

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

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
- Diet Therapy for Babies:
 - Breastfeeding should be continued during both the rehydration and maintenance phases.
 - Formula fed infants should resume their usual formula.
 - Switching to a lactose-free or soy based formula is usually not necessary, unless stool output significantly increases with a milk-based formula.
- Diet Therapy for Children:
 - Children should be refeed early after rapid oral rehydration therapy (4-6 hours) and should be offered an unrestricted diet.
 - Only avoid dairy products if they make symptoms worse.
 - Avoid sugary beverages such as sodas, juice, sports drinks etc.
 - Food high in simple sugars may increase osmotic load and worsen diarrhea.

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 liquids without emesis, advance to either formula, breast milk, AGE diet (no fruit juices/sports drinks/sodas)
- Saline Lock IV when tolerating adequate oral fluids

Discharge Criteria

- Rehydration is accomplished
- Electrolyte/glucose abnormalities improved (if labs repeated)
- Tolerating diet

Severe Dehydration

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

Recommendations/ Considerations

- No need for NPO status unless the patient is unable to tolerate liquids
- Stool cultures **should not** be ordered for patients who have watery diarrhea. 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).
- Probiotics have been shown to be effective in the treatment of gastroenteritis. They can be consumed from food sources (yogurt or kefir) or as supplements. Parents should talk with their healthcare provider before starting supplements.

Parent Education

- Gastroenteritis Diet – Cerner Education
- Kids Health – Diarrhea (Parent Version)
- Kids Health – Vomiting (Parent Version)

References

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