Ashford and St. Peter's Hospitals NHS
NHS Trust

WOMEN'S HEALTH AND PAEDIATRICS
PAEDIATRIC DEPT

Gastroenteritis Guidelines

Amendments			
Date	Page(s)	Comments	Approved by
Nov 2013	New Guideline		Paediatric Guideline Group
March 2018		Whole document review – no changes	Paediatric Guideline Group

Compiled by: Dr Amal Jessel

In Consultation with:

Ratified Paediatric Guidelines Group

Date Ratified: Nov 2013

Date Reviewed: March 2018

Next Review Date: March 2021

Target Audience: Doctors, nurses and support staff working in Paediatrics

Impact Assessment Carried Out By:

Comments on this document to: Dr Dcruz, Consultant Paediatrician

Gastroenteritis Pathway

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Evidence of Gastroenteritis (all three of):

- Non bilious vomiting (Frequency)
  [Duration 1-2 days, and most stop within 3 days]
- Diarrhoea (Frequency)
  [Duration - 5-7 days, and most stop within 2 weeks]
- No evidence of other medical or surgical problem*

Assess Dehydration

No clinically detectable dehydration
<5% weight loss

Alert
Normal urine output
Moist mucous membranes
Normal HR, CRT and RR

Clinical dehydration
5-10% weight loss – Red flag symptoms

Unwell or deteriorating
Altered responsiveness
Sunken eyes
Tachycardia
Tachypnoea

Clinical Shock
>10% weight loss

Decreased consciousness
Cold extremities
Weak peripheral pulses
Prolonged CRT

Fluid Therapy

Prevent dehydration

Continue breast milk feeds
ORS fluid challenge
Avoid fruit juices/carbonated drinks

Oral Rehydration Therapy

50mls/kg ORS over 4 hour, plus ORS for maintenance, often and in small amounts
Consider supplementing with usual fluids if not tolerating ORS
Consider NGT

IVT

IV Access
Bloods
Blood gas (inc. blood sugar)
Rapid IV bolus of 20ml/kg 0.9% Saline
If remains shocked – give 2nd bolus
Consider PICU if still remains shocked

Unsuccessful

Symptoms worsen/Vomiting

Symptoms improved

One dose of Ondansetron 4mg (1-12 yr)

Bloods
Fluid replacement and maintenance using 0.9% Saline/5% Dextrose
If initially shocked – add 100mls/kg
If not initially shocked – add 50mls/kg

Vomiting resolved

Discharge if
1. Oral fluid challenge tolerated
2. Hydration improved
3. Diagnosis of gastroenteritis confirmed

Continue ORS for 6 hours

Maintenance Fluids

a) 100mls/kg/24hrs for 1st 10kg
(150mls/kg/24hrs if <28days old)
b) 50mls/kg/24hrs for 2nd 10kg
c) 20mls/kg/24hrs for each successive kg

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Gastroenteritis Pathway

History

- Recent contact with someone with acute diarrhoea and/or vomiting
- Exposure to a known source of enteric infection (contaminated water or food)
- Recent travel abroad

*The following may indicate a condition other than gastroenteritis

- Fever > 38°C in children younger than 3 months
- Fever > 39°C in children 3 months or older
- Shortness of breath or tachypnoea
- Altered consciousness
- Neck stiffness
- Bulging fontanelle
- Non-blanching rash
- Blood +/- mucus in stool
- Bilious vomit
- Sever or Localised Abdominal Pain
- Abdominal distension or rebound pain

Investigations

1. Bloods tests

- Venous/capilliary blood gas (inc. blood sugar)
- FBC, U&E's (K+, Na+, Urea, Creatinine, Glucose)
- Blood Gas – if red flags or shock

2. Stool sample

Consider performing stool microbiology assessment if: (any 1 of)

- The child has recently been abroad
- Diarrhoea has not improved by day 7
- Uncertainty about the diagnosis of gastroenteritis

Perform stool microbiology: (any 1 of)

- Suspicion of septicaemia
- There is blood and/or mucus in the stool
- The child is immunocompromised

References

Diarrhoea and Vomiting in Children, NICE Guidelines (2009).

Sandhu BK; Practical guidelines for the management of gastroenteritis in children (2001). European Society of Pediatric Gastroenterology, Hepatology and Nutrition Working Group on Acute Diarrhoea.

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