table 3)	Normal (ref to normal values table 3)	• Hypotensive (ref to normal values table 3)
Eyes	Normal Eyes	• Sunken Eyes	
CRT: capillary refill time RR: respiration rate			

Table 2: Calculating Intravenous Maintenance Fluids inpatients with normal serum sodium using 0.45% Salinewith 5% Dextrose.

- Less than 10 kg: 100 ml/kg/day or 4ml/kg/hour
- 10-20 kg: 1000 ml +50 ml/kg/day for each kg over 10kg Or 40 ml/hour plus 2 ml/kg/hour for each kg over 10kg
- Over 20 kg: 1500 ml plus 20 ml/kg/day for each kg over 20 kg Or 60 ml/kg/hour plus 1 ml/kg/hour for each kg over 20 kg

Guidelines for fluid therapy in previously well children, Michael Eisenhut, 8/11/2007

Table 3: Normal Paediatric Values

Age	Normal RR/min	Severe Distress/min
<1month	30-40	>70 or <10
<1 year	30-40	>70
2-5 years	20-30	>50
5-12 years	20-24	>40
>12 years	12-20	>40

Age	Systolic BP(normal) mmHg	Systolic BP(lower limit) mmHg
0 –1 month	60	50
1 – 12 months	80	70
1 – 10 years	90 + 2x age	70 + 2x age
> 10 years	120	90

Heart Rate Normal Range

Age	Heart Rate/min
Neonate	100-180
<1 year	110-160
2-5 years	95-140
5-12 years	80-120
>12 years	60-100

Some Useful Telephone Numbers

Ensure the parent/carer has the number of their GP/Practice Nurse

Health Visitor

(If you do not know this number you may be able to locate your health visitor at one of the health centres below)

Liverpool Road Health Centre01582 70 81 51
Marsh Farm Health Centre01582 70 74 66
Queensborough House01582 70 76 60
Wheatfield Road Surgery01582 47 86 78
Wigmore Lane Health Centre01582 70 73 76
Sure Start01582 55 66 61
Community Nurse If applicable - Regents Court 01582 70 81 39 Walk in Centre
Opening Times: 8am to 8.00pm Everyday
NHS Direct

Open 24hrs – 7 days www.nhsdirect.nhs.uk

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively *SIGN, Bristol guideline, EBM data and NHS evidence. 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.

Children's Oral Fluid Challenge



Dear Parent / carer, Your child needs to drink fluid in order to prevent dehydration.

Date
Name
ED Number/ Hospital
Number/ NHS Number
Dob
Weight

Please give your child ml of the suggested fluid, using the syringe provided, every ten minutes.

You need to tick the boxes below each time your child has a drink, and also mark down if your child vomits or has diarrhoea. Show this chart to the Doctor when your child is seen.

Thank you.

Time	Fluid given (tick please)	Vomit or diarrhoea?