

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	Discharge if ORT successful	Admit if IV or NG fluids required	Admit
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 – Hydralyte, 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.