**CCTH - Gastroenteritis Pathway**

Diagnosed with gastroenteritis

Child has passed urine, tolerated >2 hours of oral rehydration

Observations within normal limits for age

Assessed for dehydration using NICE guidelines and categorised as no clinical dehydration or clinical dehydration without clinical shock.

Suitable for ongoing care with CCTH

Follow e-referral process and ensure acceptance by CCTH before discharge.

Discharge from hospital with medication/prescription, CCTH information leaflet, documentation and any necessary equipment.

Signs of clinical dehydration (NICE Guidelines see box below)

No signs of clinical dehydration (NICE guidelines see box below)

**CCTH telephone contact**: Review tolerance of oral fluids, urine output and vomiting/diarrhoea.

Provide advice regarding ongoing fluid management (as per NICE guidelines).

Consider home visit if any signs of clinical dehydration.

**CCTH home visit**: Review of oral fluid intake, urine output and vomiting/diarrhoea. Record observations on PEWS, assess level of dehydration (NICE guidelines)

Signs of Clinical shock

Ongoing observation and assessment until child systemically well, no signs of clinical dehydration and tolerating fluid for >24 hours.

Virtual review at handover with consultant and contact Paediatric team if required.

Discuss with paediatric team immediately.

Readmission to GUH if required for assessment and intervention

Discharge from CCTH database and virtual ward

**Paediatric team contact:**

**SHO bleep 3327**

**APNP bleep 3328**

**NB: All patients have direct open access to the acute area whilst under the care of the CCTH team**

NICE Dehydration Assessment for children under 5 years

(NICE clinical Guideline 84)

|  |  |  |  |
| --- | --- | --- | --- |
| Increasing severity of dehydration | | | |
|  | **No clinically detectable dehydration** | **Clinical dehydration** | **Clinical shock** |
| **Symptoms** (remote and face-to-face assessments) | Appears well | flag image blue background v1Appears to be unwell or deteriorating | – |
| Alert and responsive | flag image blue background v1 Altered responsiveness (for example, irritable, lethargic) | Decreased level of consciousness |
| Normal urine output | Decreased urine output | – |
| Skin colour unchanged | Skin colour unchanged | Pale or mottled skin |
| Warm extremities | Warm extremities | Cold extremities |
| **Signs** (face-to-face assessments) | Alert and responsive | flag image blue background v1 Altered responsiveness (for example, irritable, lethargic) | Decreased level of consciousness |
| Skin colour unchanged | Skin colour unchanged | Pale or mottled skin |
| Warm extremities | Warm extremities | Cold extremities |
| Eyes not sunken | flag image blue background v1 Sunken eyes | – |
| Moist mucous membranes (except after a drink) | Dry mucous membranes (except for ‘mouth breather') | – |
| Normal heart rate | flag image blue background v1 Tachycardia | Tachycardia |
| Normal breathing pattern | flag image blue background v1 Tachypnoea | Tachypnoea |
| Normal peripheral pulses | Normal peripheral pulses | Weak peripheral pulses |
| Normal capillary refill time | Normal capillary refill time | Prolonged capillary refill time |
| Normal skin turgor | flag image blue background v1 Reduced skin turgor | – |
| Normal blood pressure | Normal blood pressure | Hypotension (decompensated shock) |