Gastroenteritis Primary Care Pathway

Clinical Assessment/Management Tool for children under 5 years old with suspected Gastroenteritis

Child presenting with diarrhoea and/or vomiting: Assess for signs of dehydration and for life threatening severity, if any RED features call Paediatrician on call

IF REQUIRES IMMEDIATE REUSCITATION DIAL 999

Traffic light system of signs and symptoms for identifying severity of illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Activity	• Responds normally to social cues • Content/ Smiles • Stays awake/ awakens quickly • Strong normal cry • Appears well	• Altered response to social cues (e.g. irritable, lethargic) • No smile • Decreased activity • Appears unwell or deteriorating	• Not response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill to healthcare professional
Skin	• Normal skin colour • Normal turgor • Warm extremities	• Reduced skin turgor	• Pale/Mottled/Ashen blue • Cold extremities
Respiratory	• Normal breathing pattern	• Breathing at high end of normal rate for age	• Tachypnoea for age
Hydration	• Capillary Refill < 2 secs • Moist mucous membranes (not after drink) • Normal urine output	• Capillary Refill 2-3 seconds • Dry mucous membranes • Reduced urine output/no urine output for 12 hours	• Capillary refill >3 secs • Dry mucous membranes • No urine output >24 hours
Pulses/Heart Rate	• Normal peripheral pulses • Normal heart rate	• Peripheral pulses normal • Mild tachycardia for age	• Peripheral pulses weak • Severe tachycardia for age
Blood Pressure	• Normal blood pressure		• Hypotensive for age (decompensated shock)
Eyes	• Normal eyes	• Sunken eyes	

No clinical dehydration

- Send home
- Give appropriate advice to prevent dehydration
- Give Gastroenteritis Advice Sheet
- For children at increased risk of dehydration or if parents concerned about symptoms or fluid replacement consider referral to CCN for hospital at home care (if before 6 PM)

Clinical dehydration

- Commence oral rehydration for dehydration
- Check blood glucose and consider urine dip
- If clinical concern discuss and agree management plan with Paediatrician on call. This may include oral ondansetron if vomiting is the dominant symptom
- Consider urgent referral to CCN for hospital at home care (if before 6 PM) or arrange same day review either in practice or at Out of Hours
- Give Gastroenteritis Advice Sheet and fluid balance chart
- If fluids not tolerated or hydration fails to improve refer to Paediatrician on call

Clinical shock suspected

- Refer immediately to emergency care
- Contact Paediatrician on call
- Consider appropriate means of transport
- If appropriate commence relevant treatment to stabilise child for transfer
- Check blood glucose
- Consider starting high flow oxygen support
- Send relevant documentation

Based on NICE Guideline CG84 Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management. Published: 22 April 2009

Gastroenteritis Primary Care Pathway

Clinical Assessment/Management Tool for children under 5 years old with suspected Gastroenteritis

Healthier Together

NHS Oxfordshire Clinical Commissioning Group

Top tips for Gastroenteritis

Consider Alternative diagnoses and discussion with on call Paediatrician in children with:

- Fever >38 in infants < 3 months or >39 in those 3 months and older
- Tachypnoea or shortness of breath
- Recent head injury
- Bilious (green) vomit
- Blood and/or mucous in stool
- Severe or localised abdominal pain
- Abdominal distension or rebound tenderness
- Neck stiffness
- Non-blanching rash
- Bulging fontanelle

Children at increased risk of dehydration

- Age < 1 year, particularly those < 6 months
- Children passing >5 diarrhoeal stools or >2 large vomits in the previous 24hrs
- Children who have not been offered or have not been able to tolerate supplementary fluid or breast feeds before presentation
- Infants who have stopped breast feeding during the illness
- Infants born with low birthweight or with signs of malnutrition

Fluid management

No clinical dehydration (**Green** box- see page 1)

- Continue usual feeds, breast milk or other milk feeds
- Encourage fluids little and often
- Give ORS as supplementary fluid for those at increased risk of dehydration
- **Aim for 1 ml/kg every 10 minutes**
- If ORS refused try half strength apple juice (dilute 1:1 juice:water)

Clinical dehydration (**Amber** box- see page 1)

- Continue breast feeds
- Offer ORS or if refused try half strength apple juice
- Encourage fluids little and often
- **Aim for 1ml/kg every 5 minutes**
- **If ongoing loose stools give 5ml/kg ORS solution after each watery stool**

Paediatric Normal Values (adapted from APLS)

Age	Resp Rate	Heart Rate	Systolic BP
Neonate <4w	40-60	120-160	>60
Infant <1 y	30-40	110-160	70-90
Toddler 1-2 yrs	25-35	100-150	75-95
2-5 yrs	25-30	95-140	85-100

When to use Ondansetron

Consider oral ondansetron 0.1mg/kg (max 4mg) if vomiting is the dominant symptom (once only, see BNFc "follow on" dose)
Not to be used if congenital long QT syndrome, severe electrolyte imbalance, severely dehydrated or less than 6 months of age

Consider Paediatric Urgent Care Pathway

Alternatives to hospital admission when GPs are considering referral:

- Oxford Paediatric Advice/Referral Line Tel: 01865 227533, Option 1 for HGH and Option 2 for JRH.
- If no response Tel: 01865 741166, Bleep 9403 for HGH or 1711/4734 for JRH Paediatrician on call
- Children's Community Nursing (CCN) Team via single point of access Tel: 01865 902700

Useful numbers for clinicians in the community

John Radcliffe Hospital Tel: **01865 741166**
Royal Berkshire Hospital Tel: **0118 322 5111**
Horton General Hospital Tel: **01295 275500**
Stoke Mandeville Hospital Tel: **01296 315000**
Great Western Hospital Tel: **01793 604020**

Based on NICE Guideline CG84 Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management. Published: 22 April 2009