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:
  o Acute causes e.g. urinary tract infection, acute appendicitis, peritonitis, intussusception, antibiotic toxicity
  o Chronic causes e.g. milk allergy/intolerance, gluten sensitivity, ulcerative colitis, regional enteritis, cystic fibrosis, Hirschsprung’s disease

ASSESSMENT OF SEVERITY OF DEHYDRATION

<table>
<thead>
<tr>
<th>None or Minimal</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal capillary refill time</td>
<td>Delayed capillary refill (3-4 seconds)</td>
<td>Very delayed capillary refill (&gt;4 seconds), mottled skin</td>
</tr>
<tr>
<td>Skin pinch retracts immediately</td>
<td>Skin pinch retracts slowly (1-2 seconds)</td>
<td>Skin pinch retracts very slowly (&gt;2 seconds)</td>
</tr>
<tr>
<td>Normal respiratory pattern</td>
<td>Increased respiratory rate</td>
<td>Deep, acidic breathing</td>
</tr>
<tr>
<td>Normal conscious state</td>
<td>Restless, irritable</td>
<td>Lethargic, unconscious</td>
</tr>
<tr>
<td>Normal drinking</td>
<td>Drinks eagerly, increased thirst</td>
<td>Unable to drink</td>
</tr>
<tr>
<td>Normal urine output</td>
<td>Tachycardia</td>
<td>No urine output for &gt;12 hours</td>
</tr>
</tbody>
</table>

These signs correspond to
• <5% lost body weight
• 5-10% lost body weight
• >10% lost body weight

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 NOT TOLERATING ORAL FLUIDS — SEND TO HOSPITAL

IF CHILD IS TOLERATING ORAL FLUIDS
Rehydrate with Oral Rehydration Solution (ORS).
This can occur in the surgery if facilities are available for monitoring, or at the patient’s home if the GP considers circumstances suitable

→ Best practice is to weigh the child and document fluid intake and output
• Give appropriate fluids, such as: breast milk, ORS, unsweetened fruit juice diluted 1:4, or cordial diluted 1:10
  o Use cup, bottle, spoon, dropper, syringe or icy-pole as child prefers
  o Avoid soft drinks, sports drinks and undiluted fruit juice or cordial
  o Allow normal foods if child hungry
• Give parent written information
Reassess in person or by phone as required

SEND TO HOSPITAL
• Give parent written information
Reassess after 1 hour. If the child is tolerating oral fluids then rehydration should continue for a further 3 hours with hourly reassessment

RESPONSE TO TREATMENT

RESPONDING
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.

NOT RESPONDING — SEND TO HOSPITAL
• Reconsider diagnosis
• Continue to rehydrate
• Consult with a Paediatrician or Emergency Physician

1 Normal parameters for paediatric vital signs are in Annex 3
2 Oral Rehydration Solution (eg Repalyte, Gastrolyte, Pedialyte, Hydralyte)