



PRIORITIES OF CLINICAL ASSESSMENT	Consider any of the following as possible indicators of diagnoses other than gastroenteritis:	RED FLAGS—history of trauma
Patient presents with or has a history of diarrhoea and/or vomiting	<div><ul style="list-style-type: none">Fever temperature of > 38°CShortness of breathAltered state of consciousnessSigns of meningismBlood in stoolBilious (green) vomitVomiting alone</div> <div><ul style="list-style-type: none">Recent head InjuryRecent burnSevere localised abdominal painAbdominal distension or rebound tendernessConsider diabetes</div>	<p>Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?</p> <div><p>Refer immediately to emergency care by 999 Alert Paediatrician Stay with child whilst waiting and prepare documentation</p></div>

	Green Low Risk	Amber Intermediate Risk	Red High Risk
Respiratory	<ul style="list-style-type: none">Normal breathing pattern and rate	<ul style="list-style-type: none">Normal breathing pattern and rate	In addition to any amber features are there any of the following: <ul style="list-style-type: none">Abnormal breathing/tachypnoea
Circulation and Hydration	<ul style="list-style-type: none">Heart rate normalNormal skin colourWarm extremitiesNormal skin turgorCRT < 2 secsNormal urine outputEyes not sunken	<ul style="list-style-type: none">Mild tachycardiaNormal skin colourWarm extremitiesReduced skin turgorCRT 2-3 secsReduced urine output/no urine output for 12 hoursSunken Eyes	<ul style="list-style-type: none">Severe tachycardiaPale/mottled /ashen/blueCold extremitiesExtremely reduced skin turgorCRT > 3 secsNo urine output for >24 hours
Colour Activity	<ul style="list-style-type: none">Responds normally to social cuesContent/smilesStays awake/awakens quicklyStrong normal crying/not cryingAppears well	<ul style="list-style-type: none">Altered response to social cues, IrritableNo smileDecreased activity, or lethargicAppears unwell	<ul style="list-style-type: none">No response to social cues, irritabilityUnable to rouse not able to stay awakeWeak, high pitched or continuous cryAppears ill to a healthcare professional
Other symptoms and signs	<ul style="list-style-type: none">Over 3 months old	<ul style="list-style-type: none">Under 3 months oldAdditional parent/carer support required	

Quick Links	Green Action	Amber Action	Red Action
Normal Vital Signs	<ul style="list-style-type: none">Provide with written and verbal advice see our page on Diarrhoea and vomitingContinue with breast milk and/or bottle feedingEncourage fluid intake, little and often e.g. 5ml every 5 minsConfirm they are comfortable with the decision/advice givenThink safeguarding before sending home	<ul style="list-style-type: none">Begin management of clinical dehydration algorithmAgree a management plan with parents +/- seek advice from paediatrician.Consider referral to acute paediatric community nursing team if available	<ul style="list-style-type: none">Refer immediately to emergency care - consider 999Alert PaediatricianConsider initiating Management of Clinical Dehydration awaiting transfer