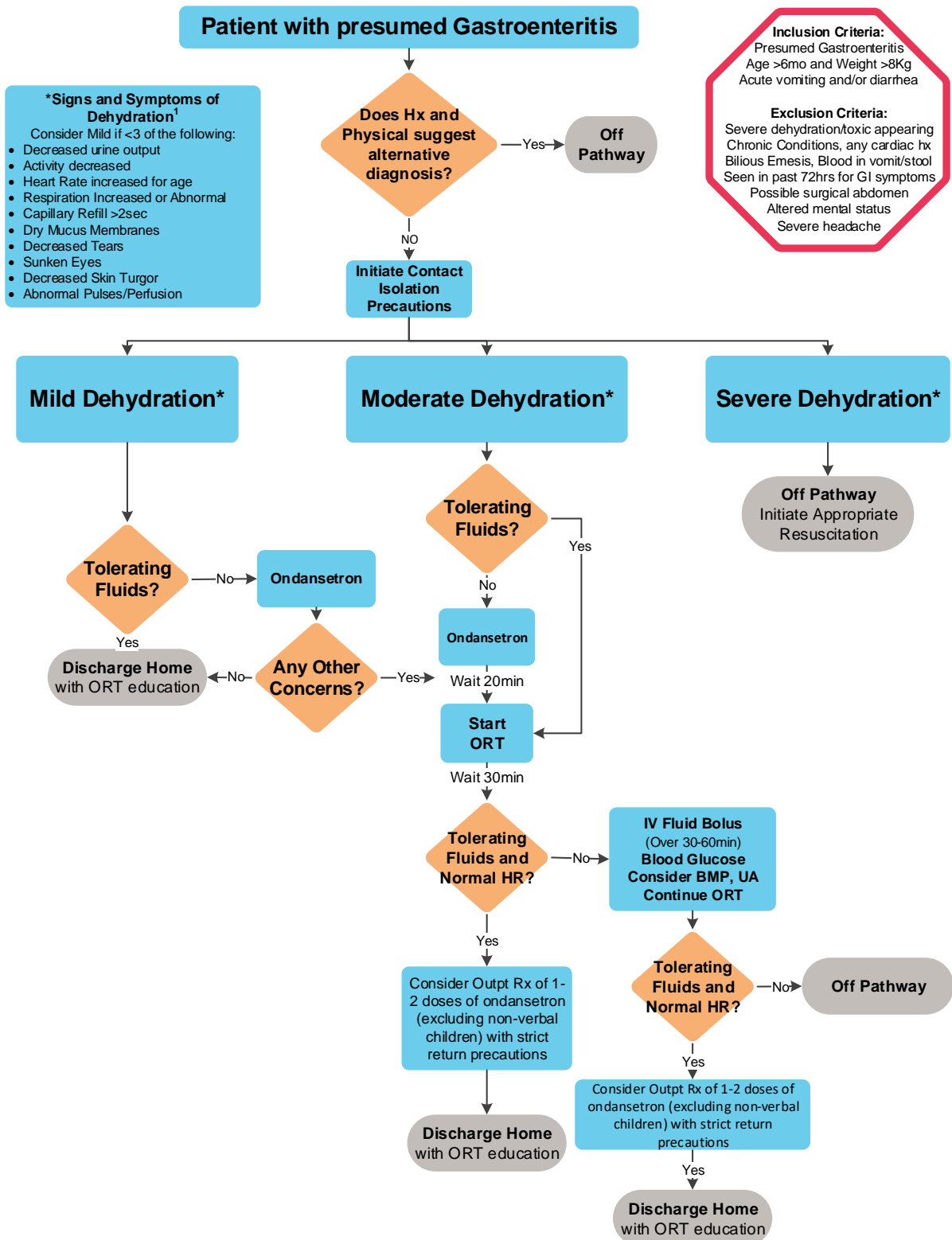


# ED/UC GASTROENTERITIS

## ALGORITHM



## TABLE OF CONTENTS

[Algorithm](#)

[Target Population](#)

[Background | Definitions](#)

[Initial Evaluation](#)

[Clinical Management](#)

[Laboratory Studies | Imaging](#)

[Therapeutics](#)

[References](#)

[Clinical Improvement Team](#)

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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”<sup>2</sup>

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
<b>Preferred Oral Fluid<sup>3</sup></b>	Pedialyte or breast milk *Note: if the patient is nursing, have MOC breastfeed for 2min every 5min for a total of 5 feedings	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
<b>Rate</b>	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
<b>Minimum Recommended Volume Prior to Discharge</b>	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:**

- 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

	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>					
<b>Breastfeed for 2min every 5 minutes</b>					

### 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 or breast milk 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 or breast milk. Give your baby 5 mL of Pedialyte or breast milk 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 or breast milk. Give your baby 10 mL of Pedialyte or breast milk 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.

<b>Part 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>5ml every 5 minutes</b>				

<b>Part 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>10 ml every 5 minutes</b>				

### 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.

<b>Part 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>10 ml every 5 minutes</b>				

<b>Part 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>20 ml every 5 minutes</b>				

## 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.

<b>Part 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>15 ml every 5 minutes</b>				

<b>Part 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Time</b>				
<b>30 ml every 5 minutes</b>				

### 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.

<b>Part 1</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>
<b>Time</b>				
<b>15 ml every 3 minutes</b>				

<b>Part 2</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>
<b>Time</b>				
<b>30 ml every 3 minutes</b>				

## 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
- Avise a su enfermera si su bebé vomita

	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>					
<b>Amamante por 2 minutos cada 5 minutos</b>					

### Instrucciones para los pacientes entre 6 y 12 meses

- El profesional sanitario de su bebé solicitó la terapia oral de rehidratación (ORT, por sus siglas en inglés). Esta terapia se usa para tratar la deshidratación.
- La terapia ORT consiste de dos partes: una vez su bebé finalice la primera parte, ya estará listo para realizar la segunda parte.
  - **Parte 1:** llene una jeringa pequeña con **Pedialyte o leche materna** hasta la marca de 5 ml. Dele de beber a su bebé 5 ml de **Pedialyte** o leche materna 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 o leche materna** hasta la marca de 10 ml. Dele a su bebé 10 ml de **Pedialyte** o leche materna 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.

<b>Parte 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>5ml cada 5 minutos</b>				

<b>Parte 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>10 ml cada 5 minutos</b>				

### Instrucciones para los pacientes de 12 meses a 3 años

- El profesional sanitario de su hijo solicitó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación.
- La ORT consiste de dos partes: una vez su hijo finalice la primera parte, ya estará listo para realizar la segunda parte.
  - **Parte 1:** llene una jeringa con **solución de electrolitos diluida a la mitad (Gatorade/PowerAde), jugo de manzana diluido a la mitad o leche materna** 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 bebé vomita.
  - **Parte 2:** ahora, llene la jeringa con **solución de electrolitos diluida a la mitad (Gatorade/PowerAde), jugo de manzana diluido a la mitad o leche materna** 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.

<b>Parte 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>10 ml cada 5 minutos</b>				

<b>Parte 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>20 ml cada 5 minutos</b>				

## TABLA DE SEGUIMIENTO PARA LA TERAPIA ORAL DE REHIDRATACIÓN

### Instrucciones para los pacientes de 3 a 8 años

- El profesional sanitario de su hijo solicitó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación.
- La ORT consiste de dos partes: una vez su hijo finalice 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 (Gatorade/PowerAde) o 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 (Gatorade/PowerAde) 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.

<b>Parte 1</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>15 ml cada 5 minutos</b>				

<b>Parte 2</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>	<b>5 min</b>
<b>Tiempo</b>				
<b>30 ml cada 5 minutos</b>				

### Instrucciones para los pacientes mayores de 8 años

- El profesional sanitario de su hijo solicitó la terapia oral de rehidratación. Esta terapia se usa para tratar la deshidratación.
- La ORT consiste de dos partes: una vez su hijo finalice 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 (Gatorade/PowerAde) 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 la **solución de electrolitos (Gatorade/PowerAde) 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.

<b>Parte 1</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>
<b>Tiempo</b>				
<b>15 ml cada 3 minutos</b>				

<b>Parte 2</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>	<b>3 min</b>
<b>Tiempo</b>				
<b>30 ml cada 3 minutos</b>				

## 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

<b>MANUAL/DEPARTMENT</b>	Clinical Care Guidelines/Quality
<b>ORIGINATION DATE</b>	2/14/2017
<b>LAST DATE OF REVIEW OR REVISION</b>	2/14/2017
<b>APPROVED BY</b>	 <p>Lalit Bajaj, MD, MPH Medical Director, Clinical Effectiveness</p>

**REVIEW | REVISION SCHEDULE**

Scheduled for full review on date here February 14, 2021

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-9800.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-777-9800.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-720-777-9800 번으로 전화해 주십시오.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-720-777-9800。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-720-777-9800.

ማስታወሻ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-720-777-9800 (መስማት ለተሳናቸው።

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 720-777-9800-1 (رقم)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-720-777-9800.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-720-777-9800.

ध्यान दनु होस्त्पाइले नेपाल बोलनहनूच भन तपाइको निम्त भाषा सहायता सवाहदू नःशल्क रूपमा उपलब्ध छ । फोन गनु होसरू 1-720-777-9800 ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-720-777-9800.

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。

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