

Clinical Assessment Tool

Child with Suspected Gastroenteritis 0-5 years

Child presenting with diarrhoea and vomiting Assess for signs of dehydration, see table 1 below (consider Boxes 1 and 2 overleaf)

If all green features and no amber or red

If any amber features and no red

If any red features

No clinical dehydration

Clinical Dehydration

Clinical shock suspected or confirmed

Preventing Dehydration:

- Continue breastfeeding and other milk feeds.
 - Encourage fluid intake.
- Discourage fruit juices and carbonated drinks (especially those children in Box 2)
- Offer Oral Rehydration solution (ORS) as supplemental fluid to those at increased risk of dehydration (Box 2)
 - Refer to Box 4 for stool microbiology advice.

Provide parents/carers with advice. Follow up by arranging a review by an appropriate health care professional.

Direct to local numbers overleaf.

Depending on severity of child and social circumstances in this category based on clinical judgement (Consider Box 2)

If these is blood or mucus in the stool or a suspicion of septicaemia or if the child is immunocompromised discuss with the Paediatric consultant on 0333 222 6648

*Home with advice to give oral rehydration solution over 4 hours without delay, often and in small amounts. See p.20 for details.

*Continue breastfeeding.

*Consider supplementing with usual fluids (including milk feeds/water, but not fruit juices or carbonated drinks.

*If after 2 hours child is not tolerating ORS/ vomiting parents should be instructed to attend A&E

Refer to Box 4 for stool microbiology advice *Give advice sheet

Send child for urgent assessment in hospital setting via Care Coordination Centre 0333 222 6648.

Commence relevant treatment to stabilise baby/child for transfer if appropriate. Consider appropriate transport means (999)

*Consider admission according to clinical and social circumstance. *Seek further advice (or refer to) Paediatric consultant via Care Coordination Centre 0333 222 6648.

*En-route Parents should be encouraged to give child fluids often and in small amounts (including milk feeds/water, but not fruit juices or carbonated drinks)

Traffic light system for identifying signs and symptoms of clinical dehydration and shock

	Green – low risk	Amber – intermediate risk	Red – high risk
Activity	# Responds normally to social	# Altered response to social	* Not responding normally to or no
	cues	cues	response to social cues
	# Content/Smiles	# Decreased activity	# Appears ill to a healthcare professional
	# Stays awake/awakens	₩ No smile	# Unable to rouse or if roused does not
	quickly		stay awake
			# Weak, high-pitched or continuous cry
Skin	♯ Normal skin colour	★ Normal skin colour	# Pale/Mottled/Ashen blue
	■ Normal turgour	₩ Warm extremeties	₩ Cold extremeties
Respiratory	★ Normal breathing ★ Normal breathing	★ Tachypnoea (ref to normal	# Tachycardic (ref to normal values table
		values table 3)	3)
Hydration	# CRT≤2 secs	₩ CRT 2–3 secs	% CRT>3 seconds
		# Dry mucous membrances	
	(except after a drink)	(except after a drink)	
	★ Normal urine	Reduced urine output	
Pulses/		★ Tachycardic (ref to normal	# Tachycardic (ref to normal values table
Heart Rate	★ Peripheral pulses normal	values table 3)	3)
		# Peripheral pulses weak	# Peripheral pulses weak
Blood	* Normal (ref to normal values	★ Normal (ref to normal values	# Hypotensive (ref to normal values table
Pressure	table 3)	table 3)	3)
Eyes	* Normal Eyes	 ₭ Sunken Eyes	

CRT:capillary refill time

RR: respiration rate



Box 1 Consider the following that may indicate diagnoses other then gastroenteritis:

- # Temperature of 38°C or higher (youngerthan 3 months)
- # Temperature of 39°C or higher (3 months or older)
- # Shortness of breath or tachypneoa
- # Altered concious state
- ★ Neck-stiffness
- # Abdominal distension or rebound tenderness
- ₩ History/Suspicion of poisoning

- ★ Bulging fontanele (in infants)
- ★ Non-blanching rash
- # Bilious (green) vomit
- ★ Severe or localised abdominal pain
- # History of head injury

Box 2 These children are at increased risk of dehydration:

- # Children younger than 1 year, especially those younger than 6 months
- # Infants who were of a low birth weight
- # Children who have passed six or more diarrhoeal stools in the past 24 hours.
- # Children who have vomited three times or more in the last 24 hours.
- # Children who have not been offered or have not been able to tolerate supplementary fluids before presentation.
- # Infants who have stopped breastfeeding during the illness.
- # Children with signs of malnutrition.

Box 3 Normal Paediatric Values:

Mean Respiratory Rate:Mean Heart Rate:Infant: 40Infant: 120-170 bpmToddler: 35Toddler: 80-110 bpmPre-School: 31Pre-School: 70-110 bpmSchool age: 27School age: 70-110 bpm

Box 4 Stool Microbiology Advice:

Consider performing stool microbiological investigations if:

- # the child has recently been abroad or
- # the diarrhoea has not improved by day 7

Some Useful Telephone Numbers

Ensure the p	parent/carer has the number of their GP/Practice Nurse/
_	ublic Health Nursing Service, General Contact Number: 0333 358 3654 Wrekin Public Health Nursing Service, General Contact Number: 0333 358 3328
Tenoru anu v	Wiekin I ublic Health Nursing Service, General Contact Number: 0333 336 3326
Community N	Jurse

NHS Direct . Dial 111 24 hour telephone service

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively *SIGN,Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.



GP Fluid Challenge Guidelines

The table below gives the normal maintenance fluid volumes based on weight for mild to moderately dehydrated children. For the first 10kg of weight- 4ml/kg/hour, for the second 10kg - 2ml/kg/hr, for all remaining kg - 1ml/kg/hr. Aim for 75-100% of the fluid volumes listed below per hour when awake, given gradually over the hour via syringe. Fluid should be clear, ideally oral rehydration solutions eg dioralyte. If the child is breast-fed continue breastfeeding. Seek review if the patient

- ₩ Is not taking fluids
- # Is not keeping fluids down
- # Is becoming more unwell
- # Has reduced urine output

If the assessment shows "Red" features refer patient to PAU.

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Child's weight in kg	Maintenance fluid			
_	volume – ml per hour			
2	8			
3	12			
4	16			
5	20			
6	24			
7	28			
8	32			
9	36			
10	40			
11	42			
12	44			
13	46			
14	48			
15	50			
16	52			
17	54			
18	56			
19	58			
20	60			
21	61			
22	62			
23	62			
24	64			
25	65			
26	66			
27	67			
28	68			
29	69			
30	70			

Child's weight in kg	Maintenance fluid volume – ml per hour
31	71
32	72
33	73
34	74
35	75
36	76
37	77
38	78
39	79
40	80
41	81
42	82
43	83
44	84
45	85
46	86
47	87
48	88
49	89
50	90
51	91
52	92
53	93
54	94
55	95
56	96
57	97
58	98
59	99





Dear Parent / carer,
Your child needs to drink fluid in order to prevent dehydration.
Date
Name
ED Number/ HospitalNumber
NHSNumber
Dob
Weight

You need to tick the boxes below each time your child has a drink, and also mark down if your child vomits or has diarrhoea. Show this chart to the Doctor when your child is seen.

Thank you.

Time	Fluid given (tick please)	Vomit or diarrhoea?



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