

Gastroenteritis - pathway and assessment in primary and secondary care –

Revised Apr 2016

Suspected Gastroenteritis?

Child aged 0-5y presenting with diarrhoea and/or vomiting ; Assess for signs of dehydration

	<b>GREEN</b> Low risk	<b>AMBER 1</b> Low moderate	<b>AMBER 2</b> High moderate	<b>RED</b> High risk
<b>Behaviour</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Responds normally to social cues <input type="checkbox"/> Content/smiles <input type="checkbox"/> Normal cry	<input type="checkbox"/> Lethargic <input type="checkbox"/> Some response to social cues <input type="checkbox"/> Wingey – not irritable	<input type="checkbox"/> Irritable <input type="checkbox"/> Drowsy <input type="checkbox"/> Poor response to social cues <input type="checkbox"/> No smile	<input type="checkbox"/> Appears ill to healthcare professional <input type="checkbox"/> Unable to rouse <input type="checkbox"/> Does not respond to social cues <input type="checkbox"/> Weak, high pitched or distressed cry
<b>Skin</b>	<input type="checkbox"/> Normal colour skin, lips and tongue <input type="checkbox"/> Normal turgor <input type="checkbox"/> CRT <2 seconds	<input type="checkbox"/> Pale <input type="checkbox"/> CRT 2-3 seconds	<input type="checkbox"/> Pale <input type="checkbox"/> CRT > 3 seconds <input type="checkbox"/> Reduced turgor/sunken eyes	<input type="checkbox"/> Reduced skin turgour <input type="checkbox"/> Pale/mottled/ashen <input type="checkbox"/> CRT >3 seconds
<b>Respiratory Rate (RR)</b>  Normal RR ranges: < 1y            30-40 1-2y            25-35 2-5y            25-30 5-12y           20-25 >12y           12-20	<input type="checkbox"/> Normal breathing pattern <input type="checkbox"/> Sats 95% or above in air	<input type="checkbox"/> Oxygen saturations 94% in air <input type="checkbox"/> Mild Tachypnoea (see normal values)	<input type="checkbox"/> Nasal Flare <input type="checkbox"/> Moderate Tachypnoea (see normal values) <input type="checkbox"/> Oxygen saturation 93% or below in air	<input type="checkbox"/> Grunting <input type="checkbox"/> Severe Tachypnoea > 60 breaths/min <input type="checkbox"/> Moderate or severe chest indrawing
<b>Heart rate (HR)</b>  Normal HR ranges: < 1y            110-160 1-2y            100-150 2-5y            95-140	<input type="checkbox"/> Heart rate and peripheral pulses normal	<input type="checkbox"/> Tachycardic (Mild)	<input type="checkbox"/> Tachycardic (Moderate)	<input type="checkbox"/> Weak peripheral pulses
<b>Feeding and hydration</b>	<input type="checkbox"/> Normal skin and eyes <input type="checkbox"/> Moist mucous membranes <input type="checkbox"/> Normal Urine output <input type="checkbox"/> Tolerating 75% of fluids	<input type="checkbox"/> Tolerating 50-75% fluid intake <input type="checkbox"/> Mildly reduced urine output	<input type="checkbox"/> Dry mucous membranes <input type="checkbox"/> Tolerating < 50% of fluid intake <input type="checkbox"/> Moderately reduced urine output	<input type="checkbox"/> < 50% usual fluid intake with <input type="checkbox"/> Significantly reduced urine output <input type="checkbox"/> Sunken fontanelle <input type="checkbox"/> Bile stained vomit
<b>Action</b> <b>Consider when referring</b> <input type="checkbox"/> Social circumstances <input type="checkbox"/> Prematurity/low birth weight <input type="checkbox"/> Diarrhoea > 6 in 24 hours <input type="checkbox"/> Vomiting > 3 in 24 hours <input type="checkbox"/> Unable to tolerate supplementary feeds or stopped breast feeding	Self Care at home  Provide appropriate and clear advice to parents  Continue breast feeding/milk feeds; Discourage fruit juices and carbonated drinks; offer oral rehydration solution  Safety netting to look out for signs of deterioration and how to seek advice	Prior to referral to CAU, consider  Second review in primary care  Discuss with on call Paediatric doctor if required	Discuss with the on call Paediatric doctor  Urgent referral to CAU	999 Ambulance transfer to A&E  Do NOT send to CAU  Urgent assessment by Senior A&E and Paediatric teams

**Guidelines for use**

This guidance is used across primary care, walk in centre and A&E with appropriate modification and should be used to communicate with colleagues across these settings

An overall impression should be made based on the criteria – use judgement when interpreting a single clinical sign eg capillary refill time

Guidance is to assist decision making and not replace common sense .Ask for Paediatric advice if you are concerned about a child

Please provide the family information re the condition at discharge

Maintenance fluid intake in children is as follows

< 10 kg      100 ml/kg

10-20 kg      Add 50 ml /kg to 1000 mls

20-40 kg      add 20 ml/kg to 1500 mls

Normal urine output

Infant 2ml/kg/h

Child 1 ml/kg/h

Normal physiological parameters by age

Age	Heart rate (bpm)	Resp rate (bpm)
< 1y	110-160	30-40
1-2 y	100-150	25-35
2-5 y	95-140	25-30