CHEO

CHAMPLAIN LHIN VERSION

DIARRHEA & VOMITING CRITICAL PATHWAY

Emergency Department

Critical pathways are not a substitute for sound professional judgement

INCLUSION	EXCLUSION	DOCUMENTATION CODES
Alert and oriented	Chronic condition (eg:cardiac/metabolic)	✓ = Completed / Within Normal Limits
Brief duration of illness < 72hrs	Bloody / Bilious emesis	★ = Significant findings documented
History of vomiting and diarrhea or diarhea only	Bloody diarrhea	N/A = Not applicable
	Head injury	
Mild / Moderate dehydration	Abdominal pain	
Weight normal for age	Severe dehydration	
Vital signs within normal limits	CTAS 1	
	Less than 12 weeks old	

Pt identification

DATE: **START TIME:** **INITIALS:** **PT WEIGHT:**

	ASPECT OF CARE		Time	Code	Initials
1	**Assessment**	Temp, RR, HR & BP q 4 hours & prn or as ordered			
		O_2 saturation prn			
		*Assessment of dehydration (record dehydration rating in table below)			
2	**Tests**	Urine dipstick: glucose___ SG_____ ketones___ blood____ protein___ PH___ nitrites___ leuks___			
		Urine test as ordered			
		Bloodwork as ordered			
3	**Treatment / Medications**	Antipyretic as per medical directive then as ordered			
		Medication as ordered			
4	**Activity**	AAT			
5	**Hydration / Nutrition**	Resume breastfeeding			
		Calculate ORT requirements - start with 10 mL/kg/hour			
		Start ORT (Oral Rehydration Therapy) as per medical directive			
		Provide ORS (Oral rehydration solution)			
		Start solids (when tolerating fluids)			
		IV as ordered - document on back of form			
		N/G feed as ordered - document on back of form			
		IV TKVO (when drinking well)			
		Record intake and output -document on back of form			
		d/c IV prior to discharge			
6	**Education**	Emphasize hand washing with family			
		Provide Oral Rehydration Therapy Instruction sheet to family (F4209)			
		Provide and review Vomiting and Diarrhea pamphlet with family (P5327)			
7	**Consults**	As ordered			
8	**Discharge Planning**	**Expected Outcomes**			
		Hydration improved			
		Tolerating fluids			
		Good understanding of education			

	TIME							
*Dehydration Rating	Skin Turgor							
	Fontanelle							
	Mucous membranes							
	Eyes							
	Extremities (cap refill)							
	Mental status							
	Urine output							
	Thirst							
	INITIALS							

NORMAL VITAL SIGNS

Normal Heart Rates by Age

Age	Beats/Min
1-12 mo	100-160
1-3 yr	90 – 150
4-5 yr	80 – 140
6-12 yr	70 – 120
13-18 yr	60 – 100

Lower Limit of Normal Systolic Blood Pressure by Age

Age	Lower Limit
1-12 mo	> 60 or strong central pulse
1-3 yr	> 70 or strong central pulse
4-5 yr	> 75 mm Hg
6-12 yr	> 80 mm Hg
13-18 yr	> 90 mm Hg

***ASSESSMENT OF DEHYDRATION**

RATING	1	2	3
CRITERIA	**MILD (3-5%)**	**MODERATE (6-9%)**	**SEVERE (> 10%)**
Skin Turgor	Normal	Decreased	Decreased-Tenting
Fontanelle	Normal	Sunken	Sunken+
Mucous membranes	Sl. dry	Dry	Very dry
Eyes	Normal	Sunken	Sunken+
Extremities (cap refill)	Warm, normal (cap refill < 2 sec	Warm, normal (cap refill < 2 sec)	Cool (cap. refill > 2 sec)
Mental status	Normal	Normal to listless	Normal to lethargic or comatose
Urine output	Sl. decreased	Oliguric	Anuric
Thirst	Sl. increased	Moderately increased	Very thirsty or too lethargic to indicate

Date	Time	Aspect of care	T/P/R/BP/O2 sat	Clinical documentation / Comments

Time	Medication	Dose	Route	Initials

HOURLY INTAKE						
Time	**Solution**	**Hourly Rate**	**Site √**	**VTBI**	**Total VI**	**PO Intake**

HOURLY OUTPUT			
Urine	**Emesis/NG**	**Stools**	**Initials**

Hrs of Care	Initials	Signature