

CUH ED GASTROENTERITIS TREATMENT PATHWAY

****ALL PATIENTS WITH SIGNS OF SHOCK OR SEVERE ILLNESS SHOULD PROCEED DIRECTLY TO IV RESUSCITATION AND SENIOR DOCTOR REVIEW****

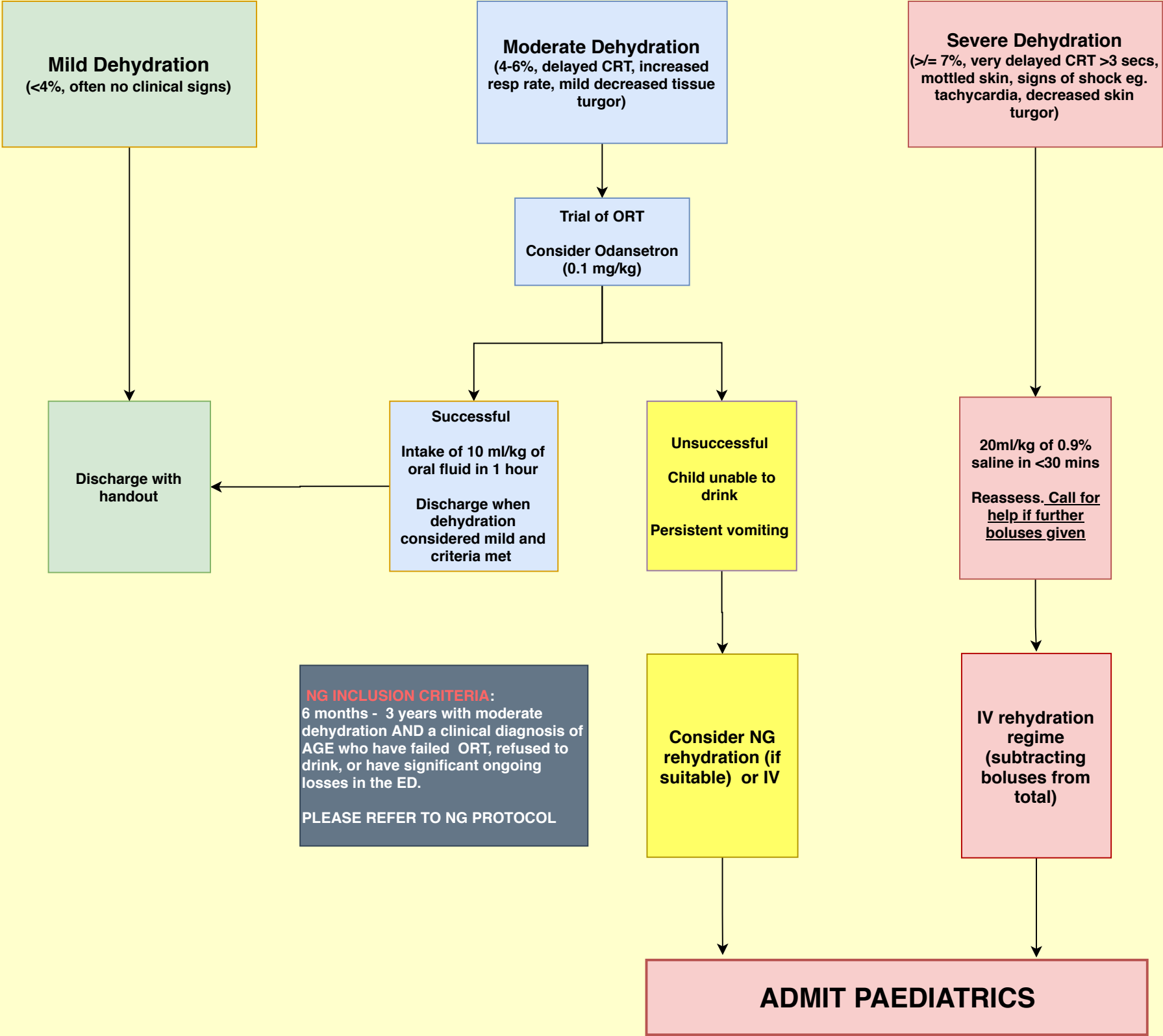
RED FLAGS!!!

- Appears very unwell (shocked)
- Severe abdominal pain
- Signs of peritonism
- Signs of sepsis
- Bloody diarrhoea
- Billious vomiting

ORT FAILURE

- 2 or more vomits after Ondansetron
- And/ or refusal to drink from syringe/cup for more than 30 minutes
- Or less than 5 ml/kg ORT after 60 mins.

PROCEED TO NG (IF SUITABLE) OR IV



HYPOVOLAEMIA/SHOCK: 20 ml/kg boluses of 0.9% saline until corrected.

HYPOGLYCAEMIA: 5ml/kg of 10% Dextrose IV immediately.

ADDITIONAL FLUIDS: Maintenance PLUS Deficit PLUS Ongoing losses using 0.9% saline and 5% dextrose.

NG INCLUSION CRITERIA:
6 months - 3 years with moderate dehydration AND a clinical diagnosis of AGE who have failed ORT, refused to drink, or have significant ongoing losses in the ED.

PLEASE REFER TO NG PROTOCOL