

Diarrhoea & Vomiting

Clinical assessment / management tool for children



Management - Paramedic

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Age	1+	Under 1	
Colour	Normal	Pale	Blue, grey or mottled
Activity	Content/smiles Stays awake or wakens quickly Strong normal cry / not crying	Decreased activity/lethargic Irritable No smile	Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry No response
Respiratory	Normal respiratory rate: RR<50 (<1 year), <40 (1-5 years), <25 (6-11 years), <20 (12+)		Tachypnoea: RR > 50 breaths/min (<1 year), >40 (1-5 years), >25 (6-11 years), >20 (12+)
Circulation/hydration	Cap Refill Time <2 secs Normal heart rate Warm extremities Fontanelle normal, moist mucus membranes Normal urine output	Cap Refill Time 2-3 secs Tachycardia: HR > 160 beats/min if age < 1 yr; HR > 150 beats/min if age 1 - 2 years; HR > 140 beats/min if age 3 - 5 years; HR> 120 beats/min if 6-11years; HR >100 beats/min if age >12 years Sunken fontanelle, dry mucus membranes Sunken eyes Reduced urine output / not PU 12 hours	Cap Refill Time >3 secs Cold hands and feet in absence of fever No urine for 24 hours
Other		Additional parent/carer concerns	Bloody diarrhoea Blood in vomit Dark green (bilious) vomiting Rigors Age 0-3 months with temp ≥38°

This pathway is largely written for an eventual diagnosis of infectious gastroenteritis - however please be alert to the following symptoms that may raise the possibility of a more concerning diagnosis:

- 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

Green Action
(Only in those 1+ years)

Provide D&V safety netting advice via text share or by printing onsite

Confirm they are comfortable with the decisions / advice given

Always consider safeguarding issues.

Amber Action

Discuss the case with patient's GP practice (in hours)

and/or

Discuss the case with SCAS clinical Coordination Centre Clinician

Red Action

Transfer immediately to local Emergency Department
Commence Oxygen support to maintain Sats >92%
Emergency transfer and Pre alert as necessary
If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc