



(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

REHYDRATION

Indicate findings below by: Positive / given OR Negative / not given *All boxes must be populated*

Inclusion Criteria

| | | | |
|---|-------|-------|-------|
| Date: | Time: | Name: | Sign: |
| <input type="checkbox"/> Under 6 w of age → STOP - NOT SUITABLE FOR THIS CARE BUNDLE ↳ ED Senior Medical or Paediatric Registrar review without delay | | | |
| <input type="checkbox"/> Diarrhoea with or without vomiting and > 6 w of age → CONTINUE ↳ Initiate Best Care Bundle "Rehydration" on Whiteboard | | | |
| <input type="checkbox"/> Entered by Clinician request | | | |

Initial Nursing assessment - Aim to complete by 30 minutes

History, examination and vital signs recorded on the Nursing Assessment Sheet.

Hydration Assessment Tool applied and appropriate pathway started. (see page 2)

↳ **Initial Pathway:** Not Dehydrated Dehydrated Severe with shock

Red Flags → Senior Medical or Paediatric Registrar review without delay

| | |
|--|--|
| <input type="checkbox"/> Severe dehydration with shock → Move to Resus and inform Paediatric Team | |
| <input type="checkbox"/> Temp > 39°C or appears toxic | <input type="checkbox"/> Absent bowel sounds / suspected Ileus |
| <input type="checkbox"/> Known metabolic condition | <input type="checkbox"/> Bloody bowel motions / Melaena |
| <input type="checkbox"/> Known cardiac issues | <input type="checkbox"/> Bile stained vomits |

| | | |
|---|--|--|
| Pathway discontinued: | Time: | Sign: |
| <input type="checkbox"/> Completed normally | <input type="checkbox"/> Individualised management | <input type="checkbox"/> Alternative diagnosis |

Admission Guidelines - When to refer for Paediatric review

If history of poor compliance with treatment after discharge in the past or suspicion that compliance is likely to be poor after discharge, discuss with Paediatric Team.

| | |
|---|---|
| <input type="checkbox"/> Dehydrated despite treatment <input type="checkbox"/> Requiring ongoing NG or IV treatment <input type="checkbox"/> Significant co-morbidities | <input type="checkbox"/> Any other concerns or high risk of deterioration: <ul style="list-style-type: none"> • Large volume ongoing losses • Under 6 months of age |
|---|---|

Sample Signatures

| Name | Signature | Initials | Name | Signature | Initials |
|------|-----------|----------|------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

BEST CARE BUNDLE - PATHWAY



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Indicate findings below by: Positive / given OR Negative / not given All boxes must be populated

Hydration Assessment Tool (HAT)

Features suggesting dehydration.

(Any combination of these)

- Reduced urine output, Thirsty, Recent weight loss, Absent tears, Sunken eyes

Features suggesting severe dehydration / shock.

(Any combination of these)

- Tachycardia, small volume pulses, Cool peripheries, Delayed Capillary Refill Time, Limp and drowsy

Not Dehydrated Pathway -> review every 60 minutes

At each review: Record vital signs and then select management option.

START

Nursing review

Time:

Sign:

- Frequent ongoing vomiting -> Single dose of Ondansetron as per standing order. Parent / caregiver education and commence Oral Intake Chart. -> Start oral rehydration at 15 ml/kg/hr.

1 hour

Nursing review

Time:

Sign:

HAT

Oral Intake in previous hour: _____ ml

- Dehydrated -> Move to hydration pathway. Not Dehydrated -> If discharge feasible initiate clinician review now if not seen yet. Discharge if discharge criteria are met.

Formulary

Table with 2 columns: Medication (Oral Rehydration Fluid, Ondansetron, 0.9% Sodium Chloride with 5% Dextrose) and Dosage (15 to 25 ml/kg/hr Oral or NG, over 6 m only: <10 kg 2mg oral ; >10 kg 4 mg oral, 10 to 20 ml/kg/hr IV)

Disposition

- PICU referral for admission arranged. Paediatric referral (Senior Dr. review completed, Ongoing treatment charted, Transit arranged). Discharge (Senior Dr. / Paediatric Registrar review completed, Discharge letter with prescription completed, Parent information booklet given). Follow up: HC4K or Other Specify.

Discharge Guidelines

- Discharge patient if the following criteria have been met: Patient reviewed by Senior Dr or Paediatric Team if not ED patient. Losses not excessive. Ongoing treatment explained. No transport or other issues which might interfere with coming back to ED for review if required. Parent / Caregiver feel confident in being able to manage at home know who to contact if they are concerned. Discharge letter and other relevant documentation (handouts - "Gastroenteritis" if diagnosed with Gastroenteritis.) given to Parent / Caregiver



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Indicate findings below by: Positive / given OR Negative / not given *All boxes must be populated*

Dehydrated Pathway → review every 60 minutes

At each review: Record vital signs and then select management option.
Consider all the options at every review!

Weight: _____ Kg

START

| Nursing review | Time: | Sign: |
|--|-------|-------|
| <input type="checkbox"/> Frequent ongoing vomiting: → Single dose of Ondansetron as per standing order. | | |
| <input type="checkbox"/> Parent / caregiver education and commence Oral Intake Chart. → Start oral rehydration at 15 ml/kg/hr. | | |
| ↳ <input type="checkbox"/> Oral rehydration not feasible: → Insert NG tube and start rehydration at 15 ml/kg/hr. | | |
| ↳ <input type="checkbox"/> NG Tube not feasible: → Insert IV Luer and check U&E, start IV fluid at 15 ml/kg/hr. | | |
| Target volume for the next hour: | | ml |

Start below if moved from the Not Dehydrated Pathway

1 Hour

| Nursing review | Time: | Sign: |
|---|-------|-------------------------------------|
| <input type="checkbox"/> Review progress | | Intake over last hour: ml |
| <input type="checkbox"/> Severely dehydrated or Sodium < 130 or Sodium > 170: → Start severe pathway. | | |
| <input type="checkbox"/> Tolerating oral, NG or IV fluid and achieving target volumes: → Continue. | | |
| <input type="checkbox"/> Not achieving oral target volumes: → Insert NG tube and start rehydration at 15 ml/kg/hr. | | |
| ↳ <input type="checkbox"/> NG Tube not feasible: → Insert IV Luer and check U&E, start IV fluid at 15 ml/kg/hr. | | |
| <input type="checkbox"/> Excessive losses: (see page 4) | | |
| ↳ <input type="checkbox"/> Increase Oral / NG rate to 25 ml/kg/hr or IV rate to 20 ml/kg/hr | | |
| ↳ <input type="checkbox"/> Sodium > 150: → Keep IV rate at 15 ml/kg/hr and Urgent Dr Review | | |
| Review blood results with Clinician if on IV fluids | | Target volume for the next hour: ml |

2 Hours

| Nursing review | Time: | Sign: |
|---|-------|-------------------------------------|
| <input type="checkbox"/> Review progress | | Intake over last hour: ml |
| <input type="checkbox"/> Severely dehydrated or Sodium < 130 or Sodium > 170: → Start severe pathway. | | |
| <input type="checkbox"/> Tolerating oral, NG or IV fluid and achieving target volumes: → Continue. | | |
| <input type="checkbox"/> Not achieving oral target volumes: → Insert NG tube and start rehydration at 15 ml/kg/hr. | | |
| ↳ <input type="checkbox"/> NG Tube unfeasible: → Insert IV Luer and check U&E, start IV fluid at 15 ml/kg/hr. | | |
| <input type="checkbox"/> Excessive losses: (see page 4) | | |
| ↳ <input type="checkbox"/> Increase Oral / NG rate to 25 ml/kg/hr or IV rate to 20 ml/kg/hr | | |
| ↳ <input type="checkbox"/> Already given fluid at maximal rates over last hour: → Urgent Dr Review | | |
| ↳ <input type="checkbox"/> Sodium > 150: → Keep IV rate at 15 ml/kg/hr and Urgent Dr Review | | |
| Review blood results with Clinician if on IV fluids | | Target volume for the next hour: ml |

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3 Hours

| Nursing review | Time: | Sign: |
|--|-------|-------------------------------------|
| <input type="checkbox"/> Review progress | | Intake over last hour: ml |
| <input type="checkbox"/> Severely dehydrated or Sodium < 130 or Sodium > 170: → Start severe pathway. | | |
| <input type="checkbox"/> No longer dehydrated and losses not excessive: → Discharge if discharge criteria met. | | |
| <input type="checkbox"/> Still dehydrated, but achieving target volumes: → Continue. | | |
| <input type="checkbox"/> Not achieving oral target volumes: → Insert NG tube and start rehydration at 15 ml/kg/hr. | | |
| ↳ <input type="checkbox"/> NG Tube unfeasible: → Insert IV Luer and check U&E, start IV fluid at 15 ml/kg/hr. | | |
| <input type="checkbox"/> Excessive losses: | | |
| ↳ <input type="checkbox"/> Increase Oral / NG rate to 25 ml/kg/hr or IV rate to 20 ml/kg/hr | | |
| ↳ <input type="checkbox"/> Already given fluid at maximal rates over last hour: → Urgent Dr Review | | |
| ↳ <input type="checkbox"/> Sodium > 150: → Keep IV rate at 15 ml/kg/hr and Urgent Dr Review | | |
| Review blood results with Clinician if on IV fluids | | Target volume for the next hour: ml |

4 Hours

| Nursing review | Time: | Sign: |
|--|-------|--|
| <input type="checkbox"/> Review progress | | Intake over last hour: ml |
| <input type="checkbox"/> Severely dehydrated or Sodium < 130 or Sodium > 170: → Start severe pathway. | | |
| <input type="checkbox"/> No longer dehydrated and losses not excessive: → Discharge if discharge criteria met. | | |
| <input type="checkbox"/> Still dehydrated: → Refer for Paediatric review. | | |
| ↳ Dr to prescribe ongoing management whilst waiting for review. | | |
| | | Cumulative intake at discharge or time of referral: ml |

Notes regarding excessive losses.

- Large bowel motions are approximately 10 ml/kg in volume.
- More than 2 large motions per hour (> 20 ml/kg) is defined as excessive losses.
- If excessive losses are recognised in any hour and the rate of fluid administration over that hour has been at the maximal rate already, a Dr review is required to guide ongoing management.

Severe Pathway → move to Resus and call for help

Nursing Actions:

- Inform Paediatric Team
- Attach monitoring equipment
- Check blood sugar level
- Prepare 0.9% Saline Bolus (20 ml/kg)

Medical Staff:

- Consider IO after 3 attempts at obtaining IV access
- Obtain blood for electrolytes and commence fluid bolus