

Hunter New England Health - Northern sector
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%)
 _____ kg _____ % X 10 = _____ mls

Total for 24 hrs = _____ 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.