

# Diarrhoea and/or Vomiting (Gastroenteritis) Pathway



## Clinical Assessment/Management Tool for Children

## Primary and Community Care Settings

When to use this pathway	Possible indicators of diagnoses other than gastroenteritis	Risk factors for severe disease
Child presents with diarrhoea and/or vomiting	<ul style="list-style-type: none"> <li>Fever temperature of &gt; 38°C</li> <li>Shortness of breath</li> <li>Altered state of consciousness</li> <li>Signs of meningism</li> <li>Blood in stool</li> <li>Bilious (green) vomit</li> </ul>	<ul style="list-style-type: none"> <li>Vomiting alone</li> <li>Recent head Injury</li> <li>Recent burn</li> <li>Severe localised abdominal pain</li> <li>Abdominal distension or rebound tenderness</li> <li>Consider diabetes</li> </ul>

Clinical findings	Green Low Risk	Amber Intermediate Risk	Red High Risk
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>Normal breathing pattern and rate, see <a href="#">APLS aide memoire</a></li> </ul>	<ul style="list-style-type: none"> <li>Normal breathing pattern and rate, see <a href="#">APLS aide memoire</a></li> </ul>	In addition to any amber features are there any of the following: <ul style="list-style-type: none"> <li>Abnormal breathing/tachypnoea</li> </ul>
<b>Circulation and Hydration</b>	<ul style="list-style-type: none"> <li>Heart rate normal, see <a href="#">APLS aide memoire</a></li> <li>Normal skin colour</li> <li>Warm extremities</li> <li>Normal skin turgor</li> <li>CRT &lt; 2 secs</li> <li>Normal urine output</li> <li>Eyes not sunken</li> </ul>	<ul style="list-style-type: none"> <li>Tachycardia: HR &gt; 150 beats/min if age 1-2 years; HR &gt; 140 beats/min if age 3-5 years; HR &gt; 120 beats/min if 6-11 years; HR &gt; 100 beats/min if age &gt;12 years</li> <li>Normal skin colour</li> <li>Warm extremities</li> <li>Reduced skin turgor</li> <li>CRT 2-3 secs</li> <li>Reduced urine output/no urine output for 12 hours</li> <li>Sunken Eyes</li> </ul>	<ul style="list-style-type: none"> <li>Severe or sustained tachycardia see <a href="#">APLS aide memoire</a></li> <li>Pale/mottled /ashen/blue</li> <li>Cold extremities</li> <li>Extremely reduced skin turgor</li> <li>CRT &gt; 3 secs</li> <li>No urine output for &gt;24 hours</li> </ul>
<b>Colour Activity</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, Irritable</li> <li>No smile</li> <li>Decreased activity, or lethargic</li> <li>Appears unwell</li> </ul>	<ul style="list-style-type: none"> <li>No response to social cues</li> <li>Unable to rouse not able to stay awake</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill to a healthcare professional</li> </ul>
<b>Other symptoms and signs</b>	<ul style="list-style-type: none"> <li>Over 3 months old</li> </ul>	<ul style="list-style-type: none"> <li>Under 3 months old</li> <li>Additional parent/carer support required</li> </ul>	

Managing Dehydration	Green Action	Amber Action	Red Action
Dilute apple juice/ORS <ul style="list-style-type: none"> <li>Initially little and often, 5mls every 5 minutes for 2 hours</li> <li>If tolerated can slowly increase to: &lt;1yr 20-30ml every 10 mins, 1-5yrs 40-60ml every 10 mins, &gt;5yrs 200ml after every loose stool</li> <li>Can continue breastfeeding and usual milk feeds</li> <li>Avoid pure fruit juices and carbonated drinks</li> </ul>	<ul style="list-style-type: none"> <li>Provide with written and verbal advice see our page on <a href="#">Diarrhoea and vomiting</a></li> <li>Avoid solid food initially</li> <li>Hand hygiene advice</li> <li>Encourage fluid intake, little and often e.g. 5ml every 5 mins, if tolerated for 2 hours, slowly increase the amount</li> <li>Confirm they are comfortable with the decision/advice given</li> <li>Think safeguarding before sending home</li> </ul>	<ul style="list-style-type: none"> <li>Begin management of dehydration: e.g, 5mls every 5 minutes</li> <li>If fluids not tolerated or hydration not improving within 2 hours please refer to paediatrics</li> <li>If fluids tolerated continue managing dehydration and consider referral to acute paediatric community nursing team if available</li> <li>Agree a management plan with parents +/- seek advice from paediatrician.</li> <li>Provide with written and verbal advice see our page on <a href="#">Diarrhoea and vomiting</a></li> </ul>	<ul style="list-style-type: none"> <li>Refer immediately to emergency care - consider 999</li> <li>Alert Paediatrician</li> <li>Start managing dehydration (see blue box) whilst awaiting transfer</li> </ul>

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups

Consider sending stool sample for culture if > 7days or child under 5yr attending nursery/preschool setting