Acute Gastroenteritis (AGE) Clinical Practice Guideline

Emergency Department Management

FINAL 5.3.18



Patient Presents with ≥ 3 loose stools in 24 hrs. 1,2 +/- vomiting; +/- fever

Score the Clinical Dehydration Scale (CDS)

Score each element as 0, 1, or 2 for a total score from 0-8

Characteristics	[0]	[1]	[2]
General appearance	Normal	Thirsty, Restless or Lethar but irritable when touch	o, ,, ,,
Eyes	Normal	Slightly sunken	Extremely sunken
Mucous membrane (tongue)	Moist	Sticky	Dry
Tears JPGN.Volume 59, number 1, July 2	Tears 2014, validated for po	Decreased tears atients < 3yrs, in older patients clinical ju	Absent tears Idgement may supersede the CDS score

| CDS 1-4 Some Dehydration |

Ondansetron⁴ x1 oral in ED if

vomiting with last oral intake

Consider Oral Challenge³ if vomiting with last oral intake

|CDS 0 No Dehydration |

Consider ondansetron⁴ x1 oral

|CDS 5-8 Moderate/Severe Dehydration|

- last oral intake
- IV placement & BMP

- Ondansetron⁴ x1 Oral if vomiting with
- Isotonic Crystalloids, NS or LR, at

¹ Inclusion Criteria

- Patients > 90 days of age
- ≥ 3 loose stools in 24 hrs. Or any loose stools with vomiting
- Acute AGE is < 7 days of loose stools

Exclusion Criteria

- History of Chronic/Complex diagnoses (see Feudtner Exclusion List)
- Patients < 90 days
- Hypo/HyperNatremia or Hypo/HyperKalemia (once confirmed remove from guideline)

³ Oral Challenge

- If vomiting give Ondansetron⁴ and wait 15 min
- Give 5-10ml oral rehdration⁵every 5 min X 15 min
- If emesis wait 15 min and try again.
- If patient < 2yrs and REFUSES oral fluids, and no vomiting, try oral syringe
- If patient continues with emesis stop oral challenge and start IV

Ondansetron Dosing

2mg ODT Pt .wt. 8kg to ≤ 15kg Pt. wt. > 15 kg 4mg ODT

⁵Oral Rehydration

Avoid high carbohydrate liquids and optimize with low osmols and higher Na

- Preferred > 1yr Pedialyte then try sports drink
- Infants < 1yr: Enfalyte oral, syringe or

ORAL REHYDRATION GOAL:

Maintains oral hydration with a minimum of < 10 kg: 60ml or >10 kg: 120ml over 30 min

⁶NG Rehydration

- NG may be placed if pt. < 2years, NO emesis AND refusing PO
- And unable to obtain IV or Parents refuse IV
- Strongly consider admission

Hydrate with: Enfalyte 10-20 ml/kg over

⁷Discharge Medications

*Ondansetron: Evidence supports giving one dose of Zofran in ED/UC, be aware that multi doses may prolong diarrhea *Probiotic: Limited evidence suggest

some improvement but not clear to support use in every patient

GI PCR and Stool Culture

GI PCR Panel is NOT necessary for all patients with diarrhea

May consider Sending PCR for:

- Severe illness (severe abd. pain, tenderness + fever)
- Prolonged symptoms >7 Days
- Travel related diarrhea if persistent or with fever
- Persistent Fever

NG needed for fluid

Consider if Bicarb

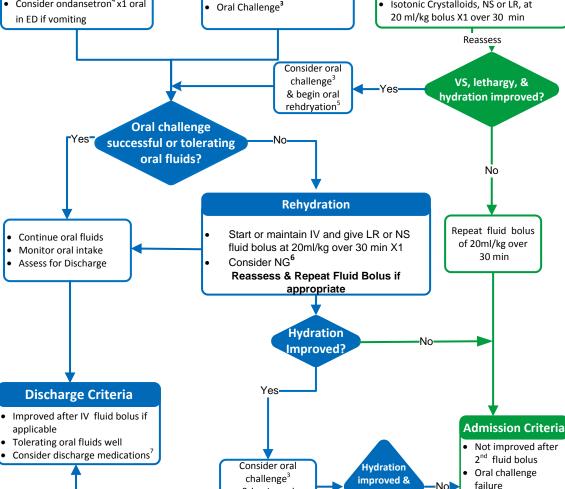
<17 (detects mod

dehydration)

hydration

- Bloody diarrhea esp. if mucoid
- Do not order a stool culture if PCR is ordered

PCR PANEL DOES NOT INCLUDE C-DIFF



& begin oral

rehydration⁵

Yes

Assess for Discharge

tolerates oral

fluids?