

Clinical Assessment tool for Children with suspected gastroenteritis 0-16 years



Management Out of Hospital Setting

Child presenting with diarrhoea and/or vomiting: Assess for signs of dehydration, see table 1 (and consider Boxes 1 & 2 overleaf).

Utilise AccuRx for its video-consultation and patient questionnaire functionalities.

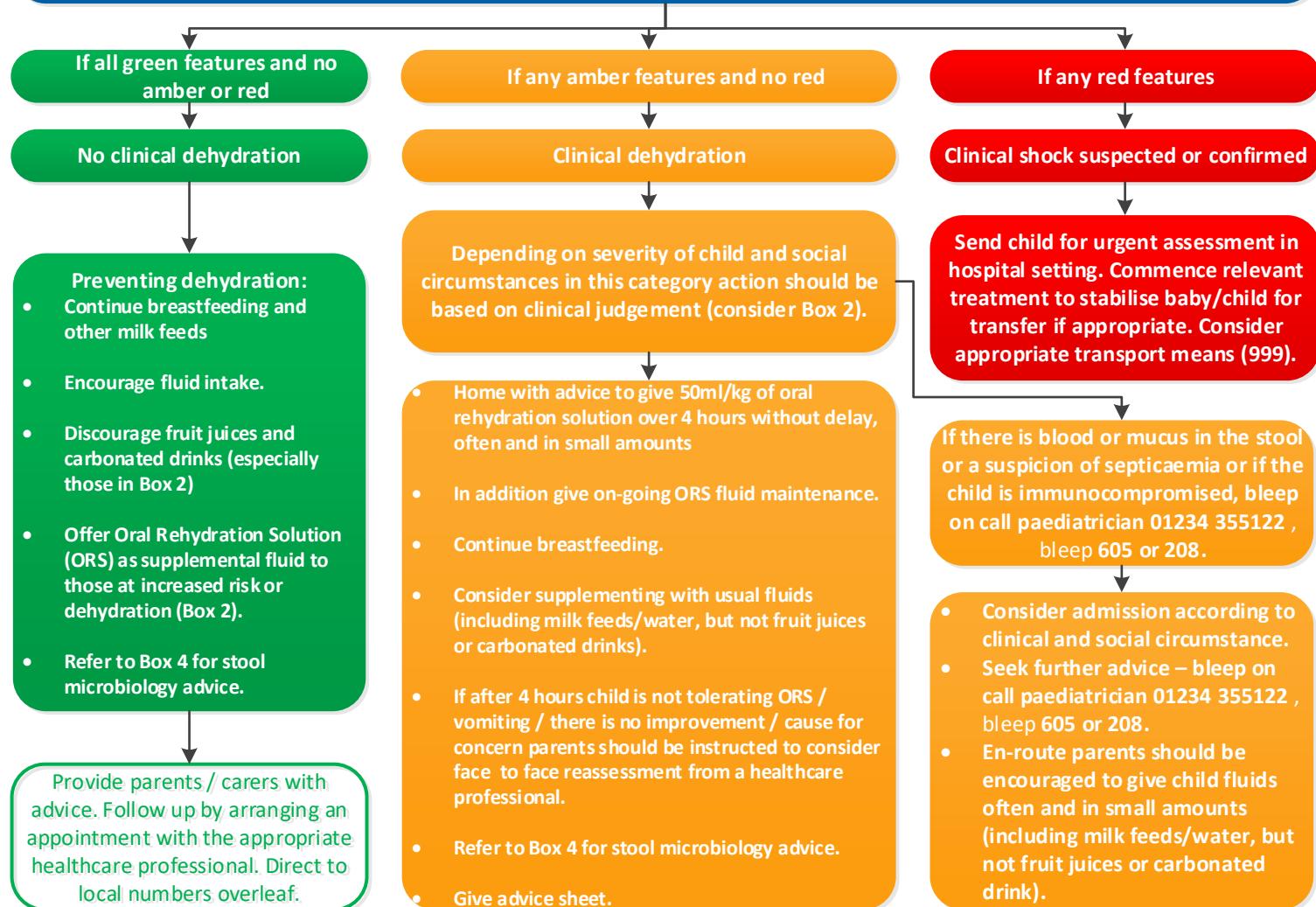


Table 1 – Traffic light system for identifying signs and symptoms of clinical dehydration and shock

	Green – low risk	Amber – intermediate risk	Red – high risk
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/smiles Stays awake/awakes quickly Strong normal cry/not crying 	<ul style="list-style-type: none"> Altered response to social cues Decreased activity No smile 	<ul style="list-style-type: none"> Not responding normally or no response to social cues Appears ill to a healthcare professional Unable to rouse or if roused does not stay awake Weak, high-pitched or continuous cry
Skin	<ul style="list-style-type: none"> Normal colour skin Normal turgor 	<ul style="list-style-type: none"> Normal skin colour Warm extremities 	<ul style="list-style-type: none"> Pale/Mottled/Ashen blue Cold extremities Reduced skin turgor
Respiratory	<ul style="list-style-type: none"> Normal breathing 	<ul style="list-style-type: none"> Tachypnoea (ref to norm values box 3) 	<ul style="list-style-type: none"> Tachycardic (ref to normal values box 3)
Hydration	<ul style="list-style-type: none"> CRT ≤ 2 secs Moist mucous membranes (except after a drink) Normal urine 	<ul style="list-style-type: none"> CRT 2 – 3 secs Dry mucous membranes (except for mouth breather) Reduced urine output 	<ul style="list-style-type: none"> CRT > 3 secs
Pulses/Heart rate	<ul style="list-style-type: none"> Heart rate normal Peripheral pulse normal 	<ul style="list-style-type: none"> Heart rate normal Peripheral pulses normal 	<ul style="list-style-type: none"> Tachycardic (ref to norm values box 3) Peripheral pulses weak
Blood Pressure	<ul style="list-style-type: none"> Normal (red to normal values box 3) 	<ul style="list-style-type: none"> Normal (ref to normal values box 3) 	<ul style="list-style-type: none"> Hypotensive (ref to normal values box)
Eyes	<ul style="list-style-type: none"> Normal eyes 	<ul style="list-style-type: none"> Sunken eyes 	

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Box 1 Consider the following that may indicate diagnosis other than gastroenteritis:

- Temperature of 38°C or higher (younger than 3 months)
- Temperature of 39°C or higher (3 months or older)
- Shortness of breath or tachypnoea
- Altered conscious state
- Neck-stiffness
- Abdominal distension or rebound tenderness
- History/suspicion of poisoning
- Bulging fontanelle (in infants)
- Non-blanching rash
- Blood and/or mucus in stool
- Bilious (green) vomit
- Severe or localised abdominal pain
- History of head injury

Box 2 These children are at increased risk of dehydration:

- Children younger than 1 year, especially those younger than 6 months
- Infants who were low birth weight
- Children who have passed six or more diarrhoeal stools in the past 24 hours
- Children who have vomited three times or more in the last 24 hours
- Children who have failed to tolerate ORS
- Infants who have stopped breastfeeding during the illness
- Children with signs of malnutrition

Box 3: Normal Paediatric Values (also refer to PEWS chart)

Age	Respiratory rate/min	Heart rate/min	Systolic Blood pressure mmHg
0 – 3 months	30 – 60	110 – 160	> 60
3 – 12 months	25 – 50	100 – 150	80
1 – 4 years	20 – 40	90 – 120	90 + (2 x age in years)
4 – 12 years	20 – 30	70 – 110	90 + (2 x age in years)
12+	12 - 16	60 - 100	120

Box 4 Stool microbiology advice:

Consider performing stool microbiological investigations if:

- the child has recently been abroad
- the diarrhoea has not improved by day 7
- suspected septicaemia
- immunocompromised child
- blood in stool

Information to give to parent/carer:

- Ensure parent/carer has name and contact number of GP/practice nurse/relevant healthcare professional
- Children's Rapid Response Team - Tel:07966025787
- NHS 111
- D&V patient information leaflet
- Send oral fluid challenge to parents

This guidance has been produced by Primary Care and consultant clinicians across Bedfordshire, Luton and Milton Keynes, and is written in the following context:

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take 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 guardian or carer. Issue date: August 2020

Oral fluid challenge



Name _____

DOB _____ / _____ / _____

Date _____ / _____ / _____

MRN Number _____

Weight of child

Age of child

24 Hour fluid replacement

(plus NICE 50ml/kg over 4 hours if dehydrated)

For the first four hours, please give mls of every minutes.

After 4 hours please give mls of every minutes.

Please complete the chart below to show when you have given fluid, how much has been taken and whether your child has had any vomiting and/or diarrhoea and/or has urinated. Please keep this chart to give to a healthcare professional when/if your child is seen.