

ED/UC GASTROENTERITIS

ALGORITHM

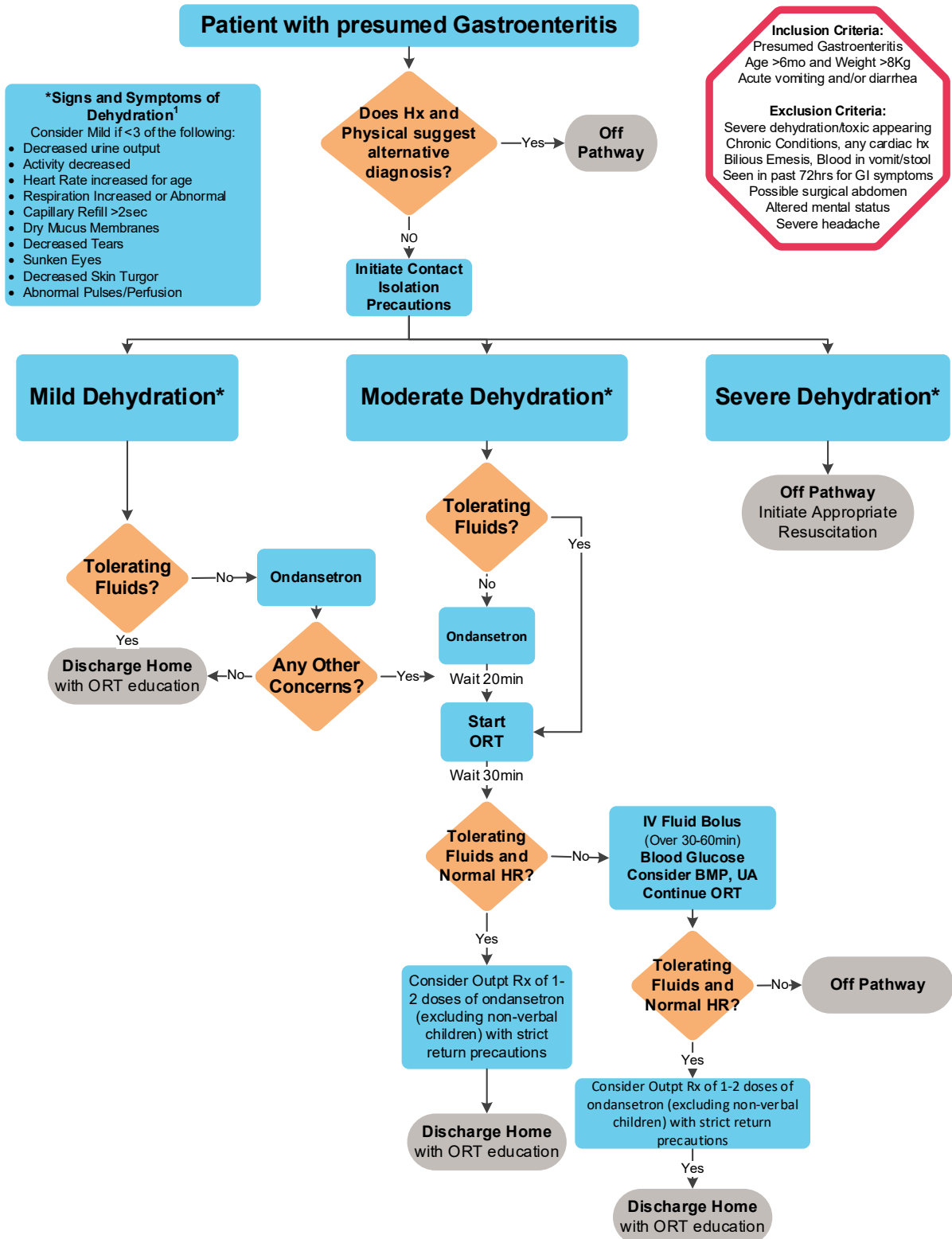


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TARGET POPULATION

Inclusion Criteria:

- Presumed Gastroenteritis
- Age >6mo and Weight >8Kg
- Acute vomiting and/or diarrhea

Exclusion Criteria:

- Chronic Condition (VP shunt, cardiac, renal, DKA, metabolic, etc.)
- G-tube
- Bilious Emesis
- Blood in vomit/stool (hematemesis, hematochezia)
- Seen in the ED/UC in the past 72hrs for GI symptoms
- Severe dehydration/toxic appearing
- Possible surgical abdomen
- Altered mental status
- Severe headache

BACKGROUND | DEFINITIONS

Acute gastroenteritis (AGE) is “defined as three or more episodes of diarrhea and/or vomiting and possibly accompanied by other symptoms including fever, nausea, or abdominal pain that results from gastrointestinal inflammation”²

Oral rehydration therapy (ORT) is a non-invasive, rehydration method used in patient with mild-moderate gastroenteritis.

INITIAL EVALUATION

- Vital signs
- History and physical exam

- Laboratory evaluation is rarely indicated (Consider for moderate to severe dehydration, change in urination, weight loss)
 - Serum Glucose
 - BMP
 - Urinalysis

CLINICAL MANAGEMENT

Oral Rehydration Therapy (ORT)

	6-12mo	12mo-3yrs	3yrs-8yrs	>8yrs
Preferred Oral Fluid³	Pedialyte or breast milk <i>*Note: if the patient is nursing, have MOC breastfeed for 2min every 5min for a total of 5 feedings</i>	½ strength electrolyte solution (Gatorade, PowerAde), ½ strength apple juice, or breast milk	½ strength electrolyte solution (Gatorade, PowerAde) or ½ strength apple juice	Electrolyte solution or 1/2 strength apple juice
Rate	5mL every 5min x 4 doses then 10mL every 5min x 4 doses	10mL every 5min x 4 doses then 20mL every 5min x 4 doses	15mL every 5min x 4 doses then 30mL every 5min x 4 doses	15mL every 3min x 4 doses then 30mL every 3min x 4 doses
Minimum Recommended Volume Prior to Discharge	60mL	120mL	180mL	180mL

LABORATORY STUDIES | IMAGING

- No imaging studies are recommended for acute, mild-moderate gastroenteritis.
- Laboratory evaluation is rarely indicated (Consider for moderate to severe dehydration, change in urination, weight loss)
 - Serum Glucose
 - BMP
 - Urinalysis

THERAPEUTICS

Ondansetron Oral disintegrating tab: [Link to Lexicomp](#)

- 8-15kg: 2mg/dose once
- >15-30kg: 4mg/dose once
- >30kg: 4-8mg/dose once

IV Fluid Bolus

Normal Saline: 20ml/kg (Max 1,000mL/single bolus) over 30-60min

PARENT | CAREGIVER EDUCATION

Use DC Gastroenteritis Smart Set

ORAL REHYDRATION THERAPY (ORT) TRACKING TOOL

Directions for Patients that are Breastfeeding:

- If you are breastfeeding, breastfeed for 2 minutes every 5 minutes for a total of 5 feedings

	5 min	5 min	5 min	5 min	5 min
Time					
Breastfeed for 2min every 5 minutes					

Directions for Patients 6-12 Months Old

- Your baby's provider has ordered oral rehydration therapy (ORT). ORT is used to help treat dehydration.
- Give your baby Pedialyte* to drink every 5 minutes.
- ORT has two parts: once your baby has finished Part 1, they are ready for Part 2.
 - Part 1:** Fill a small syringe to the 5 mL mark with Pedialyte. Give your baby 5 mL of Pedialyte every 5 minutes. Draw an 'X' in the box each time your baby drinks without throwing up. Tell your nurse if your baby throws up.
 - Part 2:** Now fill the syringe to the 10 mL mark with Pedialyte. Give your baby 10 mL of Pedialyte every 5 minutes. Draw an 'X' in the box each time your baby drinks without throwing up. Tell your nurse if your baby throws up.

Part 1	5 min	5 min	5 min	5 min
Time				
5ml every 5 minutes				

Part 2	5 min	5 min	5 min	5 min
Time				
10 ml every 5 minutes				

Directions for Patients 12 Months-3 Years Old

- Your child's provider has ordered oral rehydration therapy (ORT). ORT is used to help treat dehydration.
- Give your child ½ strength electrolyte solution (Pedialyte) or ½ strength apple juice* to drink every 5 minutes.
- ORT has two parts: once your child has finished Part 1, they are ready for Part 2.
 - Part 1:** Fill a syringe to the 10 mL mark with ½ strength electrolyte solution or ½ strength apple juice. Give your child 10 mL to drink every 5 minutes. Draw an 'X' in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.
 - Part 2:** Now fill the syringe to the 10 mL mark twice with ½ strength electrolyte solution or ½ strength apple juice. Give your child 20 mL to drink every 5 minutes. Draw an 'X' in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.

Part 1	5 min	5 min	5 min	5 min
Time				
10 ml every 5 minutes				

Part 2	5 min	5 min	5 min	5 min
Time				
20 ml every 5 minutes				

ORAL REHYDRATION THERAPY (ORT) TRACKING TOOL CONTINUED

Directions for Patients 3 years-8 years old

- Your child’s provider has ordered oral rehydration therapy (ORT). ORT is used to help treat dehydration.
- Give your child ½ strength electrolyte solution (Pedialyte) or ½ strength apple juice* to drink every 5 minutes.
- ORT has two parts: once your child has finished Part 1, they are ready for Part 2.
 - **Part 1:** Fill a small cup or syringe to the 15 mL mark with ½ strength electrolyte solution or ½ strength apple juice. Give your child 15 mL to drink every 5 minutes. Draw an ‘X’ in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.
 - **Part 2:** Now fill the small cup or syringe to the 30 mL mark with ½ strength electrolyte solution or ½ strength apple juice. Give your child 30 mL to drink every 5 minutes. Draw an ‘X’ in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.

Part 1	5 min	5 min	5 min	5 min
Time				
15 ml every 5 minutes				

Part 2	5 min	5 min	5 min	5 min
Time				
30 ml every 5 minutes				

Directions for Patients older than 8 Years Old

- Your child’s provider has ordered oral rehydration therapy (ORT). ORT is used to help treat dehydration.
- You will give your child Pedialyte or ½ strength apple juice* to drink every 3 minutes.
- ORT has two parts: once your child has finished Part 1, they are ready for Part 2.
 - **Part 1:** Fill a small cup or syringe to the 15 mL mark with Pedialyte or ½ strength apple juice. Give your child 15 mL to drink every 3 minutes. Draw an ‘X’ in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.
 - **Part 2:** Now fill the small cup or syringe to the 30 mL mark with Pedialyte or ½ strength apple juice. Give your child 30 mL to drink every 3 minutes. Draw an ‘X’ in the box each time your child drinks without throwing up. Tell your nurse if your baby throws up.

Part 1	3 min	3 min	3 min	3 min
Time				
15 ml every 3 minutes				

Part 2	3 min	3 min	3 min	3 min
Time				
30 ml every 3 minutes				

TABLA DE SEGUIMIENTO PARA LA TERAPIA ORAL DE REHIDRATACIÓN

Instrucciones para los pacientes que están amamantando:

- Si usted está amamantando, hágalo por 2 minutos cada 5 minutos por un total de 5 alimentaciones

	5 min	5 min	5 min	5 min	5 min
Tiempo					
Amamante por 2 minutos cada 5 minutos					

Instrucciones para los pacientes entre 6 y 12 meses

- El profesional sanitario de su bebé ordenó la terapia oral de rehidratación (ORT, por sus siglas en inglés). Esta terapia se usa para tratar la deshidratación. Déle *Pedialyte* para beber a su bebé cada 5 minutos.
- La terapia ORT consiste de dos partes: una vez su bebé finaliza la primera parte, ya estará listo para realizar la segunda parte.
 - **Parte 1:** llene una jeringa pequeña con *Pedialyte* hasta la marca de 5 ml. Dele de beber a su bebé 5 ml de *Pedialyte* cada 5 minutos. Marque en la casilla una "X" cada vez que su bebé tome la bebida sin vomitar. Avise a la enfermera si el bebé vomita.
 - **Parte 2:** ahora, llene la jeringa con *Pedialyte* hasta la marca de 10 ml. Dele a su bebé 10 ml de *Pedialyte* cada 5 minutos. Marque en la casilla una "X" cada vez que su bebé tome la bebida sin vomitar. Avise a la enfermera si el bebé vomita.

Parte 1	5 min	5 min	5 min	5 min
Tiempo				
5ml cada 5 minutos				

Parte 2	5 min	5 min	5 min	5 min
Tiempo				
10 ml cada 5 minutos				

Instrucciones para los pacientes de 12 meses a 3 años

- El profesional sanitario de su hijo ordenó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación. Dele a su hijo cada 5 minutos la bebida con electrolitos (*Pedialyte*) diluida a la mitad o el jugo de manzana diluido a la mitad.
- La ORT consiste de dos partes: una vez su hijo finaliza la primera parte, ya estará listo para realizar la segunda parte.
 - **Parte 1:** llene una jeringa con la solución de electrolitos diluida a la mitad o el jugo de manzana diluido a la mitad hasta la marca de 10 ml. Dele de beber a su hijo 10 ml cada 5 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.
 - **Parte 2:** ahora, llene la jeringa con la solución de electrolitos diluida a la mitad o el jugo de manzana diluido a la mitad hasta la marca de 10 ml. Dele de beber a su hijo 20 ml cada 5 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.

Parte 1	5 min	5 min	5 min	5 min
Tiempo				
10 ml cada 5 minutos				

Parte 2	5 min	5 min	5 min	5 min
Tiempo				
20 ml cada 5 minutos				

TABLA DE SEGUIMIENTO PARA LA TERAPIA ORAL DE REHIDRATACIÓN

Instrucciones para los pacientes de 3 a 8 años

- El profesional sanitario de su hijo ordenó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación.
- Dele a su hijo cada 5 minutos la solución de electrolitos *Pedialyte* diluida a la mitad o el jugo de manzana diluido a la mitad.
- La ORT consiste de dos partes: una vez su hijo finaliza la primera parte, ya estará listo para realizar la segunda parte.
 - **Parte 1:** llene un vaso pequeño o una jeringa con la solución de electrolitos diluida a la mitad o el jugo de manzana diluido a la mitad hasta la marca de 15 ml. Dele de beber a su hijo 15 ml cada 5 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.
 - **Parte 2:** ahora, llene el vaso pequeño o la jeringa con la solución de electrolitos diluida a la mitad o el jugo de manzana diluido a la mitad hasta la marca de 30 ml. Dele de beber a su hijo 30 ml cada 5 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.

Parte 1	5 min	5 min	5 min	5 min
Tiempo				
15 ml cada 5 minutos				

Parte 2	5 min	5 min	5 min	5 min
Tiempo				
30 ml cada 5 minutos				

Instrucciones para los pacientes mayores de 8 años

- El profesional sanitario de su hijo ordenó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación.
- Usted le dará a su hijo *Pedialyte* o jugo de manzana diluido a la mitad cada 3 minutos.
- La ORT consiste de dos partes: una vez su hijo finaliza la primera parte, ya estará listo para realizar la segunda parte.
 - **Parte 1:** llene un vaso pequeño o una jeringa con *Pedialyte* o jugo de manzana diluido a la mitad hasta la marca de 10 ml. Dele de beber a su hijo 15 ml cada 3 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.
 - **Parte 2:** ahora, llene el vaso pequeño o la jeringa con *Pedialyte* o jugo de manzana diluido a la mitad hasta la marca de 30 ml. Dele de beber a su hijo 30 ml cada 3 minutos. Marque en la casilla una "X" cada vez que su hijo tome la bebida sin vomitar. Avise a la enfermera si el niño vomita.

Parte 1	3 min	3 min	3 min	3 min
Tiempo				
15 ml cada 3 minutos				

Parte 2	3 min	3 min	3 min	3 min
Tiempo				
30 ml cada 3 minutos				

REFERENCES

1. Evidence Based Guideline for Dehydration and Gastroenteritis, Boston Children's Hospital, updated 1/29/16.
2. Carson RA, Mudd SS, Madati PJ. Clinical practice guideline for the treatment of pediatric acute gastroenteritis in the outpatient setting. *Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners*. 2016;30(6):610-616.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1826691222?accountid=11243>. doi: <http://dx.doi.org/10.1016/j.pedhc.2016.04.012>.
3. Freedman, Stephen B,M.D.C.M., M.Sc, Willan AR, PhD., Boutis K, M.D., Schuh S, M.D. Effect of dilute apple juice and preferred fluids vs electrolyte maintenance solution on treatment failure among children with mild gastroenteritis: A randomized clinical trial. *Jama*. 2016;315(18):1966.
4. Colletti JE, Brown KM, Sharieff GQ, Barata IA, Ishimine P, ACEP Pediatric Emergency MC. The management of children with gastroenteritis and dehydration in the emergency department. *J Emerg Med*. 2010;38(5):686-698. <http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/733124596?accountid=11243>. doi: <http://dx.doi.org/10.1016/j.jemermed.2008.06.015>.
5. Xu M, H.B.Sc, Rieder M,M.D.PhD. A supplementary home dose of oral ondansetron given in anticipation of recurrent emesis in paediatric acute gastroenteritis. *Paediatrics & Child Health*. 2014;19(2):107-108.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1540731592?accountid=11243>.
6. Alhashimi D, Al-Hashimi H, Fedorowicz Z. Antiemetics for reducing vomiting related to acute gastroenteritis in children and adolescents. *The Cochrane database of systematic reviews*. 2009(2):1.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/671126491?accountid=11243>. doi: <http://dx.doi.org/10.1002/14651858.CD005506.pub4>.
7. Lo Vecchio A, Dias JA, Berkley JA, et al. Comparison of recommendations in clinical practice guidelines for acute gastroenteritis in children. *J Pediatr Gastroenterol Nutr*. 2016;63(2):226-235.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1807278639?accountid=11243>. doi: <http://dx.doi.org/10.1097/MPG.0000000000001133>.
8. <http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1791669651?accountid=11243>.
9. Freedman SB, Thull-Freedman J, Rumantir M, Atenafu EG, Stephens D. Emergency department revisits in children with gastroenteritis. *J Pediatr Gastroenterol Nutr*. 2013;57(5):612-618.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1449278405?accountid=11243>. doi: <http://dx.doi.org/10.1097/MPG.0b013e3182a1dd93>.
10. Haines E, van Amerongen R, Birkhahn R, Wen W, Gaeta T. Evaluating outcomes associated with a discharge action plan employing single-dose home use of ondansetron in patients with acute gastroenteritis. *Open access emergency medicine : OAEM*. 2012;4:1-4.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1787476087?accountid=11243>. doi: <http://dx.doi.org/10.2147/OAEM.S27462>.
11. Freedman SB, Hall M, Shah SS, et al. Impact of increasing ondansetron use on clinical outcomes in children with gastroenteritis. *Arch Pediatr Adolesc Med*. 2014;168(4):321.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1524405497?accountid=11243>.
12. Freedman SB, Powell EC, Nava-Ocampo A, Finkelstein Y. Ondansetron dosing in pediatric gastroenteritis. *Pediatric Drugs*. 2010;12(6):405-410.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/760947856?accountid=11243>. doi: <http://dx.doi.org/10.2165/11537770-000000000-00000>.
13. Sturm JJ, Hirsh DA, Schweickert A, Massey R, Simon HK. Ondansetron use in the pediatric emergency department and effects on hospitalization and return rates: Are we masking alternative diagnoses? *Ann Emerg Med*. 2010;55(5):415-422.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/733912194?accountid=11243>. doi: <http://dx.doi.org/10.1016/j.annemergmed.2009.11.011>.
14. Danewa AS, Shah D, Batra P, Bhattacharya SK, Gupta P. Oral ondansetron in management of dehydrating diarrhea with vomiting in children aged 3 months to 5 years: A randomized controlled trial. *J Pediatr*. 2016; 169: 105-9. e3.
15. <http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1760904573?accountid=11243>. doi: <http://dx.doi.org/10.1016/j.jpeds.2015.10.006>.
16. Bellemare S, Hartling L, Wiebe N, et al. Oral rehydration versus intravenous therapy for treating dehydration due to gastroenteritis in children: A meta-analysis of randomised controlled trials. *BMC medicine*. 2004;2:11.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/67112447?accountid=11243>.


17. Das JK, Kumar R, Salam RA, Freedman S, Bhutta ZA. The effect of antiemetics in childhood gastroenteritis. *BMC Public Health*. 2013;13.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1433419511?accountid=11243>. doi:
<http://dx.doi.org/10.1186/1471-2458-13-S3-S9>.
18. te Loo DM, van dG, Ten WTA. The effect of flavoring oral rehydration solution on its composition and palatability. *J Pediatr Gastroenterol Nutr*. 2004;39(5):545-548.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/67136167?accountid=11243>.
19. Doan Q, Chan M, Leung V, Lee E, Kissoon N. The impact of an oral rehydration clinical pathway in a paediatric emergency department. *Paediatrics & child health*. 2010;15(8):503-507.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/896241859?accountid=11243>.
20. Diggins, Kristene C, RN, MSN, F.N.P., B.C. Treatment of mild to moderate dehydration in children with oral rehydration therapy. *J Am Acad Nurse Pract*. 2008;20(8):402-6.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/212891195?accountid=11243>.
21. Krammes SK, Jacobs T, Clark JM, Lutes RE. Effect of intravenous ondansetron on the QT interval of patients' electrocardiograms. *Pediatr Emerg Care*. 2016.
<http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/1826696529?accountid=11243>.

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- Medication Safety Committee – N/A
- Antimicrobial Stewardship Committee – N/A
- Pharmacy & Therapeutics Committee – 2/2/17
- ED/UC Pathways and Policies Committee- 2/15/17

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LAST DATE OF REVIEW OR REVISION	2/14/2017
APPROVED BY	 Lalit Bajaj, MD, MPH Medical Director, Clinical Effectiveness

REVIEW | REVISION SCHEDULE

Scheduled for full review on date here February 14, 2021

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注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-720-777-9800 まで、お電話にてご連絡ください。

Niŋ: Ɔ buri na asu lbo, asusu aka ɔasu n'efu, defu, aka. Call 1-720-777-9800.