Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment / Management for Children with suspected Gastroenteritis

Management - Primary Care and Community Settings



SUSPECTED GASTROENTERITIS

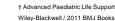
History Assessment of Vital Signs - Temp, Heart Rate, RR, capillary refill time Consider differential diagnosis Risk factors for dehydration - see Figure 1

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Yes

Consider any of the following as possible indicators of diagnoses other than gastroenteritis: • Fever: Temperature of > 38°C • Shortness of breath • Altered state of consciousness • Signs of meningism • Blood in stool • Bilious (green) vomit • Vomiting alone • Recent head Injury • Recent burn Severe localised abdominal pain • Abdominal distension or rebound tenderness • Consider diabetes

ole 1	Clinical Findings	Green - Iow risk	Amber - intermediate risk	Red - high risk			
	Behaviour	 Responds normally to social cues Content / smiles Stays awake / awakens quickly 	Altered response to social cuesNo smile	No response to social cues			
		 Strong normal crying / not crying Appears well 	Decreased activity Irritable	 Unable to rouse or if roused does not stay awake 			
			Lethargic Appears unwell	 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 skin turgor 	Pale / mottled / ashen blue Cold extremities			
	Hydration	 CRT < 2 secs Moist mucous membranes (except after a drink) Fontanelle normal 	 CRT 2-3 secs Dry mucous membranes (except for mouth breather) Sunken fontanelle 	• CRT> 3 secs	*Normal paediatric values:		
	Urine output	Normal urine output	Reduced urine output / no urine output for 12 hours	No urine output for >24 hours			
	Respiratory	Normal breathing pattern and rate*	Normal breathing pattern and rate*	Abnormal breathing / tachypnoea*	(APLS [†])	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]
	Heart Rate	Heart rate normalPeripheral pulses normal	 Mild tachycardia* Peripheral pulses normal 	Severe tachycardia**	< 1 year 1-2 years	30 - 40 25 - 35	110 - 160 100 - 150
	Eyes	Not sunken	Sunken Eyes	Sunken Eyes	> 2-5 years	25 - 30	95 - 140
	Other		Additional parent/carer support required		5-12 vears >12 years	20-25 15-20	80-120 60-100





Patient

presents with or has

a history of

diarrhoea and / or

vomiting

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

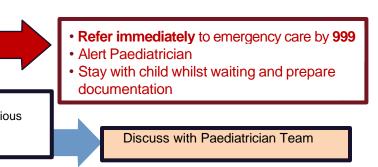
Refer immediately to emergency care - consider 999 Alert paediatrician

Consider initiating Management of Clinical Dehydration [Fig 2] awaiting transfer Consider commencing high flow oxygen support.

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from Healthier together steering group

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. 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.





† Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels: Susan Wieteska

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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

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

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				

Stool Microbiology Advice

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

Consider performing if; Diarrhoea has not improved by day 7

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