

# Diarrhoea and/or Vomiting (Gastroenteritis)

For use by healthcare professionals only



## Clinical Assessment/Management Tool for Children

## Primary and Community Care Settings

### PRIORITIES OF CLINICAL ASSESSMENT

Patient presents with or has a history of diarrhoea and/or vomiting

Consider any of the following as possible indicators of diagnoses other than gastroenteritis:

- Fever temperature of > 38°C
- Shortness of breath
- Altered state of consciousness
- Signs of meningism
- Blood in stool
- Bilious (green) vomit
- Vomiting alone
- Recent head Injury
- Recent burn
- Severe localised abdominal pain
- Abdominal distension or rebound tenderness
- Consider diabetes

### RED FLAGS—history of trauma

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

**Refer immediately to emergency care by 999**  
**Alert Paediatrician**  
**Stay with child whilst waiting and prepare documentation**

	Green Low Risk	Amber Intermediate Risk	Red High Risk
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Normal breathing pattern and rate</li> </ul>	<ul style="list-style-type: none"> <li>• Normal breathing pattern and rate</li> </ul>	<p>In addition to any amber features are there any of the following:</p> <ul style="list-style-type: none"> <li>• Abnormal breathing/tachypnoea</li> </ul>
<b>Circulation and Hydration</b>	<ul style="list-style-type: none"> <li>• Heart rate normal</li> <li>• Normal skin colour</li> <li>• Warm extremities</li> <li>• Normal skin turgor</li> <li>• CRT &lt; 2 secs</li> <li>• Normal urine output</li> <li>• Eyes not sunken</li> </ul>	<ul style="list-style-type: none"> <li>• Mild tachycardia</li> <li>• Normal skin colour</li> <li>• Warm extremities</li> <li>• Reduced skin turgor</li> <li>• CRT 2-3 secs</li> <li>• Reduced urine output/no urine output for 12 hours</li> <li>• Sunken Eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Severe tachycardia</li> <li>• Pale/mottled /ashen/blue</li> <li>• Cold extremities</li> <li>• Extremely reduced skin turgor</li> <li>• CRT &gt; 3 secs</li> <li>• No urine output for &gt;24 hours</li> </ul>
<b>Colour Activity</b>	<ul style="list-style-type: none"> <li>• Responds normally to social cues</li> <li>• Content/smiles</li> <li>• Stays awake/awakens quickly</li> <li>• Strong normal crying/not crying</li> <li>• Appears well</li> </ul>	<ul style="list-style-type: none"> <li>• Altered response to social cues, Irritable</li> <li>• No smile</li> <li>• Decreased activity, or lethargic</li> <li>• Appears unwell</li> </ul>	<ul style="list-style-type: none"> <li>• No response to social cues, irritability</li> <li>• Unable to rouse not able to stay awake</li> <li>• Weak, high pitched or continuous cry</li> <li>• Appears ill to a healthcare professional</li> </ul>
<b>Other symptoms and signs</b>	<ul style="list-style-type: none"> <li>• Over 3 months old</li> </ul>	<ul style="list-style-type: none"> <li>• Under 3 months old</li> <li>• Additional parent/carer support required</li> </ul>	

Quick Links	Green Action	Amber Action	Red Action
<a href="#">Normal Vital Signs</a>	<ul style="list-style-type: none"> <li>• Provide with written and verbal advice see our page on <a href="#">Diarrhoea and vomiting</a></li> <li>• Continue with breast milk and/or bottle feeding</li> <li>• Encourage fluid intake, little and often e.g. 5ml every 5 mins</li> <li>• Confirm they are comfortable with the decision/advice given</li> <li>• Think safeguarding before sending home</li> </ul>	<ul style="list-style-type: none"> <li>• Begin management of clinical dehydration algorithm</li> <li>• Agree a management plan with parents +/- seek advice from paediatrician.</li> <li>• Consider referral to acute paediatric community nursing team if available</li> </ul>	<ul style="list-style-type: none"> <li>• Refer immediately to emergency care - consider 999</li> <li>• Alert Paediatrician</li> <li>• Consider initiating Management of Clinical Dehydration awaiting transfer</li> </ul>