

MANAGEMENT OF CHILD WITH DIARRHOEA, WITH OR WITHOUT VOMITING IN GENERAL PRACTICE

INITIAL ASSESSMENT

This guideline should not be followed when:

- The child is unconscious or <3 months old
- The cause of diarrhoea is something other than gastroenteritis such as:
 - Acute causes e.g. urinary tract infection, acute appendicitis, peritonitis, intussusception, antibiotic toxicity
 - Chronic causes e.g. milk allergy/intolerance, gluten sensitivity, ulcerative colitis, regional enteritis, cystic fibrosis, Hirschsprung's disease

ASSESSMENT OF SEVERITY OF DEHYDRATION

<u>None or Minimal</u>	<u>Moderate</u>	<u>Severe</u>
<ul style="list-style-type: none"> • Normal capillary refill time • Skin pinch retracts immediately • Normal respiratory pattern • Normal conscious state • Normal drinking • Normal urine output <p><i>These signs correspond to <5% lost body weight</i></p>	<ul style="list-style-type: none"> • Delayed capillary refill (3-4 seconds) • Skin pinch retracts slowly (1-2 seconds) • Increased respiratory rate¹ • Restless, irritable • Drinks eagerly, increased thirst • Tachycardia¹ <p><i>These signs correspond to 5-10% lost body weight</i></p>	<ul style="list-style-type: none"> • Very delayed capillary refill (>4 seconds), mottled skin • Skin pinch retracts very slowly (>2 seconds) • Deep, acidotic breathing • Lethargic, unconscious • Unable to drink • Deeply sunken eyes • Hypotension <p><i>These signs correspond to >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 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

	IF CHILD <u>NOT</u> TOLERATING ORAL FLUIDS → SEND TO HOSPITAL	SEND TO HOSPITAL
<p>Increase frequency and volume of usual drinks while child has diarrhoea. This can occur in the surgery if facilities are available for monitoring, or at the patient's home if the GP considers circumstances suitable</p> <p>→ Best practice is to weigh the child and document fluid intake and output</p> <ul style="list-style-type: none"> • Give appropriate fluids, such as: breast milk, ORS, unsweetened fruit juice diluted 1:4, or cordial diluted 1:10 <ul style="list-style-type: none"> ○ Use cup, bottle, spoon, dropper, syringe or icy-pole as child prefers ○ Avoid soft drinks, sports drinks and undiluted fruit juice or cordial ○ Allow normal foods if child hungry • Give parent written information <p>Reassess in person or by phone as required</p>	<p>IF CHILD TOLERATING ORAL FLUIDS Rehydrate with Oral Rehydration Solution (ORS)². This can occur in the surgery if facilities are available for monitoring, or at the patient's home if the GP considers circumstances suitable</p> <p>→ Best practice is to weigh the child and document fluid intake and output</p> <ul style="list-style-type: none"> • Give 10-20 ml/kg ORS over 1 hour <ul style="list-style-type: none"> ○ Give frequent small amounts eg 5mls/kg every 15 minutes whenever practical ○ Use cup, bottle, spoon, dropper, syringe or icy-pole as child prefers • Give parent written information <p>Reassess after 1 hour. If the child is tolerating oral fluids then rehydration should continue for a further 3 hours with hourly reassessment</p>	

RESPONSE TO TREATMENT

RESPONDING	NOT RESPONDING → SEND TO HOSPITAL
<p>Children who are tolerating oral fluids may be sent home if the parent/carer can provide adequate supervision, is able to continue to provide frequent small volume drinks, and understands when to return to medical care.</p>	<ul style="list-style-type: none"> • Reconsider diagnosis • Continue to rehydrate • Consult with a Paediatrician or Emergency Physician

¹Normal parameters for paediatric vital signs are on page 57 ²Oral Rehydration Solution (eg Repalyte, Gastrolyte, Pedalyte, Hydralyte)