

Guideline Highlights

Acute Gastroenteritis (AGE)

Include:

Age 2 months through 5 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
- AGE accompanying failure to thrive
- Diarrhea and/or vomiting accompanied by chronic metabolic disorders
- 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.
 - The following restrictive regimens are **not** recommended, except as a part of the child's usual and preferred diet: BRAT diet, clear liquids, lactose-free foods, diluted milk or formula.
4. If the child is vomiting, offer frequent (every 10 to 60 minutes) small feedings.
5. Mild or moderate dehydration can be treated with ORS, if able to orally replace fluid losses, for a period of 4-6 hours or until an adequate degree of rehydration is achieved.
6. Therapy with IV fluids or NG ORS is always recommended in the child with severe dehydration or in any child who is unable to orally replace fluid losses or who has an obtunded mental status.
7. Following rehydration, it is recommended that a regular diet be resumed at the earliest opportunity and may be supplemented with ORS containing at least 45 mEq Na/L.
8. Anti-diarrheal agents and antiemetics are **not** recommended in managing routine cases of AGE.
9. Antimicrobial therapies are recommended for AGE only if the child presents with special risks or evidence of a serious bacterial infection.
10. Probiotics may be considered as adjunctive therapy.
11. It is recommended that patients treated in the hospital setting be considered for observation with a goal of discharge within 23 hours.
12. It is recommended that parent/family education include discussion of timing of return to school/daycare and behaviors for prevention of transmission of AGE.

Discharge Criteria

1. Sufficient rehydration achieved, as indicated by weight gain or clinical status
2. IV or NG fluids not required
3. Oral intake equals or exceeds losses
4. Adequate family teaching has occurred
5. Medical follow up is available via phone or office visit