

Childhood Gastroenteritis Flowchart 1

Exclusions from Guideline

- Pre-existing conditions eg. diabetes, Inflammatory Bowel Disease
- Children with ileostomies/colostomies
- Age < 2 months
- Diarrhoea > 7 days
- Vomiting for > 24 hours
- Acute surgical pathology eg. intussusception, obstructed inguinal or femoral hernia

Child Presents with Acute Diarrhoea +/- Vomiting

Note 1: Definition of Shock
A combination of:

- Diminished consciousness
- Lack of urine output
- Cold moist extremities
- Rapid and feeble pulse
- Low or undetectable BP

Is the child shocked?
See note 1

YES

Refer to Hospital IV/NG rapid

NO

Does the child have gastroenteritis?

Cautions

- Bile stained vomit
- Bloody diarrhoea
- Excessive lethargy
- Severe abdominal pain
- Vomiting > 24 hours with no diarrhoea

Consider

YES

HYDRATION ASSESSMENT
Is the child dehydrated?
See note 2

No Dehydration

Mild to Moderate Dehydration

Severe Dehydration

Refer to hospital

Assess Risk
High Risk if 2 or more of:

- Poor oral intake
- Frequent vomiting
- Age < 6 months
- Frequent stools

- Educate caregiver on fluids and feeding
- Give gastroenteritis Information for Parents / Carers
- Include clear instructions on after hours follow up
- Prescription if required

Discuss with family

- Immunisation
- Smoking Cessation
- Car Seat

If high risk consider

- Phone contact within 4 hours
- Reassessing dehydration at 6 -12 hours

Dehydrated ?

YES

See Flowchart 2 Dehydration present

Note 2: Hydration Assessment tool

Symptoms	No dehydration	Mild to Moderate 5-9% At least 2 findings will be present	Severe Dehydration (10%) + In addition 1 of these will be altered
Eyes	Normal	Sunken eyes (and minimal or no tears)	More Sunken
Mucous membranes	Normal	Dry	Drier
Tissue perfusion	Normal	Decreased	Decreased
Pulse volume	Normal	Normal	Decreased and tachycardic
Breathing	Normal	Normal	Deep acidotic
Tissue turgor	Normal	Decreased (pinch test 1-2 sec)	Decreased
Neurological status	Normal	Normal	Altered