

Diarrhoea & Vomiting						
Triage						
		Da	ite	PEWS		
	Age		ne			
Place Patient Identification			age Category			
Sticker here	BM		scriminator			
	Weight					
Brief History: Child accompanied by						
Triage nurse signature						
Named resus/majors/minors nurse Handover time						
 If BM<3 and child unwell, hypoglycaemic bloods prior to correcting it Start oral fluid challenge 5ml every 5mins dioralyte. (time started) Give parents record sheet. If child refuses dioralyte consider weak sugary diluting juice or apple juice Consider antipyretic 						
If child vomits within 60 mins of starting oral fluid challenge and not yet seen by doctor consider -Ondanestron melt time(weight under 11-40kg dose 4mg, weight over 41kg dose 8mg) -applying EMLA time						
Clinician Review						
Clinician name:	History From:		Time/date:			
PC:						
HPC:						
PMH: DH:		SH:	Allerg	ies:		
Signs of Neglect: Yes	No 🗆	If yes please detail on ED card				

Examination						
General Appearance:	PEWS: BM: CRT:	Time	:			
CVS	/					
Resp	1	/ ext genitalia				
Other:						
Senior review and consider referral if: 1. Hypoglycaemic 2. Managed <50% oral fluid challe 3. Persistent vomiting despite One 4. PEWS >3	5					
Imp	Plan					
Useful Guidelines: NICE. CG84 D & V caused by gastroenteritis in the <5s. GGC: Acute						
gastroenteritis, hyper and hyponatraemia, hypoglycaemia If patient is <1 year for senior review in ALL cases						
Disposal (please circle)						
Home		RHC				
	Specialty Receiving doctor Time accepted Transfer to location					
No follow-up						
+		¥				
advice sheet □	Self transport or Hospital taxi	SAS blue light time ordered	SAS within 1 hour time ordered			
Review prior to discharge Review prior to transfer						
If PEWS >1 at triage, repeat PEWS and discussion with senior is essential PEWS at discharge	Still appropriate for planned transfer? Y / N Doctor Name Time of review PEWS at discharge					
Time						
Name: Grac	le:	Signature:				