

2019 ACUTE GASTROENTERITIS TREATMENT GUIDELINE

POPULATION: Otherwise healthy children 6 months to 21 years presenting with complaints of diarrhea with or without vomiting for less than 7 days or in whom the diagnosis of acute gastroenteritis is suspected

EXCLUSION CRITERIA: Patients with extensive chronic medical problems, diabetes, significant GI history or suspected hypovolemic shock, concerns for significant obstruction or 'surgical abdomen' (bloody or bilious vomiting, firm/distended abdomen etc.)

GUIDELINE GOAL: PROMPT INITIATION OF ORAL REHYDRATION THERAPY (ORT) FOR APPROPRIATE PATIENTS AND DECREASED UTILIZATION OF RESOURCES (LABS, IMAGING, TRANSFERS AND ADMISSIONS)

ASSESS LEVEL OF DEHYDRATION AND DOCUMENTS IN EPIC

	0 points	1 point	2 points
General Appearance	Normal	Thirsty, restless or lethargic but irritable when touched	Drowsy, limp, cold, comatose
Eyes	Normal	Slightly Sunken	Very Sunken
Mucous Membranes	Moist	"Tacky" or "sticky"	Dry
Tears	Tears	Decreased	Absent

0 Points (No Dehydration)

1-4 Points (mild to moderate)

> 4 Points (Severe)

Patient has vomited in the past 4 hours or refusing PO?

NO

Encourage ORT

Tolerates PO Fluid

Patient Vomits

YES

Consider Administering Ondansetron*

Weight	Ondansetron dose
8-15 kg	2 mg
>15-30 kg	4 mg
>30 kg	8 mg

Begin ORT: Oral rehydration therapy is the mainstay of treatment for acute gastroenteritis in patients with only mild to moderate levels of dehydration. This should be achieved by a regimented schedule of small frequent sips of a fluid the patient will accept (electrolyte/glucose containing fluids are preferred). Provide parents with a syringe or medicine cup, fluid and instructions to give the patient the recommended volume (see chart) every 5 minutes (timed) for 30 minutes.

Goals of oral rehydration therapy

Weight	ORT Goals
<10 kg	10 ml every 5 min
10-20 kg	20 ml every 5 min
> 20 kg	35 ml every 5 min

Provider Assessment

Provider assessment may occur at anytime before, during, or after completion of ORT. Diagnostic labs for acute gastroenteritis or dehydration (Urine, blood and/or imaging) are not routinely recommended unless an alternative disease process is suspected.

30 minutes of ORT

Patient tolerating PO with no more than 1 episode of vomiting?

NO

YES

DISCHARGE CRITERIA

- VS are within normal limits or improving for age
- Parents able to follow standardized discharge instruction
- Reliable f/u is available
- Clinical improvement with reassuring physical exam

EMERGENCY DEPARTMENT

In Triage

- consider ESI 2 if appropriate.
- If signs of hypovolemic shock (significant tachycardia, delayed cap refill, weak pulses or hypotension) consider room priority versus medical team.

In Treatment Room

- Notify Provider
- If signs of hypovolemic shock are present establish vascular access and begin fluid resuscitation as appropriate for patient

URGENT CARE

Neighborhood Locations

- RN notifies Provider
- Provider to consider continued treatment versus transfer to ED

Liberty/Burnet Urgent Care

- Provider to determine if patient needs transfer to ED.
- If patient is hypotensive, AMS, lethargic or any concern for hypovolemic shock consider rapid transfer to ED otherwise consider normal transfer to ED

FOR PATIENTS WITH VOMITING MORE THAN ONCE DURING ORT OR ARE REFUSING PO

- Consider Ondansetron if not already given and restart 30 min of ORT
- Attempt 15 minutes of ORT with half the recommended volume per aliquot.
- Consider alternative antiemetic
- If severe dehydration is suspected or any significant deterioration in clinical status consider alternative diagnoses and/or transfer to ED if in urgent care location.

*Appropriate patients only. Refer to Ondansetron nursing protocol