

Hunter New England Health - Southern sector
PAEDIATRIC GASTROENTERITIS MANAGEMENT
 IN EMERGENCY DEPARTMENTS
 (<20 acute beds hospital)

Name:

MRN:

Gastro

TRIAGE Date: _____ Time: _____

Presenting Problem: _____

Priority: _____ Area: _____ Interpreter Required: _____

Triager Name (print): _____ Triager Name (signature): _____

Initial Assessment (to be completed at time of triage)

Child's weight:

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"/> Altered mental state
<input type="checkbox"/> Reduced urine output			
No Clinical Symptoms	<input type="checkbox"/> Dry mucous membranes	<input type="checkbox"/> Lethargy <input type="checkbox"/> Tachycardia	<input type="checkbox"/> Poor Perfusion <input type="checkbox"/> Shock
	<input type="checkbox"/> Mild Tachycardia	<input type="checkbox"/> Reduced skin turgor	
		<input type="checkbox"/> Sunken eyes/fontanelle	

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 Fluids	1ml/kg q 10min	1ml/kg q 10min	No	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
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 NG or IV	Transfer	Call retrieval team
Fact sheet	At Triage	At Triage	On admission	On admission

Calculation of Fluid Requirements (Intravenous and Nasogastric) - Dr signature: _____ Time: _____

1. Maintenance Requirements			
Weight Based Maintenance Fluid Rate			
First 0-10 kg	4mls/kg/hr	kgs X 4 mls/hr =	mls/hr
Next 11-20 kg	2mls/kg/hr	+ kgs X 2 mls/hr =	mls/hr
Next >20kg	1ml/kg/hr	+ kgs X 1 mls/hr =	mls/hr
2. Replacement Requirements			+
Child's Weight in kg x 2 = mls/hr required		kgsx2	mls/hr
3. Add 1 and 2 together			
NB: Never rehydrate at > 5% per day		Total rate per hour =	mls/hr

Type of Fluid:

<u>Oral</u>	Rehydration fluids eg. Hydralyte, Gastrolyte, diluted juice (1:4), continue breastfeeding – small frequent feeds
<u>Nasogastric</u>	Use oral rehydration fluid
<u>Intravenous</u>	All rehydration fluid should be N/2 Saline and 2.5% Dextrose
<u>Resuscitation</u>	0.9% Normal Saline 20 ml/kg bolus repeat as necessary

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

Hyper/Hyponatraemia (Na>150 or <132mmol/L) Hyper/Hypokalaemia (K>5.5 or <3.3mmol/L) – Discuss with Consultant

Other Considerations:

Tolerating oral or nasogastric fluid is defined as the majority of fluid staying down. Small vomits **do not** = failure, but persistent profuse vomiting does. Oral rehydration should be attempted for at least 1-2 hrs before considering other methods, unless there is rapid clinical deterioration.

Medications: Anti-emetics and anti-diarrhoeals are **CONTRAINDICATED**