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.

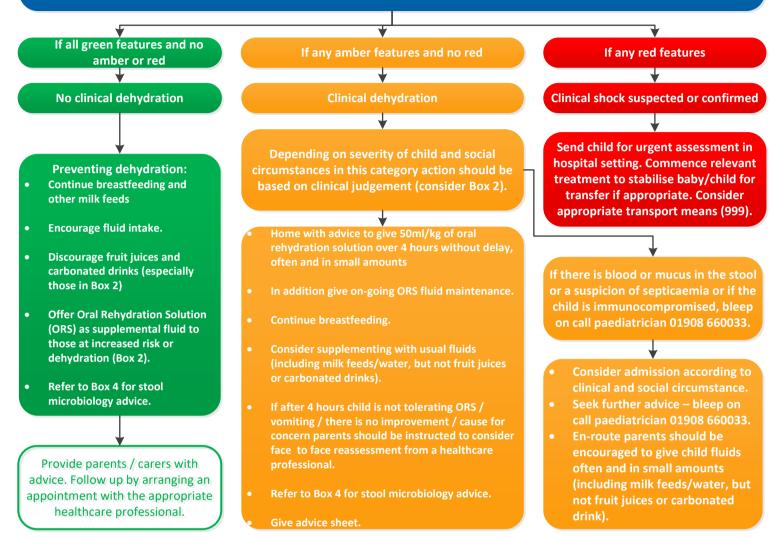


Table 1 – Traffic light system for identifying signs and symptoms of clinical dehydration and shock

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	Green – low risk	Amber – intermediate risk	Red – high risk		
Activity	 Responds normally to social cues Content/smiles Stays awake/awakes quickly Strong normal cry/not crying 	Altered response to social cuesDecreased activityNo smile	 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	Normal colour skinNormal turgor	Normal skin colour Warm extremities	Pale/Mottled/Ashen blueCold extremitiesReduced skin turgor		
Respiratory	- Normal breathing	- Tachypnoea (ref to norm values box 3)	- Tachycardic (ref to normal values box 3)		
Hydration	 CRT ≤ 2 secs Moist mucous membranes (except after a drink) Normal urine 	 CRT 2 – 3 secs Dry mucous membranes (except for mouth breather) Reduced urine output 	- CRT > 3 secs		
Pulses/Heart rate	Heart rate normalPeripheral pulse normal	Heart rate normal Peripheral pulses normal	Tachycardic (ref to norm values box 3)Peripheral pulses weak		
Blood Pressure	- Normal (red to normal values box 3)	- Normal (ref to normal values box 3)	- Hypotensive (ref to normal values box)		
Eyes	- Normal eyes	- Sunken eyes			

CRT: capillary refill time **RR**: respiration rate

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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) Bulging fontanelle (in infants)
- Temperature of 39°C or higher (3 months or older)
- Shortness of breath or tachypneoa
- Altered conscious state
- Neck-stiffness
- Abdominal distension or rebound tenderness
- History/suspicion of poisoning

- 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
- MK Urgent Care Service open 24/7, based at MK Hospital Campus, Standing Way, Eaglestone, Milton Keynes, MK6 5NG
- **NHS 111**
- D&V patient information leaflet
- Send oral fluid challenge to parents

This guidance was produced by the MK Caring for Children Closer to Home Pathway Design Group, and subsequently reviewed and updated by the BLMK CYP Health Group.

This assessment tool was developed with 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 this guidance 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: Oct 2023

Oral fluid challenge



<u>Name</u>		DOB /	
Date /	_/	MRN Number	
Weight of child			
Age of child	24 Hour fluid replacement (plus NICE 50ml/kg over 4		
	se give mls of every		S.
your child has had an	chart below to show when you have given fluid, hy vomiting and/or diarrhoea and/or has urinated. nal when/if your child is seen.		
Time	Fluid Amount Taken (ml/oz)	Vomit/Diarrhoea (tick please)	Urine (tick please)