

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"/> 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

Initial Management

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 if NG or IV	Admit	Admit
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 <u>only after</u> 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	