

Clinical Management Summary

EDcare: Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Clinical Management Summary

Paediatric Gastroenteritis + Dehydration

Mild Dehydration

(< 4% body weight loss)

No Clinical Signs

Vital signs normal

Skin turgor normal

Management

Administer Ondansetron (Do not use in child < 6 months old)

Weight	8 - 15 kg	15 - 30 kg	Over 30 kg
Dose	2 mg	4 mg	8 mg

Use Oral Rehydrating Solution (eg gastrolyte, hydralyte)
Continue breastfeeding

Most children do not require observation for > 2 hours

Trial of Fluids

Consider trial of fluids if significant ongoing GI losses

- Give 10 20 ml/kg of ORS over one hour
- · Admit if continuing significant losses
- Consider early NG rehydration in the young child

Management

Ondansetron in child > 6 months. (See dosing above) Begin rehydration. Options include:

- Oral route: Administer ORS (10 20 ml/kg/hr)
- Rapid NG Rehydration (using ORS)

Use in infants > 6 months old

Rate = 25ml/kg/hr : Refer to Rapid NG table on next page DO NOT use in a child with severe respiratory distress

• Slow NG rehydration:

Use in Child < 6 months or Severe Abdominal pain

Rate: Refer to Slow NG table on the next page

Nb. If continued severe vomiting: Slow NG rehydration rate by half or commence IV rehydration

Admission/Transfer for Rehydration / Observation

Moderate Dehydration

(4% - 6% body weight loss)

Thirst

Tachycardia / Tachypnoea

Delayed cap refill 2 - 3 secs

Decreased skin turgor

Severe Dehydration = Shock

(≥ 7% body weight loss)

Drowsy

Marked tachycardia

Cool pale/cyanosed peripheries

Capillary refill > 3 secs

Tachypnoea / Acidotic breathing

Management

Obtain IV access. Consider intraosseous.

- Treat Shock: IV 0.9% NS 20ml/kg (May repeat x 1)
- Check BGL and treat hypoglycaemia
- Measure electrolytes and renal function

IV Rehydration

Use 0.9% Normal Saline + 5% Dextrose

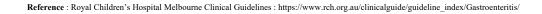
- Child > 4 years : 10ml/kg/hour for 4 hours. Reassess
- Child < 4 years use table to determine infusion rate

If Potassium < 3 mmol/l : Add KCL : 20mmol/1000ml

Check electrolytes at least every 24 hours

Discuss with Retrieval / Intensive Care





Paediatric Nasogastric Rehydration

Rapid Nasogastric Rehydration Table

Use in infants > 6 months old

Rapid Nasogastric Rehydration : Recommended hourly rate Suitable for the majority of patient with gastroenteritis and moderate dehydration					
Weight (kg)	kg) (mls/hour) Total infusion time				
7	175	4 hrs			
8	200	4 hrs			
9	225	4 hrs			
10	250	4 hrs			
12	275	4 hrs			
14	300	4.5 hrs			
16	300	5 hrs			
18	300	6 hrs			
20	300	6.5 hrs			

Slow Nasogastric Rehydration Table

Use in infants < 6 months and in children with significant abdominal pain.

Slow Nasogastric Rehydration : Recommended hourly rate Indications : Infants < 6 months, Associated comorbidities, Significant abdominal pain						
	Child with Moderate Dehydration		Child with Severe Dehydration			
Weight (kg)	0 - 6 hours (mls/hour)	7 - 24 hours (mls/hour)	0 - 6 hours (mls/hour)	7 - 24 hours (mls/hour)		
3	30	20	50	20		
4	40	30	65	30		
5	50	35	80	35		
6	60	40	100	40		
7	70	45	115	45		
8	80	50	130	50		
9	90	55	150	55		
10	100	60	165	60		
12	120	65	200	65		
15	150	70	250	70		
20	200	85	285 for 7 hours	85 for 17 hours		
30	300	90	300 for 10 hours	115 for 14 hours		

Paediatric Intravenous Rehydration Table

Intravenous Rehydration : Recommended IV rate for starting after treating shock						
Weight (kg)	IV Fluid Rate (mls/hour)	Weight (kg)	IV Fluid Rate (mls/hour)			
3	20	12	75			
4	25	15	90			
5	30	20	100			
6	40	30	135			
7	45	40	165			
8	50	50	195			
9	60	60	225			
10	65					