

Gastroenteritis Guideline, SJH ED

Use this guide for children >6 months old, who have no underlying T1DM, metabolic condition, complex medical needs, or known surgical pathology, presenting with vomiting +/- diarrhoea, where gastroenteritis is the initial working diagnosis.

Routine triage process

If child appears unwell/lethargic/dehydrated, check blood glucose.

Check ketones if blood glucose <4.0 or >7.1

Isolate if able.

If blood glucose >7.1 with elevated ketones, likely DKA: urgent review



If blood glucose is <2.6: urgent review & hypoglycaemia screen *before giving any sugar, if safe to do so*****

Start oral fluid challenge (OFC) if >24 hours of vomiting, clinically dehydrated, or hypoglycaemia (<4)

(ideally initiated by nursing staff whilst child is awaiting care provider in waiting area or cubicle, UNLESS child has significant abdominal pain or appears very unwell/high PEWS, in which case they should have an urgent medical review prior to starting any oral fluids)

0.5ml/kg/5 mins for 1 hour using oral syringe

Use apple juice (or any other sugary drink the child will take) in order to deliver glucose as a substrate for metabolism and reduce ketogenesis. Avoid water or sugar-free drinks. (Note this guidance is for >6 months old)

Consider oral Ondansetron

for children who appear clinically dehydrated or are hypoglycaemic/ketotic, who are vomiting during OFC.

Avoid for well-looking children / short history of vomiting.

Avoid Ondansetron if diarrhoea is the predominant symptom, as it can make diarrhoea worse.

Medical assessment

History & examination – are you satisfied it is simple gastroenteritis? **Consider alternative diagnoses.**

N.B. If there is bloody diarrhoea, follow separate guideline regarding this.

At the discretion of a senior clinician, a well child with simple gastroenteritis may be discharged without need for a successful OFC in the ED.

Otherwise, review progress with OFC at 1 hour

If child has managed OFC, looks clinically well, and has a safe blood sugar and no other significant concerns, they could be discharged with Gastroenteritis parental advice leaflet.

If child is failing OFC due to ongoing vomiting/refusal, discuss with senior staff and refer to Paeds team for admission (and NG/IV fluids).

Consider giving Ondansetron if not yet had it.