Acute Gastroenteritis (AGE) Clinical Practice Guideline

Inpatient Department Management

FINAL 5.3.18



CDS 0 No Dehydration

- Patient Failed Oral Challenge
 - · Refusing fluids

See pg. 2 for

CDS scoring

criteria in ED/UC

Emesis with
 Ondansetron given

CDS 1-4 Some Dehydration

- Ondansetron 0 .15mg/kg x1 Oral in ED/UC if pt. had emesis
- Failed Oral Challenge or was unable to tolerate oral Rehydration
- NG was placed for hydration

CDS 5-8 Moderate/Severe Dehydration

- Infused Isotonic Crystalloids, NS or LR, at 20 ml/kg Bolus X2
- BMP completed
- Concern with VS, Lethargy or Hydration
- Failed Oral Challenge

Admission from Emergency Department

CDS performed, initial treatment started

Refused Fluids Failed Oral Challenge

< 2 yrs

CDS 0-4 CDS 5-8

NG/ORAL REHYDRATION¹

Continue Oral¹ or Initiate NG rehydration NG rehydration: Consider NG if pt. < 2yrs, NO emesis and AND refusing po fluids.

- Use: Enfalyte 40 -50 ml/kg over 3-6hrs
- · Continue NG hydration at maintenance rate
- If pt. begins vomiting, stop Oral/NG fluids and start IV for parenteral rehydration
- Consider Ondansetron *

PARENTERAL REHYDRATION

Consider Repeat Bolus: NS or LR at 20 ml/kg x1 Start IV Isotonic (D5NS) Fluids

May add K⁺ or other additives as indicated

CDS 0 - 4: Maintenance Fluids

CDS 5-8:

- Moderate dehydration: 1.5x maintenance
- Severe dehydration: 2x maintenance.

Physicians assesses patient Daily for VS and Intake is > Output

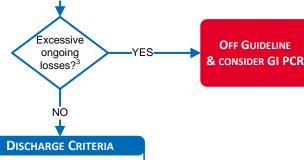
Vomiting+

MAINTENANCE

 Continue hydration and notify MD as needed for improvement² or deterioration in condition

If patient is tolerating fluids consider:

- Wean IVF/NG hydration to promote oral intake
- \bullet Stopping supplemental hydration or reduce by ½.
- Consider BMP if NPO longer than 24hrs or abnormal labs on admission



- Able to tolerate oral fluids without emesis or excessive stooling
- Ability to replace losses without IV fluid
- VSS
- Afebrile

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

Fuedtner Exclusion List for Chronic/ Complex patients

Patients < 90 days

Hyper or Hyponatremia (once confirmed remove from guideline)

¹Oral Rehydration

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

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

²Notify MD

Call MD to Advance Diet when pt:

- Baseline sensorium
- Acting hungry/asking for food
- Mucous membranes moist
- VS stable
- No more than 3 loose stools after oral intake

NURSING CARE

- Contact Precautions
- Diaper Dermatitis Protocol
- Strict I&O
- Clear liquid diet, if no vomiting may advance diet as tolerated.

³Ongoing Losses

Vomiting: monitor frequency & volume Stooling: Since stool measurement is difficult to measure accurately the fluids should be adjusted based on clinical assessment

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

INPATIENT 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 and may decrease IP LOS but not clear to support use in every patient

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FINAL 5.43.18 Pg. 2



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 Lethargic, but irritable when touched	Drowsy, limp, cold or sweaty, +/- comatose
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 judgeme	Absent tears nt may supersede the CDS score