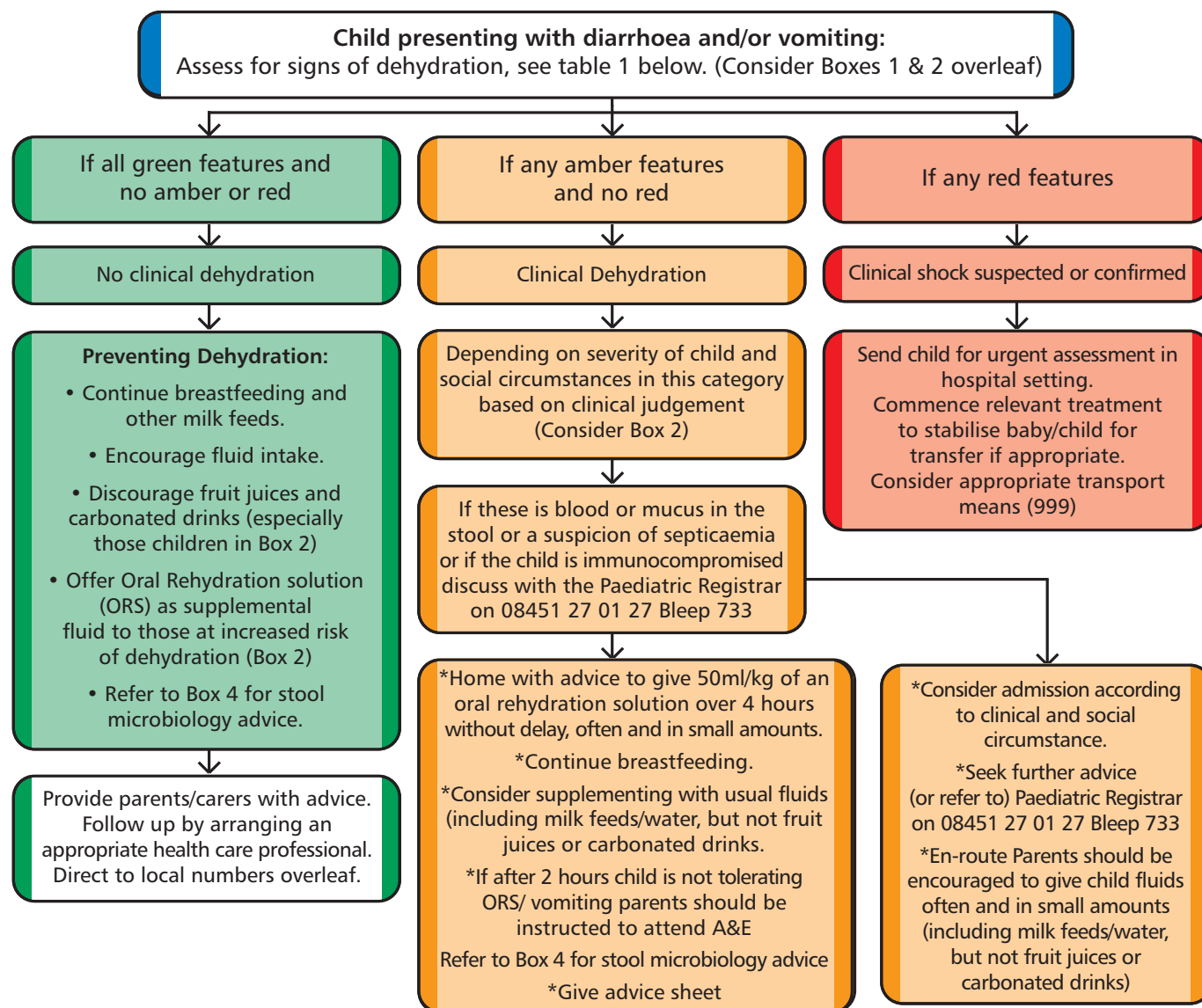


Clinical Assessment tool for the Child with Suspected Gastroenteritis 0-5 Years



Management Out of Hospital Setting



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

Clinical Assessment tool for the Child with Suspected Gastroenteritis 0-5 Years



Management Out of Hospital Setting

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:

Infant: 40
Toddler: 35
Pre-School: 31
School age: 27

Mean Heart Rate:

Infant: 120-170 bpm
Toddler: 80-110 bpm
Pre-School: 70-110 bpm
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

Health Visitor – (If you do not know this number you may be able to locate your health visitor at one of the health centres below)

Liverpool Road Health Centre01582 70 81 51 **Wheatfield Road Surgery**01582 47 86 78

Marsh Farm Health Centre01582 70 74 66 **Wigmore Lane Health Centre** ...01582 70 73 76

Queensborough House.....01582 70 76 60 **Sure Start**.....01582 55 66 61

Community Nurse(If applicable - Regents Court 01582 70 81 39)

Walk in Centre01582 55 64 00 *Opening Times: 8am to 8.00pm Everyday*

NHS Direct.....0845 46 47 *Open 24hrs – 7 days www.nhsdirect.nhs.uk*

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.

