

- |   |  |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
| <input type="checkbox"/> Kingston Centre    | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
| <input type="checkbox"/> Jessie McPherson   | <input type="checkbox"/> Community Health Services         |
| <input type="checkbox"/> Casey Hospital     | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number: .....

Surname .....

Given Name .....

D.O.B. .... Age .... Sex .....

Affix Patient Identification Label

## GASTROENTERITIS CLINICAL PATH FOR CHILDREN

**NB: Not for use in patients who are unconscious, hypo or hypernatraemic or infants <3 months old**  
**Follow Southern Health Infection Control Protocols for Gastroenteritis & Enteric Pathogens**

This Clinical Pathway is designed to assist clinicians by providing a framework of expected care, and should not replace clinical judgement.

### INITIAL ASSESSMENT

- Exclude non-gastroenteritis causes of diarrhoea:
  - Acute: e.g. urinary tract infection, acute appendicitis, peritonitis, intussusception, antibiotic toxicity, sepsis
  - Chronic: e.g. milk allergy/intolerance, gluten sensitivity, ulcerative colitis, Crohn's disease, cystic fibrosis, Hirschsprung's disease

### ASSESSMENT OF SEVERITY OF DEHYDRATION

None or Minimal	Moderate	Severe
<ul style="list-style-type: none"> <li>Normal capillary refill time (1-2 seconds)</li> <li>Skin pinch retracts immediately</li> <li>Normal respiratory pattern</li> <li>Normal conscious state</li> <li>Normal drinking</li> <li>Normal urine output</li> </ul> <p><i>These signs correspond to &lt;5% lost body weight</i></p>	<ul style="list-style-type: none"> <li>Delayed capillary refill (3-4 seconds)</li> <li>Skin pinch retracts slowly (1-2 seconds)</li> <li>Increased respiratory rate<sup>#</sup></li> <li>Restless, irritable</li> <li>Tachycardia<sup>#</sup></li> <li>Drinks eagerly, increased thirst</li> </ul> <p><i>These signs correspond to 5-10% lost body weight</i></p>	<ul style="list-style-type: none"> <li>Very delayed capillary refill (&gt;4 seconds), mottled skin</li> <li>Skin pinch retracts very slowly (&gt;2 seconds)</li> <li>Deep, acidotic breathing</li> <li>Lethargic, unconscious</li> <li>Deeply sunken eyes</li> <li>Unable to drink</li> <li>Hypotensive</li> </ul> <p><i>These signs correspond to &gt;10% lost body weight</i></p>

**N.B. If patient has signs or symptoms across categories, always treat according to their most severe features.**

**Take special care and consult appropriate specialist clinicians if the child:**

- Is less than 6 months old
- Has had more than 8 significant diarrhoeal stools or more than 4 significant vomits in the last 24 hours
- Has co-morbid conditions such as short gut, developmental delay or metabolic illnesses

### INITIAL TREATMENT

<p><b>Increase frequency and volume of usual drinks</b></p> <ul style="list-style-type: none"> <li>Weigh child</li> <li>Give parent advice about:                             <ul style="list-style-type: none"> <li>Appropriate fluids, such as: breast milk, ORS<sup>*</sup>, formula, unsweetened fruit juice diluted 1:4, or cordial diluted 1:10</li> <li>Avoiding soft drinks and undiluted fruit juice</li> <li>Using cup, bottle, spoon, dropper, syringe or icy-pole as child prefers</li> <li>Allowing normal foods</li> </ul> </li> <li>Give parent handout</li> <li>Discharge or, if reason not to discharge (e.g. criteria to take special care as above), provide appropriate oral fluids and reassess within 1 hour</li> </ul>	<p><b>Rehydrate with Oral Rehydration Solution (ORS)<sup>*</sup></b></p> <ul style="list-style-type: none"> <li>Weigh child and start fluid balance chart</li> <li>Give ORS 10-20 ml/kg/hr for 1 hour                             <ul style="list-style-type: none"> <li>Give small amounts - 5mls/kg/15 minutes whenever possible</li> <li>Use cup, bottle, spoon, dropper, syringe or icy-pole as child prefers</li> </ul> </li> <li>Give parent handout</li> <li>Reassess after 1 hour</li> </ul>	<p><b>Rehydrate with intravenous (IV) fluids</b></p> <ul style="list-style-type: none"> <li>Weigh child and start fluid balance chart</li> <li>Take blood for urgent assessment of glucose, urea, creatinine, electrolytes and bicarbonate when inserting IV cannula</li> <li>Give bolus of normal saline 20ml/kg IV</li> <li>Notify senior clinician</li> <li>Reassess 10-15 minutes after bolus</li> </ul>
---	--	--

### RESPONSE TO INITIAL TREATMENT

TOLERATING ORAL FLUIDS	NOT TOLERATING ORAL FLUIDS	RESPONDING	NOT RESPONDING
<ul style="list-style-type: none"> <li>Continue oral fluids 10-20 ml/kg/hr for up to 3 hours</li> <li>Reassess hourly</li> <li>Allow normal foods</li> </ul>	<ul style="list-style-type: none"> <li>Insert nasogastric tube (NGT)</li> <li>Give ORS<sup>*</sup> via NGT 20 ml/kg/hr for up to 4 hours</li> <li>If persistent vomiting consider reducing rate of NG fluids or change to IV normal saline 20ml/kg/hr</li> <li>Reassess hourly</li> <li>Offer oral fluids</li> <li>Allow normal foods</li> </ul>	<ul style="list-style-type: none"> <li>Continue IV rehydration with normal saline 10ml/kg/hr</li> <li>Reassess hourly</li> <li>Offer oral fluids</li> <li>Allow normal foods</li> </ul>	<ul style="list-style-type: none"> <li>Give further bolus of normal saline 20ml/kg IV</li> <li>Discuss with senior clinician or High Dependency Unit/Intensive Care Unit and arrange transfer</li> </ul>

### RESPONSE TO CONTINUED TREATMENT

<p><b>RESPONDING</b></p> <ul style="list-style-type: none"> <li>Continue rehydration until no or minimal signs of dehydration</li> <li>Ensure child is tolerating oral fluids</li> <li>Provide patient information, including reasons to return</li> <li>Fax or post letter to GP</li> <li>Discharge</li> </ul>	<p><b>NOT RESPONDING</b></p> <ul style="list-style-type: none"> <li>Consider in consultation with senior clinician</li> <li>Reconsider diagnosis</li> <li>Continue to rehydrate - use nasogastric/intravenous fluids</li> </ul>
---	---

<sup>#</sup>Normal parameters for Paediatric Vital Signs are given in the Guidelines <sup>\*</sup>Oral Rehydration Solution (eg Repalyte, O.R.S, Gastrolyte, Pedalyte, Hydralyte)

Based on the Southern Health Evidence-Based Guideline for the Management of Diarrhoea in Children, with or without Vomiting, 2005

### LEAVE THIS PATH IF:

- Child is hyponatraemic (Na <130mmol/L) or hypernatraemic (Na >150mmol/L)
- Child is transferred to the Intensive Care Unit or plan of care has deviated significantly from the care described in this pathway.



# Southern Health

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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
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| <input type="checkbox"/> Casey Hospital     | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname .....

Given Name .....

D.O.B. .... Age ..... Sex .....

*Affix Patient Identification Label*

DISCHARGE CRITERIA	Date	Time	Name/initial
• No or minimal signs of dehydration			
• Tolerating oral fluids			
• Parents/carer comfortable with child's condition, discharge instructions and time			

## DISCHARGE CHECKLIST All sections must be completed prior to discharge from ward or ED

Medical		Date	Time	Name/initial
<b>Education</b>	• Explanation given about diarrhoea and vomiting			
	• Symptoms and signs of dehydration explained			
	• Information given on appropriate type and volume of diet and fluids			
	• Information given on when child can return to childcare/ kindergarten/ school			
	• Information given regarding infection control			
	• Explanation given of when to return to GP or ED			
<b>Discharge</b>	• Stool culture sent? <input type="checkbox"/> Yes <input type="checkbox"/> Not required If yes, arrangements made for follow-up of results: <input type="checkbox"/> GP phoned <input type="checkbox"/> Other (specify)			
	• Medical certificate completed <input type="checkbox"/> Yes <input type="checkbox"/> Not required			
	• Immunisations up-to-date? <input type="checkbox"/> No – ordered <input type="checkbox"/> Yes <input type="checkbox"/> No – letter to GP <input type="checkbox"/> Other (specify)			
	• QUIT information given? <input type="checkbox"/> No – no smokers <input type="checkbox"/> Yes <b>Quitline: 131848</b> <input type="checkbox"/> No – not wanted <input type="checkbox"/> Other (specify)			
	• GP identified for patient (online list <a href="http://www.healthforkids.net.au">www.healthforkids.net.au</a> ) <input type="checkbox"/> Yes <input type="checkbox"/> Not required			
	• Follow up arranged: <input type="checkbox"/> Paediatrician <input type="checkbox"/> Outpatients <input type="checkbox"/> GP <input type="checkbox"/> Other (specify)			
	• Letter to GP <input type="checkbox"/> Faxed <input type="checkbox"/> Posted			
	• Letter to Paediatrician <input type="checkbox"/> Not required Name: <input type="checkbox"/> Faxed <input type="checkbox"/> Posted Address: Fax No:			
Nursing		Date	Time	Name/initial
	• Diarrhoea and vomiting information brochure given			
	• Discharge Risk Screen completed (ED Nursing Assessment Sheet)			
	• Discharge Checklist completed (MRE21)			

## ADMISSION DETAILS Complete if patient requires admission to inpatient bed

<input type="checkbox"/> Patient requires admission	Doctor's Name	Signature
<input type="checkbox"/> Bed Bureau, AO or Nurse in Charge contacted	<input type="checkbox"/> Ward Contacted	Person spoken to:
Name	Signature	Date
		Time
		am/pm

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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
| <input type="checkbox"/> Kingston Centre    | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
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Unit Record Number: .....

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## INITIAL MEDICAL ASSESSMENT

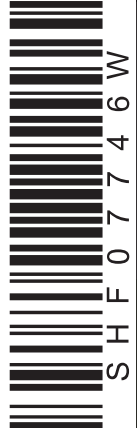
An interpreter is required  
Language .....

Exclude non-gastroenteritis causes of diarrhoea:

- Acute: e.g. urinary tract infection, acute appendicitis, peritonitis, intussusception, antibiotic toxicity
- Chronic: e.g. milk allergy/intolerance, gluten sensitivity, ulcerative colitis, Crohn's disease, cystic fibrosis, Hirschsprung's disease

Take special care and consult appropriate specialist clinicians if the child:

- Is less than 6 months old
- Has had more than 8 significant diarrhoeal stools or more than 4 significant vomits in the last 24 hours
- Has co-morbid conditions such as short gut, developmental delay or metabolic illnesses



Presenting problem	

Other relevant history	

Current medication	

Assessment of severity	<input type="checkbox"/> Normal capillary refill time (1-2 seconds) <input type="checkbox"/> Skin pinch retracts immediately <input type="checkbox"/> Normal respiratory pattern  <input type="checkbox"/> Normal conscious state <input type="checkbox"/> Normal drinking <input type="checkbox"/> Normal urine output  <input type="checkbox"/> Mild	<input type="checkbox"/> Delayed capillary refill (3-4 seconds) <input type="checkbox"/> Skin pinch retracts slowly (1-2 seconds) <input type="checkbox"/> Increased respiratory rate  <input type="checkbox"/> Restless, irritable <input type="checkbox"/> Tachycardia <input type="checkbox"/> Drinks eagerly, increased thirst  <input type="checkbox"/> Moderate	<input type="checkbox"/> Very delayed capillary refill (>4 seconds), mottled skin <input type="checkbox"/> Skin pinch retracts very slowly (>2 seconds) <input type="checkbox"/> Deep, acidotic breathing  <input type="checkbox"/> Lethargic, unconscious <input type="checkbox"/> Deeply sunken eyes <input type="checkbox"/> Unable to drink <input type="checkbox"/> Hypotension  <input type="checkbox"/> Severe
------------------------	--	---	--

**N.B. If patient has signs or symptoms across categories, always treat according to their most severe features.**

General examination	

Summary	

Doctor's name (print)	Signature	Date	Time	am/pm
-----------------------	-----------	------	------	-------

- |   |  |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
| <input type="checkbox"/> Kingston Centre    | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
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Unit Record Number:.....

Surname .....

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*Affix Patient Identification Label*

## STOOL CULTURE AND INFECTION CONTROL

Follow Southern Health Infection Control Protocols for Gastroenteritis & Enteric Pathogens

Send a stool sample for culture if child has any one of:

- History suggesting an outbreak of food poisoning from a shared food source (If yes, notify Infection Control)
- Recent history of travel abroad
- Abrupt onset of diarrhoea with more than 4 stools per day and no vomiting before diarrhoea
- 5 or more stools in the previous 24 hours
- History of blood in the stool
- Temperature >40 degrees
- Systemically unwell appearance, severe or prolonged diarrhoea

### INITIAL TREATMENT

If any step omitted (excluding those in italics), provide explanation in notes

	<input type="checkbox"/> NONE-MINIMAL	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE
Medical	<input type="checkbox"/> Give parent advice about: <ul style="list-style-type: none"> <li>• Appropriate fluids, such as: breast milk, ORS, formula, unsweetened fruit juice diluted 1:4, or cordial diluted 1:10</li> <li>• Avoiding soft drinks and undiluted fruit juice</li> <li>• Using cup, bottle, spoon, dropper, syringe or icy-pole as child prefers</li> <li>• Allowing normal foods</li> </ul> <input type="checkbox"/> Give parent handout	<p><b>Aim is to rehydrate in 4 hours</b></p> <input type="checkbox"/> Oral ORS 10-20 ml/kg/hr for 1 hour <ul style="list-style-type: none"> <li>• Give small amounts - 5mls/kg/15mins when possible</li> <li>• Use cup, bottle, spoon, dropper, syringe or icy-pole as child prefers</li> </ul> <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review after 1 hour at _____ am/pm	<p><b>Aim is to carefully rehydrate</b></p> <input type="checkbox"/> Take blood for assessment of glucose, urea, creatinine, electrolytes and bicarbonate when inserting IV cannula <input type="checkbox"/> IV bolus normal saline 20ml/kg <input type="checkbox"/> Notify senior clinician <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review after 10-15 minutes at _____ am/pm
	<input type="checkbox"/> Discharge <b>or</b> <input type="checkbox"/> Specify reason not discharged: _____ and provide oral fluids and review within 1 hour at _____ am/pm	<p><b>REVIEW AT 1 HOUR</b></p> <input type="checkbox"/> Tolerating oral fluids <input type="checkbox"/> Continue 10-20 ml/kg/hr ORS orally for up to 3 hours <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review within 1 hour at _____ am/pm <input type="checkbox"/> Not tolerating oral fluids <input type="checkbox"/> Insert nasogastric tube (NGT) <input type="checkbox"/> Give ORS by NGT 20 ml/kg/hr up to 4 hours <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review within 1 hour at _____ am/pm	<p><b>REVIEW AT 15 MINUTES</b></p> <input type="checkbox"/> Responding <input type="checkbox"/> Continue IV rehydration 10ml/kg/hr normal saline <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review within 1 hour at _____ am/pm <input type="checkbox"/> Not responding <input type="checkbox"/> Give further bolus of normal saline 20ml/kg IV <input type="checkbox"/> Discuss with senior clinician or HDU/PICU team and arrange transfer <p style="text-align: center;"><b>Leave path</b></p>
	<b>Doctor's Name</b> <b>Signature</b> <b>Date</b> <b>Time</b> am/pm	<b>Doctor's Name</b> <b>Signature</b> <b>Date</b> <b>Time</b> am/pm	<b>Doctor's Name</b> <b>Signature</b> <b>Date</b> <b>Time</b> am/pm
	<b>Signature</b> <b>Date</b> <b>Time</b> am/pm	<b>Signature</b> <b>Date</b> <b>Time</b> am/pm	<b>Signature</b> <b>Date</b> <b>Time</b> am/pm

Nursing	<input type="checkbox"/> Plan of care explained	<input type="checkbox"/> Medications given as ordered	
	<input type="checkbox"/> Child weighed (bare if in nappies)	<input type="checkbox"/> IV site checked	
	<input type="checkbox"/> Observations completed as per chart	<input type="checkbox"/> NGT placement checked as per CP-GM01➔ GM10	
	<input type="checkbox"/> Fluid Balance Chart commenced or continued	<input type="checkbox"/> Other (specify)	
<b>Nurse's name</b>	<b>Signature</b>	<b>Date</b>	<b>Time</b> am/pm

Date & Time	ADDITIONAL NOTES - Complete as required	Name (print) & Initial	Blood Products			
			Time			
			Gluc			
			Na			
			K			
			Cl			
			Bic			
			U			
			Cr			









- |   |  |
|---|--|
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Unit Record Number: .....

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*Affix Patient Identification Label*

## Gastroenteritis Discharge Summary and GP Letter

Dear Doctor

Your patient presented on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and was discharged on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Clinical setting**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Monash Medical Centre | <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Casey Hospital |
| <input type="checkbox"/> Emergency Department  | <input type="checkbox"/> Ward               |   |

Admitting Unit \_\_\_\_\_ Consultant \_\_\_\_\_

**Diagnosis**

- Uncomplicated Gastroenteritis
- Gastroenteritis complicated by:
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Electrolyte imbalance /abnormality | <input type="checkbox"/> Other _____ |
|---|--------------------------------------|

**Severity of dehydration**

- None or minimal (<5% lost body weight)  Moderate (5-10% lost body weight)  Severe (>10% lost body weight)

**Investigations**Stool specimen sent:  No  Yes, if yes, organism identified: \_\_\_\_\_Other specimen sent:  No  Yes: \_\_\_\_\_*(Pathology GP Results Lines: Clayton: 9594 4538, Dandenong: 9554 8151, Casey: 8768 1443)***Treatment**

- |  |   |
|--|---|
| <input type="checkbox"/> Increased volumes of usual fluids       | <input type="checkbox"/> Oral rehydration solution - Oral |
| <input type="checkbox"/> Oral rehydration solution - Nasogastric | <input type="checkbox"/> Normal saline - Intravenous      |
| <input type="checkbox"/> Other _____                             |   |
| <input type="checkbox"/> Discharge medication prescribed _____   |   |

**Follow up appointment**

- With you in \_\_\_\_\_ days or if condition deteriorates or fails to improve significantly within 48 hours. Alternatively they can return to the Emergency Department.
- With Dr \_\_\_\_\_ in \_\_\_\_\_ weeks
- In Paediatric Outpatient Clinic in \_\_\_\_\_ weeks
- In Paediatric Rapid Review Clinic at Monash Medical Centre on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Immunisation status**

- Up-to-date for age  Not up-to-date for age. Immunisations due \_\_\_\_\_

**Other Comments** (e.g. pre-existing conditions, changes to routine medications, results of investigations, )

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Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Fax a copy of this letter to the patient's GP, give a copy to the parent and keep the original in the medical record with the path.*



### Medical & nursing care for your child

Medical & nursing care for children with diarrhoea focuses on making sure your child drinks enough

- o Your child will be checked for dehydration
- o Drinks will be offered to your child. Drinks are the best treatment for dehydration
- o Most children will get better if they drink enough
- o If your child refuses to drink and continues to vomit, then a nasogastric tube may be inserted through their nose to their stomach. The tube helps get fluid into their stomach.
- o If your child continues to vomit with the nasogastric tube, an IV drip may be used
- o Your child will be regularly reviewed and sent home when their dehydration has improved, even if they still have diarrhoea or vomiting
- o Only a very small number of children who go to hospital are admitted to the ward

**Did you know**  
If you don't already have a GP you can find a child friendly GP on the web: [www.healthforkids.net.au](http://www.healthforkids.net.au)

### Important points to remember:

Diarrhoea and vomiting can mostly be managed at home

- o Give lots of drinks to make sure your child doesn't become dehydrated.
- o Wash your hands after touching your child (especially toileting or changing nappies) and before touching any food. This stops the infection spreading.
- o Do not allow other members of the family to share cups, plates, cutlery etc.
- o Try to keep your child away from other children until the diarrhoea has stopped.
- o Don't send your child to care, kindergarten, or school until the diarrhoea has stopped.

### Southern Health Emergency Departments

Monash Medical Centre  
246 Clayton Road, Clayton  
Dandenong Hospital  
David Street, Dandenong  
Casey Hospital  
52 Kangan Drive, Berwick

These websites have more information on diarrhoea and other illnesses:

<http://www.betterhealth.vic.gov.au/>

[www.rch.org.au/kidsinfo/](http://www.rch.org.au/kidsinfo/)

*Southern Health*

Disclaimer:

This health information is for general education purposes only. It should not be used in place of medical advice. Please consult with your doctor and/or other health care professionals to ensure individualised and appropriate health care is tailored for your child.

# Information for Parents of Children with Diarrhoea with or without Vomiting



## Diarrhoea and vomiting

Diarrhoea and vomiting are very common in children and are usually caused by an infection.

- o Diarrhoea is a runny, watery bowel action, and usually lasts 2-3 days but can last up to 10 days
- o Vomiting usually settles quickly, lasting a day or two.

Your child may also have:

- o Tummy pain
- o A high temperature
- o Nausea

## Dehydration

The main worry for children with diarrhoea and vomiting is that they might become dehydrated.

Dehydration happens when children lose more water, sugar and salts through diarrhoea and vomiting than they take in from food and drinks.

### Did you know ?

Babies under 6 months of age have a higher risk of dehydration

Signs that your child might be dehydrated:

- o More sleepy than usual
- o Dry lips, tongue, or mouth
- o Cold hands and feet
- o Sunken eyes
- o Not passing urine (Dry nappies)
- o Pale

## What should I do at home?

Diarrhoea and vomiting can mostly be managed at home - the most important thing is to give lots of drinks to make sure your child doesn't become dehydrated.

- o Continue breastfeeding.
- o Give smaller feeds more frequently
- o If bottle feeding continue normal strength formula.
- o Give regular drinks: see table for amounts  $\text{Æ}$  (a small amount every 10 – 15 minutes)
- o Continue to give drinks even if diarrhoea or vomiting continues or gets worse
- o Do not give any drugs to stop the diarrhoea and vomiting, as these can be harmful.
- o Offer normal foods, but don't worry if your child doesn't feel like eating.

### Did you know ?

Any normal foods are fine – you won't "feed the bug"

These drinks are good:

- o Cordial (not low calorie)  
½ cup cordial to 5 cups water
  - o Fruit juice (not sweetened)  
1 cup juice to 4 cups water
- Solutions that have been designed to treat dehydration. These are called 'oral rehydration solutions', some brands are:

- o Replatyte, O.R.S., Gastrolyte, Hydralyte, and Pedialyte.
- o Hydralyte icy-poles are also good; they are available from the chemist or supermarket.

### Did you know ?

You don't have to use half-strength formula for bottle-fed children. Full strength is fine.

## How much drink should I give my child?

Child's weight:	Over 15 minutes?	Over 1 hour?
< 10 kg	2 tablespoons	½ - 1 cup
10-20 kg	¼ - ½ cup	1 - 2 cups
20-30 kg	½ - ¾ cup	2 - 2 ½ cups
30-40 kg	¾ - 1 cup	2 ½ - 3 cups
40-50 kg	About 1 cup	3-4 cups

If your child wants to drink more than this, that's OK. Give small quantities each time. Large drinks might make your child vomit more.

## When should I take my child to a doctor?

Take your child to a GP:

- o If you are concerned
  - o If your child:
    - o Refuses to drink and continues to have diarrhoea or vomiting
    - o Continues to drink, but vomits often and seems unable to keep any fluids down.
    - o Has not been to the toilet or has not had a wet nappy for 12 hours
    - o Is dehydrated
    - o Has a bad stomach ache
    - o Has mucous or blood in the diarrhoea
    - o Is lethargic, restless or irritable
- Take your child to the Emergency Department if your child has these symptoms and:
- o An appointment with a GP is not available in the next few hours and you are concerned

If your GP is concerned that your child is severely dehydrated they may send you to the Emergency Department.

- |   |  |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
| <input type="checkbox"/> Kingston Centre    | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
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Unit Record Number: .....

Surname .....

Given Name .....

D.O.B. .... Age .... Sex .....

*Affix Patient Identification Label*

## Gastroenteritis Clinical Path Feedback

We want this clinical path to be as useful and easy to use as possible so please give us your feedback!

Compared to your previous practice, did using this clinical path:

- |   |   |
|---|---|
| 1.  | 2.  |
| <input type="checkbox"/> Save lots of time                  | <input type="checkbox"/> Substantially improve patient care |
| <input type="checkbox"/> Save a little bit of time          | <input type="checkbox"/> Slightly improve patient care      |
| <input type="checkbox"/> Take about the same amount of time | <input type="checkbox"/> Have no impact on patient care     |
| <input type="checkbox"/> Take a little more time            | <input type="checkbox"/> Slightly worsen patient care       |
| <input type="checkbox"/> Take a lot more time               | <input type="checkbox"/> Substantially worsen patient care  |

Why? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Compared to your previous practice, did using this clinical path:

- |   |   |
|---|---|
| 3.  | 4.  |
| <input type="checkbox"/> Make your work a lot more straightforward    | <input type="checkbox"/> Make it much easier to find the information you need     |
| <input type="checkbox"/> Make your work a little more straightforward | <input type="checkbox"/> Make it slightly easier to find the information you need |
| <input type="checkbox"/> Have no effect on your work                  | <input type="checkbox"/> Have no impact on ease of finding information you need   |
| <input type="checkbox"/> Make your work a little more difficult       | <input type="checkbox"/> Make it slightly harder to find the information you need |
| <input type="checkbox"/> Make your work a lot more difficult          | <input type="checkbox"/> Make it much harder to find the information you need     |

Why? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. What sections of this clinical path are not needed and could be removed?

Description of Section	Page Number

6. What could be added to this clinical path to make it easier or more effective to use?

Description	Page Number

Please use the back of this page for other comments about how we can improve this clinical path.

This form will be collected when the path is audited.



# Southern Health

- |   |  |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton   |
| <input type="checkbox"/> Kingston Centre    | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
| <input type="checkbox"/> Jessie McPherson   | <input type="checkbox"/> Community Health Services         |
| <input type="checkbox"/> Casey Hospital     | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname .....

Given Name .....

D.O.B. .... Age .... Sex .....

*Affix Patient Identification Label*

## Other comments about this Gastroenteritis Clinical Path

What did you like about it?

What didn't you like about it?

Other thoughts or suggestions?