Acute Gastroenteritis (AGE) Clinical Practice Guideline
Emergency Department Management

**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)

**Oral Challenge**
- If vomiting give Ondansetron® and wait 15 min
- Give 5-10ml oral rehydration every 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**
- Pt. wt. ≤ 15kg
- 2mg ODT
- Pt. wt. > 15kg
- 4mg ODT

**Oral 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 NG

**ORAL REHYDRATION GOAL:**
- Maintains oral hydration with a minimum of < 10 kg: 60ml or >10 kg: 120ml over 30 min

**NG 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 30 min

**Discharge Medications**
- "Ondansetron: Evidence supports giving one dose of Zofran in ED/UC, be aware that multi doses may prolong diarrhea
- "Prebiotic: 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
  - Bloody diarrhea esp. if mucoid
- Do not order a stool culture if PCR is ordered
- PCR PANEL DOES NOT INCLUDE C-DIFF

---

**Acute Gastroenteritis (AGE) Clinical Practice Guideline**

**Discharge Criteria**
- Improved after IV fluid bolus if applicable
- Tolerating oral fluids well
- Consider discharge medications

**Admission Criteria**
- Not improved after 2nd fluid bolus
- Oral challenge failure
- NG needed for fluid hydration
- Consider if Bicarb <17 (detects mod dehydration)

**Hydration**

**Hydration improved & tolerates oral fluids?**
- Yes
- No

**Consider oral challenge & begin oral rehydration**
- Yes
- No

**Oral Challenge successful or tolerating oral fluids?**
- Yes
- No

**Score the Clinical Dehydration Scale (CDS)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>General appearance</td>
<td>Normal</td>
<td>Thirsty, Restless or Lethargic, but irritable when touched</td>
<td>Drowsy, limp, cold or sweaty, +/- comatose</td>
</tr>
<tr>
<td>Eyes</td>
<td>Normal</td>
<td>Slightly sunken</td>
<td>Extremely sunken</td>
</tr>
<tr>
<td>Mucous membrane (tongue)</td>
<td>Moist</td>
<td>Sticky</td>
<td>Dry</td>
</tr>
<tr>
<td>Tears</td>
<td>Absent tears</td>
<td>Decreased tears</td>
<td>Decreased tears</td>
</tr>
</tbody>
</table>

*JPGN Volume 59, number 1, July 2014, validated for patients < 3yrs, in older patients clinical judgement may supersede the CDS score.