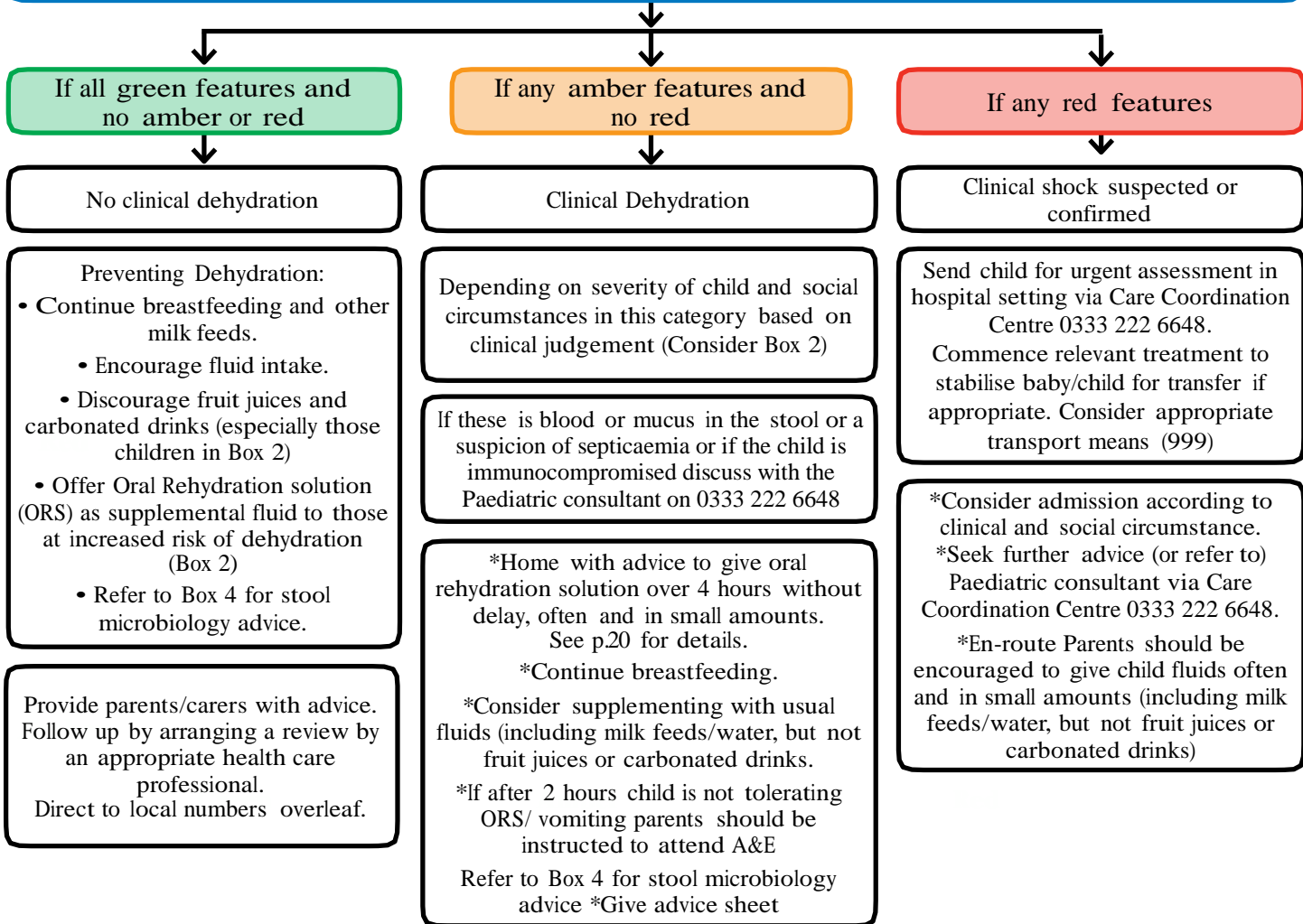


Clinical Assessment Tool

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)



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

	Green – low risk	Amber – intermediate risk	Red – high risk
Activity	<ul style="list-style-type: none"> ☞ Responds normally to social cues ☞ Content/Smiles ☞ Stays awake/awakens quickly ☞ Strong normal cry/not crying 	<ul style="list-style-type: none"> ☞ Altered response to social cues ☞ Decreased activity ☞ No smile 	<ul style="list-style-type: none"> ☞ Not responding normally to or no response to social cues ☞ Appears ill to a healthcare professional ☞ Unable to rouse or if roused does not stay awake ☞ Weak, high-pitched or continuous cry
Skin	<ul style="list-style-type: none"> ☞ Normal skin colour ☞ Normal turgour 	<ul style="list-style-type: none"> ☞ Normal skin colour ☞ Warm extremities 	<ul style="list-style-type: none"> ☞ Pale/Mottled/Ashen blue ☞ Cold extremities
Respiratory	<ul style="list-style-type: none"> ☞ Normal breathing 	<ul style="list-style-type: none"> ☞ Tachypnoea (ref to normal values table 3) 	<ul style="list-style-type: none"> ☞ Tachycardic (ref to normal values table 3)
Hydration	<ul style="list-style-type: none"> ☞ CRT ≤ 2 secs ☞ Moist mucous membranes (except after a drink) ☞ Normal urine 	<ul style="list-style-type: none"> ☞ CRT 2–3 secs ☞ Dry mucous membranes (except after a drink) ☞ Reduced urine output 	<ul style="list-style-type: none"> ☞ CRT > 3 seconds
Pulses/ Heart Rate	<ul style="list-style-type: none"> ☞ Heart rate normal ☞ Peripheral pulses normal 	<ul style="list-style-type: none"> ☞ Tachycardic (ref to normal values table 3) ☞ Peripheral pulses weak 	<ul style="list-style-type: none"> ☞ Tachycardic (ref to normal values table 3) ☞ Peripheral pulses weak
Blood Pressure	<ul style="list-style-type: none"> ☞ Normal (ref to normal values table 3) 	<ul style="list-style-type: none"> ☞ Normal (ref to normal values table 3) 	<ul style="list-style-type: none"> ☞ Hypotensive (ref to normal values table 3)
Eyes	<ul style="list-style-type: none"> ☞ Normal Eyes 	<ul style="list-style-type: none"> ☞ Sunken Eyes 	

CRT:capillary refill time

RR: respiration rate

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

- ⌘ Temperature of 38°C or higher (younger than 3 months)
- ⌘ Temperature of 39°C or higher (3 months or older)
- ⌘ Shortness of breath or tachypnoea
- ⌘ Altered conscious state
- ⌘ Neck-stiffness
- ⌘ Abdominal distension or rebound tenderness
- ⌘ History/Suspicion of poisoning
- ⌘ Bulging fontanelle (in infants)
- ⌘ Non-blanching rash
- ⌘ Blood and or mucus in stool
- ⌘ 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: 40	Infant: 120-170 bpm
Toddler: 35	Toddler: 80-110 bpm
Pre-School: 31	Pre-School: 70-110 bpm
School age: 27	School 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 parent/carer has the number of their GP/Practice Nurse/

Shropshire Public Health Nursing Service, General Contact Number: 0333 358 3654

Telford and Wrekin Public Health Nursing Service, General Contact Number: 0333 358 3328

Community Nurse

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.

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

Children's Oral Fluid Challenge

Dear Parent / carer,

Your child needs to drink fluid in order to prevent dehydration.

Date

Name

ED Number/ HospitalNumber

NHSNumber.....

Dob.....

Weight

Please give your child ml of the suggested fluid, measured using the syringe provided, and given by usual method of feeding every ten minutes.

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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