Appendix A: Flow Chart of Emergency Management of Dehydration

Patient presenting to ED with vomiting and/or diarrhea

RN evaluates level of dehydration: mild, moderate or severe and assigns Level of Urgency or CTAS score

LOU/CTAS 1 or 2 or severe dehydration

EXIT ORT* guideline - IV/NG hydration and investigation as per MD

Exclusion criteria:
- age less than 6 months
- language barrier
- clinical signs of dehydration (see Table 1)
- persistent moderate abdominal pain (4/10) distension and rigidity
- bloody stools or emesis
- bilious vomiting
- altered LOC
- chronic health conditions such as: GI history or surgeries. Metabolic disorders, heart or renal disease. History or toxic ingestions, trauma

Inclusion criteria:
- age 6 months or older
- caregiver able to understand instructions
- mild to moderate dehydration (see Table 1)
- mild abdominal pain only (1-4 out of 10)
- abdomen soft
- alert GCS 15
- absence of bilious emesis, bloody stools/emesis
- otherwise healthy

Antiemetics in the vomiting patient pr dimenhydrinate or ondansetron could be considered

Initiate ORT*:
Give parents ORT Kit if available:
- review ORT instructions using pamphlet or video if available
- volume Age 6-12 mo=5 ml q5min,
  1-5yrs=10 ml q5 min ; >5yrs=15 ml q5 min (10-15 ml/kg/hr)
- give first dose of ORT* and inform caregiver to repeat q5 min
- instruct caregiver to document ORT* intake and emesis
- inform caregiver of name of assigned nurse for help

Assessment:
- vital signs
- total in and out
- # of emesis or diarrhea

MD assessment of clinical diagnosis and Level of dehydration (mild, moderate, severe) and progression since ORT* initiation

- clinical condition and dehydration level stable (mild) or improved
- able to take ORT*
- able to maintain intake equal to output
- family able to provide ORT* comfortably and reliably

Discharge home with clear written instructions:
- how to continue progressing ORT* to DAT
- recognition of deterioration and need for reevaluation

EXIT ORT* guideline - IV/NG hydration and investigations as per MD

* Oral Rehydration Therapy
**Pediatric Dehydration: Sample Physician Orders CTAS Level 2 or 3**

**PHYSICIAN ORDERS**  
Oral Rehydration Order Set  
**PEDIATRIC**

**DATE:** ___________________________  **Arrival time:** ___________________________

**DIAGNOSIS:**  
Mild/Moderate Dehydration Secondary to Gastroenteritis

**ALLERGIES:**  
[ ] NONE

<table>
<thead>
<tr>
<th><strong>TIME</strong></th>
<th><strong>INITIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensure patient meets inclusion/exclusion criteria* for oral rehydration</td>
</tr>
<tr>
<td>2.</td>
<td>Review Oral Rehydration Therapy instructions with caregiver</td>
</tr>
</tbody>
</table>
| 3. | Give electrolytes e.g. Gastrolyte®, Pedialyte® in the following volumes:  
   Age 6-12 months = 5 ml q5 min; 1-5 years = 10 ml q5 min; >5 years old = 15 ml q5 min.  
   (Approximately 10-15 ml/kg/hr) |
| 4. | Give first dose of Oral Rehydration Therapy and inform caregiver to repeat q5 minutes |
| 5. | Instruct caregiver to document Oral Rehydration Therapy intake and emesis |
| 6. | Inform caregiver of name of assigned nurse whom they may ask for help |
| 7. | Vitals q1h x 4h, then q2-4h thereafter |
| 8. | Provide patient information on discharge |

---

*Inclusion criteria:*
- Children aged 6 months to 17 years old presenting to ED, with either vomiting and/or diarrhea fewer than 7 consecutive days resulting in mild to moderate dehydration.

*Exclusion criteria:*
- Children presenting with: severe dehydration (unstable vital signs, poor perfusion)  
- Altered level of consciousness (Glasgow Coma Score <15)  
- Persistent lethargy or acute head injury  
- Possible surgical abdomen (bloody or bilious vomiting, bloody diarrhea, abdominal distension & tense, absent bowel sounds, guarding or rigidity and right lower quadrant pain),  
- Chronic health conditions (such as Gastric or Jejunal feeding tubes dependence, known inflammatory bowel disease, known immunodeficiency syndrome, known metabolic disorders, insulin dependent diabetes, heart or renal disorder and neurosurgical history).