

INCLUSION CRITERIA

Patients ≥ 6 mo 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

- 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

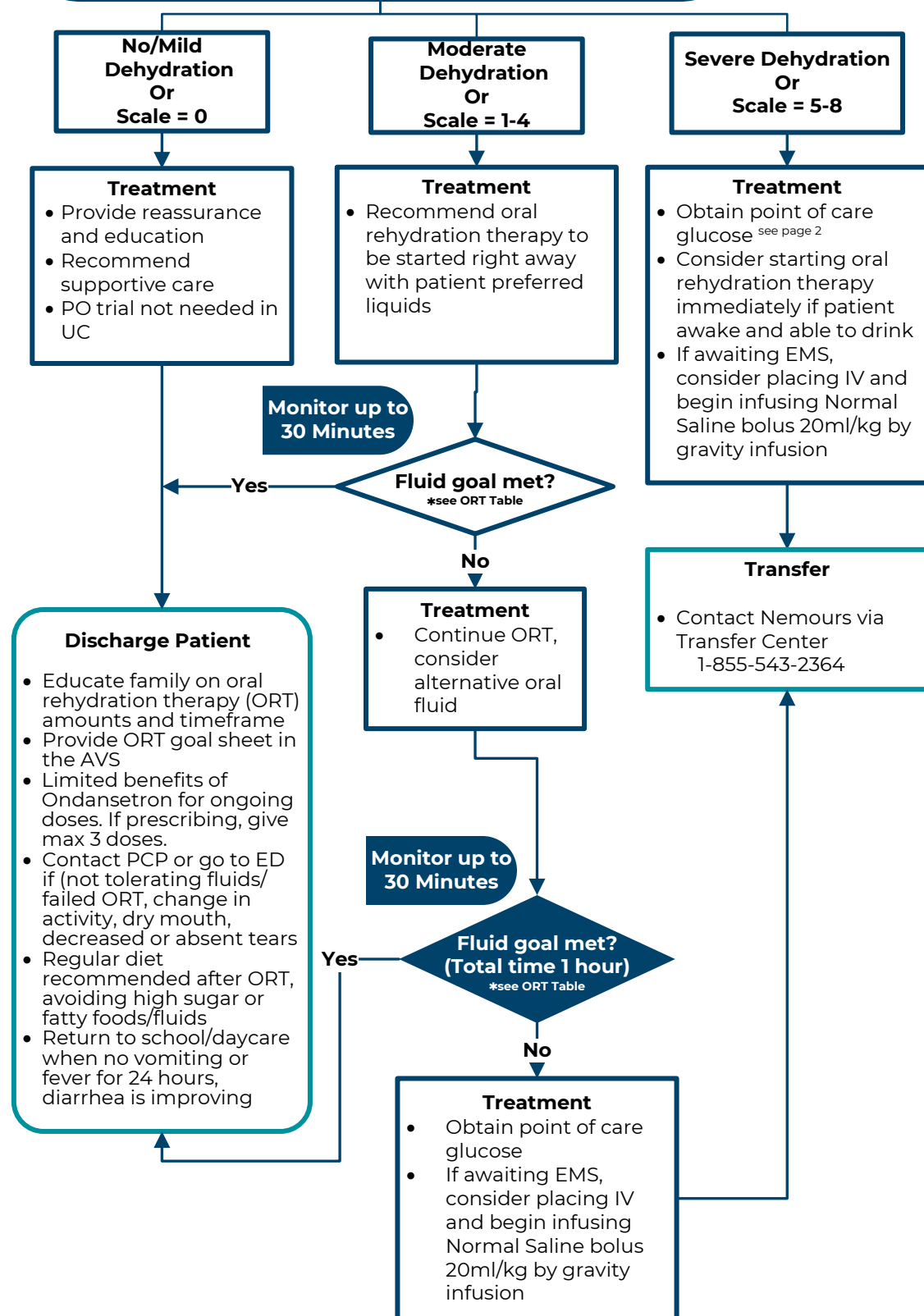
*Decision to treat with IVF should incorporate clinical assessment and ability to tolerate PO

INITIAL ASSESSMENT

- The classification of dehydration requires a combination of history and physical examination findings¹
- RN documents Clinical Dehydration Scale on patients ≤ 36 months¹
- Administer Ondansetron per protocol
- If altered mental status, obtain point of care glucose^{see page 2}

Off Pathway Call 911

Signs of shock
($\downarrow$ BP, $\uparrow$ HR, AMS,
delayed capillary
refill), blood glucose
 <60 mg/dL



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

Hypoglycemia Management

- Blood glucose <60 mg/dL give D10 2 mL/kg
- Repeat blood glucose in 15 mins
- If blood glucose <60 mg/dL repeat D10 2 mL/kg
- Repeat blood glucose in 15 mins
- Expand differential if blood glucose not increasing after second D10 bolus
- Check blood glucose 1 hour after stabilized
- Disposition after glucose stabilized

Stool PCR/Culture Criteria

1. Children with underlying chronic conditions
2. Extremely severe clinical conditions
3. Prolonged symptoms (>7 days)
4. During outbreaks
5. Children with severe bloody diarrhea and high fever
6. Recent history of travel to at-risk area? [LOE Guideline(FISPGHAN 2018)]

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (11/11/2022): Go Live.
- Version 1.1 (7/18/2025): Measures updated to match ED pathway.
- 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

Central Florida Authors Marizena Fisher (Urgent Care); Cara Harwell (Emergency Medicine), Jennifer Mills (Urgent Care), Andrea Rivera-Sepulveda (Emergency Medicine)

Delaware Valley Authors: Collin Miller (Clinical Pathways), Arezoo Zomorodi (Emergency Medicine)

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