

Nurse Initiated Management of Childhood Gastroenteritis

IF	Child presents diarrhoea +/- vomiting Age > 2 months and not shocked (see flowchart 1)
THEN	Weigh TPR Assess dehydration (see flowchart 1 Note 2) If concerned or child age < 2months inform doctor If no dehydration go through caregiver information hand out on fluids and feeding
Oral Rehydration	If mild to moderate dehydration Calculate fluid requirements as mls per 5 mins (see table flowchart 2) Start fluid balance chart, start hydration Nurse gives first sips of fluid using teaspoon, bottle, straw, sipper cup, syringe
Learning	Carers observe the nurse giving first fluids, with explanation Carers administer the next fluids, initially with supervision Nurse goes through education handout with the caregiver
Review	Reassess after 1 hour If after 2 hours child not taking fluids consider alternative rehydration method Insert nasogastric and observe for 2 – 4 hours Reassess admit to ward or discharge Remove nasogastric tube before discharge <ul style="list-style-type: none"> Consider using paracetamol for fever or distress
Medical Review	Prior to discharge to be seen by a doctor

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

In Hypernatraemic dehydration, signs of dehydration may be less obvious