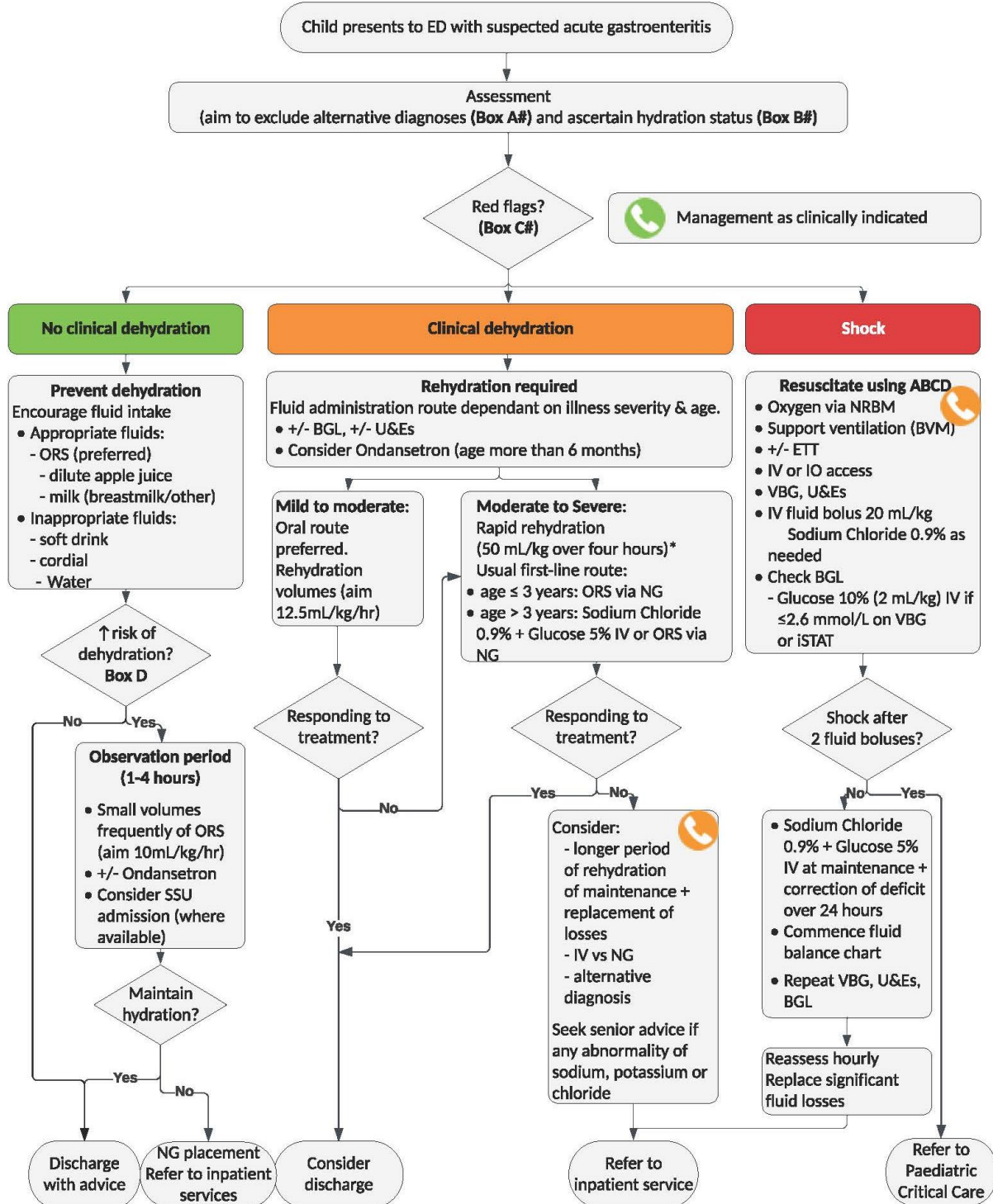


Gastroenteritis - Emergency management in children – Flowchart



*Slower rate (50 mL/kg over 8-12 hours) is recommended in infants (age < 6 months) and children with significant co-morbidities
 #See next page for Box A, B, C, D

Consider seeking senior emergency/paediatric advice as per local practices

Seek senior emergency/paediatric advice as per local practices



Box A: Differential diagnoses for child presenting with gastrointestinal symptoms

Surgical conditions	Appendicitis, intussusception, bowel obstruction, malrotation with volvulus, strangulated hernia, testicular torsion
Non-enteric infections	Sepsis , UTI , meningitis , pneumonia, otitis media , toxic shock syndrome, endemic infections in returned traveller, other focal infections
Metabolic disease	DKA and inborn errors of metabolism
Other	Haemolytic uremic syndrome, inflammatory bowel disease, raised ICP, ingested foreign body (link guideline)

Box B: Hydration assessment

	None	Clinical dehydration (5-10% fluid loss)	Clinical shock (over 10% fluid loss)
Level of consciousness	Alert and responsive	Altered responsiveness	Decreased level of consciousness
Skin colour	Skin colour unchanged	Skin colour unchanged	Pale or mottled skin
Extremities	Warm extremities	Warm extremities	Cold extremities
Eyes	Eyes not sunken	Sunken eyes	Sunken eyes
Mucous membranes	Moist	Dry	Dry
Heart rate	HR normal	HR normal	Increased HR
Breathing	RR normal	Increased RR	Increased RR
Peripheral pulses	Normal	Normal	Weak
Capillary refill	Capillary refill normal	Capillary refill normal	Prolonged (more than two seconds)
Skin turgor	Skin turgor normal	Decreased skin turgor	Decreased skin turgor
Blood pressure	BP normal	BP normal	Decreased BP (decompensated shock)

- More numerous/pronounced symptoms and signs indicate greater severity.
- For clinical shock, one or more of the symptoms or signs will be present.
- If in doubt, manage as if dehydration falls into the more severe category.



Box C: Red flags to suggest an alternative diagnosis

- severe or localised abdominal pain
- abdominal distension
- isolated vomiting
- bilious (green) vomit
- blood in stool or vomit
- child appears very unwell or is very drowsy
- high grade fever $> 38.5^{\circ}\text{C}$ if < 3 months of age, or $> 39^{\circ}\text{C}$ if > 3 months of age
- headache
- rash
- previous GI/surgical history or complex medical history
- representation
- failure to respond to standard therapy
- returned traveller

The very young infant and the malnourished child are more likely to have another diagnosis.

Box D: Risk factors for dehydration

- age less than one year, particularly pre-term infants and those less than six months
- infants with low birth weight and failure to thrive
- greater than five diarrhoeal stools in last 24 hours, especially in infants
- stopped breast feeding during illness
- signs of malnutrition
- immunocompromised
- underlying chronic medical conditions

For more information refer to [CHQ-GDL-60015 – Gastroenteritis – Emergency management in children](#).

