

# Acute Gastroenteritis (AGE) Clinical Practice Guideline

## Urgent Care Management

FINAL  
5.3.18



**Patient Presents with 3 loose stools in 24 hrs<sup>1,2</sup>**  
+/- vomiting; +/- fever

**Score the Clinical Dehydration Scale (CDS)**  
*Score each element as 0, 1, or 2 for a total score from 0-8*

[Characteristics]	[0]	[1]	[2]
General appearance	Normal	Thirsty, Restless or Lethargic, but irritable when touched	Drowsy, limp, cold or sweaty, +/- comatose
Eyes	Normal	Slightly sunken	Extremely sunken
Mucous membrane (tongue)	Moist	Sticky	Dry
Tears	Tears	Decreased tears	Absent tears

JPGN, Volume 59, number 1, July 2014, validated for patients < 3yrs, in older patients clinical judgement may supersede the CDS score

**[CDS 0 No Dehydration]**

- Consider Oral Challenge<sup>3</sup> if vomiting with last oral intake
- Consider Ondansetron<sup>4</sup> oral in UC if vomiting

**[CDS 1-4 Some Dehydration]**

- Ondansetron<sup>4</sup> x1 Oral in UC if vomiting with last oral intake
- Oral Challenge<sup>3</sup>

**[CDS 5-8 Moderate/Severe Dehydration]**

- Ondansetron<sup>4</sup> x1 Oral in UC if vomiting with last oral intake
- Start IV, Draw BMP
- Isotonic Crystalloids, NS or LR, at 20 ml/kg Bolus X1 over 30 min
- Transfer to ED via Ambulance**

**Oral challenge successful or tolerating PO?**

Yes

Continue to Encourage oral rehydration<sup>5</sup>  
Monitor Intake

No

Transfer to ED for IV/NG fluids

**Hemodynamically Stable?**

No → Start IV, draw BMP, and transport via ambulance

Yes

May use car for transport

**Discharge Criteria**

- Tolerating oral fluids well
- Consider Discharge Medications<sup>6</sup> Ondansetron &/or Probiotic

### <sup>1</sup> Inclusion Criteria

- Patients > 90 days of age
- ≥ 3 loose stools in 24 hrs. **OR** any loose stools with vomiting
- Acute AGE is < 7 days of loose stools

### <sup>2</sup> Exclusion Criteria

History of Chronic/Complex diagnoses (see Fuedtner Exclusion List)  
Patients < 90 days  
Hypo/HyperNatremia or Hypo/HyperKalemia (once confirmed remove from guideline)

### <sup>3</sup> Oral Challenge

- If vomiting give Ondansetron<sup>4</sup> and wait 15 min
- Give 5-10ml oral rehydration<sup>5</sup> every 5 min X 15 min
- If patient < 2yrs and REFUSES oral fluids, and no vomiting, try oral syringe
- If emesis – wait 15 min and try again.
- If patient continues with emesis stop

### <sup>4</sup> Ondansetron Dosing

Pt. wt. 8kg to ≤ 15kg 2mg ODT  
Pt. wt. > 15 kg 4mg ODT

### <sup>5</sup> Oral Rehydration

**Avoid high carbohydrate liquids and optimize with low osmols and higher Na**  
Preferred > 1yr Pedialyte then try a sports drink  
Infants < 1yr: Enfalyte oral, syringe or NG  
**ORAL REHYDRATION GOAL:**  
Maintains oral hydration with a minimum of < 10 kg: 60ml or >10 kg: 120ml over 30 min

### <sup>6</sup> Discharge Medications

**\*Ondansetron:** Evidence supports giving one dose of Zofran in ED/UC, be aware that multi doses may prolong diarrhea  
**\*Probiotic:** Limited evidence suggest some improvement but not clear to support use in every patient

### Transfer Criteria

- Severe Dehydration
- Oral Challenge Failure
- NG or IV needed for fluid hydration