

Policy
Compliance
Procedure



**ACUTE MANAGEMENT OF YOUNG CHILDREN AND INFANTS
WITH GASTROENTERITIS**

This PCP relates to
NSW Health PD

*NSW PD2005_238: Children and Infants with Gastroenteritis
in Hospitals - Managing*

PCP number

*NSW PD2005_238: PCP 2 Acute management of young
children and infants with gastroenteritis*

ites where PCP applies

Hunter New England (HNE) Northern Rural Emergency
Departments (ED)

Target audience

Clinicians in ED where infants and children present with
vomiting and diarrhoea

Description

Provides evidence based practice guidelines for the treatment
of infants and children with gastroenteritis

Subject

Management of gastroenteritis in children

Keywords

Management, gastroenteritis, children, infants

Document number and/ or name
of superseded document/s

Hunter Area Emergency Services Policy 2/05 Acute
Management of Young Children and Infants with
Gastroenteritis

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or
Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:
NSW Health Paediatric Clinical Practice Guidelines

Portfolio Executive Director
responsible for Policy and PCP
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Summary

- This PCP is a clinical pathway in the assessment of the severity and management of gastroenteritis in infants and children.
- It advises that the treatment of children and infants with moderate and severe dehydration must be discussed with a paediatrician.
- Transfer to a paediatric unit must be considered for all presentations with severe dehydration
- PCP includes: Trial oral fluids form and fact sheet on gastroenteritis for parents

Distribution:

GENERAL MANAGER, DON, PAEDIATRICIAN, NUM ED, ED
PHYSICIAN, DIRECTOR OF MEDICAL SERVICES,
CHILDREN YOUNG PEOPLE & FAMILY CLINICAL
NETWORK STREAM LEADERS

Date PCP authorised:

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PCP authorised by:

Trish Davidson, Area Director, Kaleidoscope

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08/207-3-2

**Hunter New England Area Health
ACUTE MANAGEMENT OF INFANTS AND
CHILDREN WITH GASTROENTERITIS
(Rural Hospital)**

Name _____

MRN

INITIAL ASSESSMENT – Beware the very young infant is at risk of alternate diagnosis (<3/12)

ASSESSMENT OF DEHYDRATION STATUS			
Very Mild 3%	Mild 5%	Moderate 8%	Severe 10%
<input type="checkbox"/> Thirst	<input type="checkbox"/> Same as very mild plus	<input type="checkbox"/> Same as mild plus	<input type="checkbox"/> Same as moderate plus
<input type="checkbox"/> Reduced urine output			
No Clinical Symptoms	<input type="checkbox"/> Dry mucous membranes	<input type="checkbox"/> Lethargy	
	<input type="checkbox"/> Mild Tachycardia	<input type="checkbox"/> Tachycardia	
		<input type="checkbox"/> Reduced skin turgor	<input type="checkbox"/> Poor Perfusion
		<input type="checkbox"/> Sunken eyes/fontanelle	<input type="checkbox"/> Shock

Triage Nurse: Severity Score Very Mild Mild Moderate Severe Signed: _____

Doctor: Severity Score Very Mild Mild Moderate Severe Signed: _____

INITIAL MANAGEMENT – If severe, call Retrieval Team Immediately (NETS Hotline: 1300 36 2500)

Treatment	Very Mild	Mild	Moderate	Severe
Frequency of Observations	Hourly	Hourly	30-60 min	Continuous
Urinalysis	Yes	Yes	Yes	Yes
Oral Rehydration Therapy	1ml/kg q 10min	1ml/kg q 10min	Attempt oral	No
Nasogastric Fluids	Not required	If not tolerating oral	If IV access difficult	No
IV Fluids	Not required	If not tolerating oral	N/2 + 2.5% dext	N/Saline bolus 20ml/kg
Blood Tests	Not required	Not Required	UEC, BSL	UEC, FBC, BSL BC
Senior Medical Review	Not required	If not tolerating oral	Yes	Urgent
Disposition	Discharge	Admit/Transfer if ORT unsuccessful	Transfer to higher level facility	Call Retrieval Team
Parent Advice Sheet	At Triage	At Triage	Yes	Yes

CALCULATION OF FLUID REQUIREMENTS (Oral, Intravenous and Nasogastric)

Maintenance: 100 ml/kg for first 10 kg of child's weight then 50 ml/kg for next 10 kg then 20 ml/kg for remaining kgs (up to 50kg)

IMPORTANT NOTE: Only calculate replacement volume to 5% dry in the first 24 hours.

MAINTENANCE

Maintenance Requirements ml/24hrs = _____ mls

REPLACEMENT

Child's weight X Estimated Dehydration (only up to 5%) + Total for 24 hrs = _____ mls

_____ kg _____ % X 10 = _____ mls Rate per hour = _____ mls

FLUID TYPE

Oral Rehydration fluids – Hyralyte, Paedialyte, diluted juice 1:4, Continue small frequent breastfeeds

Nasogastric Use oral rehydration fluid

Intravenous All rehydration fluid should be N/2 Saline and 2.5% Dextrose

Resuscitation 0.9% Normal Saline 20 ml/kg bolus repeat as necessary

KCL added only after serum K+ known and child has passed urine (give 3 mmol/kg/day)

Tolerating oral or nasogastric fluid is defined as the majority of fluid staying down. Small vomits ***do not*** imply failure, but persistent profuse vomiting or worsening dehydration does.

Oral rehydration should be attempted for at least 1-2 hours before considering other methods, unless there is rapid clinical deterioration.

Medications:- Anti-emetics and antidiarrhoeals are CONTRAINDICATED in paediatric gastroenteritis.