

# Acute Gastroenteritis Care Guideline

## Inclusion Criteria:

- Diarrhea and dehydration with or without vomiting
- All children aged 1 month to 5 years old
- Med/Surg acuity level

## Exclusion Criteria:

- PICU status
- Complex/chronic/comorbid medical condition
- Children > 5 yrs old
- Suspected bacterial enterocolitis, dysenteric stools, toxic appearance, frank bloody stools, bacteremia

## Recommendations/ Considerations

- No need for NPO status unless the patient is unable to tolerate liquids
- Although not mandated by the CDC Guidelines, lactose free feeds may be more effective at reducing the duration of diarrhea and stool frequency in children with mild-to-severe dehydration (BMJ Clinical Evidence 2007).
- Stool cultures **should not** only be ordered for patients who have watery diarrhea bloody stools or a known exposure, etc. (not routine)
- Stool for O&P, *Giardia* antigen, and *C. difficile* not indicated in routine cases of AGE. Stool for Gram stain (WBCs) of no value in AGE.
- A BMP is indicated in all patients with moderate-severe dehydration to detect electrolyte or glucose abnormalities
- Antidiarrheal agents & antibiotics are **not indicated** for AGE.
- Use of antiemetics (single dose of Ondansetron) has been shown to reduce episodes of vomiting in selected cases; however it may increase risk of diarrhea (BMJ Clinical Evidence 2007).

## Assess for degree of dehydration

### Minimal or No Dehydration

(HR, skin turgor, cap refill, mental status normal, slightly dry mucus membranes and slight decrease in urine output)

### Observation Status if criteria met

### 1 or more of the following:

- Adequate care not available at home
- Clinical response to outpatient therapy uncertain
- Outpatient supervision uncertain

### Treatment

- No IV
- Clear liq (no fruit juices, sports drinks)
- If no vomiting, advance diet to either lactose free formula, breast milk, or AGE diet (reduced lactose, no fruit juices/sports drinks).

### Mild/Moderate Dehydration

(HR increased, delayed cap refill, mucus membranes dry, listless and decreased urine output)

### Assessment and Treatment

- Basic metabolic panel if not done in ED
- IV bolus with NS or LR as needed
- Daily weights
- IV rehydration
- When tolerating clear liq without emesis, advance to either lactose free formula, breast milk, AGE diet (reduced lactose, no fruit juices/sports drinks)
- HL IV when tolerating adequate oral fluids

### Discharge Criteria

- Rehydration is accomplished
- Electrolyte/glucose abnormalities improved (if labs repeated)
- Tolerating diet
- < 1 yr – breast fed or lactose free formula for up to 2 weeks
- > 1 yr – AGE diet for 5 days after discharge

### Severe Dehydration

(HR increased, extremities cool/mottled, mucus membranes dry, minimal urine output)

### Parent Education

- Gastroenteritis Diet (located on the clinical education page on PAWS)
- Kids Health – Diarrhea (Parent Version)