Gastroenteritis, PC

Last Updated: 08/13/26

INCLUSION CRITERIA

Patients ≥ 6mo old with diarrhea and/or vomiting

EXCLUSION CRITERIA

- Focal abdominal tenderness on exam or reported severe pain
- Bloody diarrhea
- Diarrhea >7 days
- Bilious emesis
- Dysuria, urinary frequency, urgency
- Recent head injury
- Feeding tube
- Metabolic disease
- Cardiac disease
- Bladder/kidney disease
- VP shunt
- Diabetes

MEASURES

- Percent ED arrival to Zofran administration within 60 minutes

DISCHARGE CRITERIA

- Well appearing or clinically improving
- Clinical dehydration score (CDS) Score 0-4
- Able to tolerate PO

[1] DEHYDRATION CLASSIFICATION

Consider the following clinical findings when assessing hydration status:

- Abnormal vital signs
- Delayed capillary refill
- Absence of tears
- Poor skin turgor
- Dry mucous membranes
- Sunken eyes

*The CDS is one tool for determining dehydration and has been validated in patients 1-36 months of age.

*Weight loss is an important indicator of dehydration

*Decision to treat with IVF should incorporate clinical assessment and ability to tolerate PO

INITIAL ASSESSMENT

- LPN/RN/Provider document Clinical Dehydration Scale (CDS)[page 2]
- Consider Ondansetron[page 2] in office if active or multiple episodes of vomiting
- If altered mental status, consider point of care glucose
- Consider assessing weight loss using medical record if recent weight documented

Off Pathway CALL 911
Signs of shock (↓BP,↑HR, AMS, delayed capillary refill), blood glucose <60 mg/dL

No/Mild Dehydration Or Scale = 0

Treatment
- Provide reassurance and education
- Recommend supportive care

Moderate Dehydration Or Scale = 1-4

Treatment
- Recommend oral rehydration therapy to be started immediately with patient preferred liquids

Severe Dehydration Or Scale = 5-8

Treatment
- Obtain point of care glucose level
- Consider starting oral rehydration therapy immediately if patient awake and able to drink

Emergency
Activate emergency response or call 911

Recommend Home Care

- Educate family on oral rehydration therapy (ORT) amounts and timeframe
- Provide ORT goal sheet in the AVS
- Limited benefits of Ondansetron for ongoing doses. If prescribing, give max 3 doses.
- Recommendations for return to office or ED (not tolerating any fluids/failed ORT, change in activity, dry mouth, decreased or absent tears)
- Regular diet recommended after ORT, avoiding high sugar or fatty foods
- Return to school/daycare when no vomiting or fever for 24 hours, diarrhea is improving

ORT Fluids

Mild Dehydration/CDS 0-4
Patient's preferred oral fluids
Moderate-Severe Dehydration/CDS 5-8
6 mo to 3 years-Pedialyte
>3 years-Gatorade

Diarrhea: Stools that are more frequent or looser in consistency than an individual's regular stools. Stools may contain blood, mucus, fat, or undigested food particles

NOT ROUTINELY RECOMMENDED

- Lactose free diet if symptoms less than 7 days
- Probiotics
- Antidiarrheals
- Antispasmodics
- Zinc
- Antibiotics
- GI PCR/Culture*see page 2

Clinical Dehydration Scale (CDS)

Characteristic	Score of 0	Score of 1	Score of 2
General Appearance	Normal	Thirsty, restless or lethargic, but irritable when touched	Drowsy, limp, cold or sweaty, comatose or not responsive
Eyes	Normal	Slightly sunken	Very sunken
Mucous Membranes	Normal	Sticky	dry
Tears	Normal	Decreased tears	Absent tears

Scoring 0 = no dehydration (<3%), Scoring 1-4 = some dehydration (≥3%-6%), Scoring 5-8 = moderate dehydration(≥6%)

ORT Volume Goal

Weight (kg)	Age*	Every 5 minutes	Within 30 minutes	Within 1 hour	Within 4-6 hours
5 – 7.9	6 to 12 months	10 mL	60 mL	120 mL	200 - 400
8 – 10.9	12 to 23 months	15 mL	90 mL	180 mL	600 – 800 mL
11 – 15.9	2 to 4 years	20 mL	120 mL	240 mL	800 – 1200 mL
16 – 29.9	5 to 14 years	35 mL	200 mL	400 mL	1200 -2200 mL
>30	15 years or older	60 mL	360 mL	720 mL	2200 – 4000 mL

WHO Guidelines for Administering ORT in Children *Use the patient's age only if the weight is not known

Ondansetron Warning

Risk of QTc prolongation increases if the patient is on other QTc altering medications, such as cardiac, antimalarial, psychiatric, ADHD, chemotherapy, and diuretics. Consult Lexicomp for a complete list.
Caution using ondansetron if:
- Child or first-degree family member has been diagnosed with an irregular heartbeat
- A family member has ever had sudden death due to or presumed to be due to a heart condition at a young age

Abbreviation

Abbreviation	Terminology	Abbreviation	Terminology
AVS	After Visit Summary	**mo**	Month
ED	Emergency Department	**po**	By mouth
GI PCR	Gastrointestinal Pathogen Panel	**RN**	Registered Nurse
LPN	Licensed Practical Nurse	**VP shunt**	Ventriculoperitoneal Shunt

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VERSION MANAGEMENT

- Version 1.0 (11/11/2022): Go Live.
- Version 2.0 (10/23/2025): Look back review completed.
- Version 2.1 (8/13/26): Guidance for mild/mod/severe classification and language about CDS being used in 1-36months.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

AUTHORS & REFERENCES

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