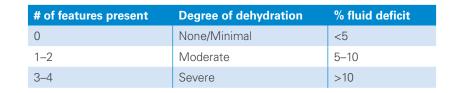
Clinical Guideline Gastroenteritis

 Inclusion criteria: Vomiting and/or diarrhea, ON not due to chronic disease, w abdominal pain Age >/= 6 months Negative UPT if of childbearing 	 th or without fever or Diarrhea > 7 days or bloody diarrhea Bilious emesis Acute surgical abdomen
	Consider differential diagnoses: • Testicular/Ovarian torsion • Intracranial pathology • UTI • Strep pharyngitis • Pneumonia • Myocarditis • Intussusception • Bowel obstruction or appendicitis
Clinical assessment: • Baseline weight • Signs/Symptoms of dehydrat	Yes Inclusion criteria met No Treat specific clinical condition
	Determine dehydration status: None/Minimal, Moderate or Severe

4 Point Dehydration Assessment Tool:

- Ill appearance
- Dry mucous membranes
- Absent tears
- Capillary refill > 2 seconds





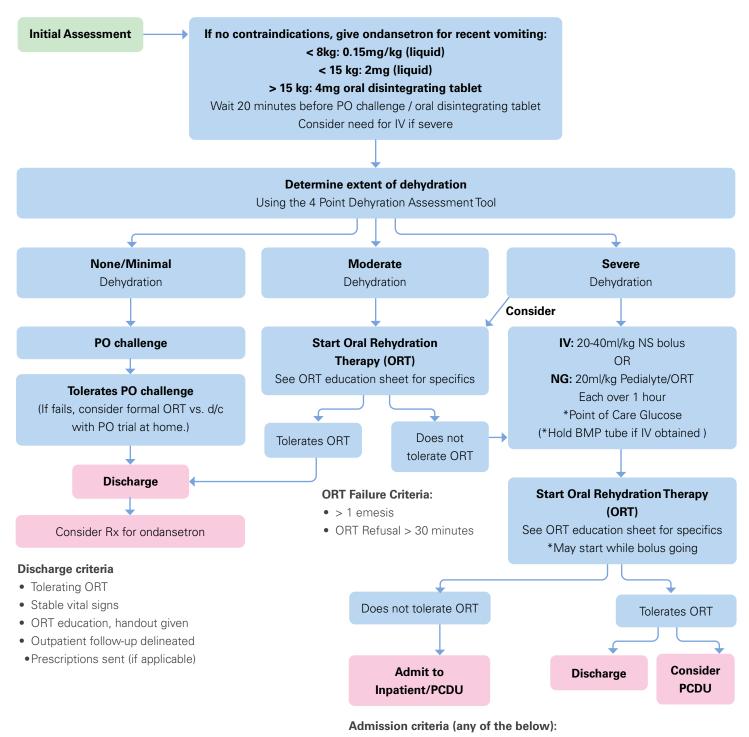
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Clinical Guideline Gastroenteritis

This guideline should not replace clinical judgment.

PCDU: Pediatric Clinical Decision Unit is a 24hr Observation Unit



- Persistent signs of dehydration despite IV hydration
- Severe electrolyte abnormalities
- Significant ongoing losses
- Inability to tolerate adequate PO hydration

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For questions concerning this guideline, contact: chorclinicalguidelines@vcuhealth.org

Gastroenteritis Guideline **Executive Summary**

Children's Hospital of Richmond at VCU Gastroenteritis Workgroup

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Approved (October 2024)

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References

King CK, Glass R, Bresee JS, Duggan C; CDC: Managing Acute Gastroenteritis Among Children: Oral rehydration, maintenance, and nutritional therapy. MMWR 2003; 52 [No. RR 16;] 1-16

Steiner M, Dewalt D, Byerley J. Is this child dehydrated? JAMA. 2004;291(22):2746-2754

Gorelick M, Shaw K, Murphy K. Validity and Reliability of Clinical Signs in the Diagnosis of Dehydration in Children. Pediatrics. 1997;99;e6

Lind CH, et al. 2016 Variation in Diagnostic Testing and Hospitalization Rates in Children With Acute Gastroenteritis. Hospital Pediatrics: an official journal of the American Academy of Pediatrics. 2016 December; 6(12)

Cellucci MF. Dehydration in Children. Merck Manual Professional Version. Accessed 29 June 2018 at: https://www.merckmanuals.com/ professional/pediatrics/dehydration-and-fluid-therapy-in-children/dehydration-in-children

Citation

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Authors: Matt Schefft, MD Jolene Carlton, CPNP Megan Coe, MD

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Retrieval website: http://www.chrichmond.org/clinicalguideline-Gastroenteritis

Example:

Children's Hospital of Richmond at VCU, Schefft M, Carlton J, Coe M, Marcello III D, Silverman J, Krepp A, Hanson C. Gastroenteritis Guideline. Available from: http://www.chrichmond.org/clinicalguideline-Gastroenteritis



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Your Child's Weight (lbs):_____

Oral Rehydration Therapy

- An education handout and guide

	e more water (and salt) from vomiting or diarrhea – than ce by drinking liquids				
 What are the early signs of dehydration? Thirst Decrease in urination Absence of tears with crying Feeling weak or dizzy with standing Dry mouth Any or all might be present 	 What are more severe signs of dehydration? Weakness or lethargy (unable to awake from sleep) Irritability, listlessness Sunken eyes Fast/rapid breathing Fast/rapid heart rate 				
What is an oral rehydration solution (ORS)?	If any of these signs are present, seek medical attention or call 911				
 A liquid that contains sugar, salt, and other electrolytes that your child's body needs 	 Suggestions to help your child recover Avoid undiluted fruit juices and carbonated or sugary drinks 				
Name brand ORS fluids Pedialyte Infalyte Rehydralyte Alternative: cut Gatorade with water (half	 Avoid greasy or spicy foods If formula feeding child, consider using lactose-free formula in cases of prolonged diarrhea Avoid antidiarrheal medications Can try yogurt or over-the-counter 				
and half) OR if breastfeeding, continue as tolerates	probiotics like Culturelle (not covered by insurance or Medicaid)				

How to give ORS fluids for rehydration:

• Use a spoon or syringe to give small amounts frequently, 1-4 tsp (5-20mL) every 5-10 minutes

< 201bs

• Give 1 teaspoon (5mL) of liquid every 5 minutes

≥ 20lbs

- Give 2 teaspoons (10mL) of liquid every 5 minutes
- If no vomiting after 20-30 mins, may double the original amount given
- If vomiting and unable to tolerate, stop for 20-30 mins and try again

*see worksheet

When to stop: when signs of dehydration no longer present

Then proceed to the following for the remainder of your child's illness: <20lbs: 60-120mL (2-4 oz) for every episode of vomiting or diarrhea \geq 20lbs: 120-140mL (4.5 oz) for every episode of vomiting or diarrhea

< 20 lbs	Oral Rehydration Therapy							
Use a spoon or syringe to give small amounts frequently, 5-10 mL every 5-10 minutes								
	Check off the boxes as you progress							
5mL	5mL	5mL	5mL) If vomits, rest fo minutes, then tr				
	If no vomiting after 20 minutes, double the original amount given							
10mL	10mL	10mL	10mL	10mL	10mL			
10mL	10mL	10mL	10mL	10mL	10mL			
After tolerating fluids for 30-60 minutes, assess patient for discharge.								

> 20 lbs	Oral Rehydration Therapy								
Use a spoon or syringe to give small amounts frequently, 10-20 mL every 5-10 minutes Check off the boxes as you progress									
10mL	10mL	5							
	If no vomiting after 20 minutes, double the original amount given								
20mL	20mL	20mL	20mL	20mL	20mL				
20mL	20mL	20mL	20mL	20mL	20mL				
After tolerating fluids for 30-60 minutes, assess patient for discharge.									

ORT worksheet for ED/IP <20 lbs

< 20 lbs		Oral Rehydration Therapy						
Use a spoon or syringe to give small amounts frequently, 5-10 mL every 5-10 mi								
		Check off t	he boxes as yo	ou progress	Г	1		
5mL	5mL	5mL	5mL	5mL	5mL	2		
5mL	5mL	5mL	5mL	5mL	5mL	If vomits, rest for 20-		
5mL	5mL	5mL	5mL	5mL	5mL	30 minutes then try		
10mL	10mL	10mL	10mL	10mL	10mL	10mL		
10mL	10mL	10mL	10mL	10mL	10mL	10mL		
10mL	10mL	10mL	10mL	10mL	10mL	10mL		
10mL	10mL	10mL	10mL	10mL	10mL	10mL		
or infants:								

If breast feeding, continue to breast feed as your infant tolerates. Once tolerating larger amounts of pedialyte (or other rehydration solution) you can try ½ formula and ½ pedialyte before moving back to full formula feeds.

ORT worksheet for ED/IP >20 lbs

> 20 lbs	Oral Rehydration Therapy						
Use a spoon or syringe to give small amounts frequently 10-20 mL every 5-10 minutes							
	Check off the boxes as you progress						
10mL	10mL	10mL	10mL	10mL	10mL	2	
10mL	10mL	10mL	10mL	10mL	10mL	If vomits, rest for 20-	
10mL	10mL	10mL	10mL	10mL	10mL	30 minutes, then try	
20mL	20mL	20mL	20mL	20mL	20mL	20mL	
20mL	20mL	20mL	20mL	20mL	20mL	20mL	
20mL	20mL	20mL	20mL	20mL	20mL	20mL	
20mL	20mL	20mL	20mL	20mL	20mL	20mL	
For infants: If breast feeding, continue to breast feed as your infant tolerates. Once tolerating larger amounts of pedialyte (or other rehydration solution) you can try ½ formula and ½ pedialyte before moving back to full formula feeds.							