Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment/Management Tool for Children

Healthier Together

NHS

Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

Patient presents with or has a history of diarrhoea and/or vomiting

Risk factors for severe disease

- <1y (especially <6m)
- Low birth weight infants
- Vomited ≥ 3x/24h
- ≥ 6 stools/24h
- Urinated <2x/24h
- Not tolerating ORS
- Stopped breastfeeding
- History of faltering growth

Consider any of the following as possible indicators of diagnoses other than gastroenteritis:

- Fever temperature of > 38°C
- Shortness of breath
- Vomiting alone
- Recent burn
- Severe localised abdominal pain
- Consider diabetes - check blood sugar

RED FLAGS

- Altered state of consciousness
- Signs of meningism
- Blood in stool
- Bilious (green) vomit
- Recent head Injury
- Abdominal distension or rebound tenderness

Refer immediately to emergency care by 999
Alert Paediatrician
Stay with child whilst waiting and prepare documentation

	Green Low Risk	Amber Intermediate Risk	Red High Risk
Respiratory	• Normal breathing pattern and rate	• Normal breathing pattern and rate	In addition to any amber features are there any of the following: • Abnormal breathing/tachypnoea
Circulation and Hydration	• Heart rate normal • Normal skin colour • Warm extremities • Normal skin turgor • CRT < 2 secs • Normal urine output • Eyes not sunken	• Mild tachycardia • Normal skin colour • Warm extremities • Reduced skin turgor • CRT 2-3 secs • Reduced urine output/no urine output for 12 hours • Sunken Eyes	• Severe tachycardia • Pale/mottled /ashen/blue • Cold extremities • Extremely reduced skin turgor • CRT > 3 secs • No urine output for >24 hours
Activity	• Responds normally to social cues • Content/smiles • Stays awake/awakens quickly • Strong normal crying/not crying • Appears well	• Altered response to social cues, Irritable • No smile • Decreased activity, or lethargic • Appears unwell	• No response to social cues, irritability • Unable to rouse not able to stay awake • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
Other symptoms and signs	• Over 3 months old	• Under 3 months old, or additional parent/carer support required • 50 to 75% or less fluid or breast milk intake over 2-3 feeds	• 50% or less fluid or breast milk intake over 2-3 feeds

Quick Links	Green Action	Amber Action	Red Action
Normal Vital Signs Additional Resources and Fluid Requirements	• Provide with written and verbal advice see our page on Diarrhoea and vomiting • Continue with breast milk and/or bottle feeding • Encourage fluid intake, little and often e.g. 5ml every 5 mins • Confirm they are comfortable with the decision/advice given • Think safeguarding before sending home	• Begin management of clinical dehydration algorithm - Offer ORS in small amounts (50ml/kg of ORS + continuing losses over 4h) • If breastfed, supplement with ORS • Agree a management plan with parents +/- seek advice from paediatrician. • Consider referral to acute paediatric community nursing team or alternative if available	• Refer immediately to emergency care - consider 999 • Alert Paediatrician • Consider initiating Management of Clinical Dehydration awaiting transfer

This guidance has been reviewed and adapted by healthcare professionals across Humber and North Yorkshire with consent from the Hampshire development groups