

Guideline Highlights

Acute Gastroenteritis (AGE)

Include:

Age 2 months to 18 years with AGE with or without vomiting, fever, or abdominal pain.

Exclude:

- Toxic appearing or requiring intensive care
- Diarrhea lasting longer than 7 days
- Previously diagnosed disorders: immunodeficiency or those affecting major organ systems
- Vomiting with no accompanying diarrhea for more than 24 hours
- AGE accompanying failure to thrive
- Diarrhea and/or vomiting accompanied by chronic metabolic disorders or other chronic disease
- Diagnosis of hyponatremic or hypernatremic dehydration

Guideline Highlights and Recommendations

1. The history and physical examination provide the primary basis for both the diagnosis of AGE and the assessment of the presence and degree of dehydration.
2. Laboratory tests are **not** recommended in managing routine cases of AGE.
3. Encourage the child's preferred, usual, and age appropriate diet to prevent or limit dehydration, and to reduce the duration of diarrhea:
 - if breastfeeding, continue; if formula feeding, do not dilute or switch formulas
 - restrictive regimens are **not** recommended
 - if the child is vomiting, offer frequent (every 10 to 60 minutes) small feedings
 - for the child with some dehydration, treat with commercial oral rehydration solution (ORS) for a period of 4 to 6 hours or until an adequate degree of rehydration is achieved.
4. Initial therapy with bolus IV isotonic fluids is recommended in the child with severe dehydration or in any child who is unable to orally replace fluid losses.
5. Ongoing reassessment of hydration status and tolerance for oral rehydration therapy will guide need for and choice of IV fluids after initial isotonic bolus.
6. During and following rehydration, it is recommended that the child's preferred, usual, and age appropriate diet with the addition of ORS be continued, as tolerated.
7. Probiotics as adjunct therapy: discuss with parents before making a decision about probiotic use. If used, it is important to assure selection of an effective product (10 billion colony-forming units/day of LGG).
8. Other therapies are **not** recommended in managing routine cases of AGE, including:
 - anti-diarrheal agents, antiemetics, and
 - antimicrobial therapies, unless there are risks or evidence of a serious bacterial infection.
9. Consider that patients treated in the hospital setting be observed with a goal of discharge within 23 hours.
 - if the child requires IV fluids for more than 24 hours, or if reassessment reveals evidence of fluid or electrolyte imbalance, base selection and adjustment of IV fluid and rate of administration on sound principles and ongoing reassessment
10. Parent/family education prior to discharge includes:
 - hand hygiene at home, day care and elsewhere for prevention of AGE transmission
 - expected course of illness
 - tips for prevention of dehydration
 - signs of dehydration
 - return to day care only when transmission can be reliably prevented, preferably after the diarrhea has ceased