

The Canterbury Hospital

Protocol for giving Oral Rehydration Solution (ORS) in the Emergency Department. (Dr. A. Kelly)

Infants and Children who are seen at triage and assessed as having gastroenteritis should be immediately commenced on a trial of oral rehydration solution using Gastrolyte. (The volume of Gastrolyte for different age groups is given overleaf.)
If the child persistently refuses the Gastrolyte, try offering a Hydralte ice block (62.5mls). If this is refused then ¼ strength apple juice may be offered.

The parent / nursing staff should encourage the child take the recommended volume over each 15 minute period. The actual volume of ORS taken every 15 minutes should be recorded on the table overleaf. The “time” column should be filled in at the start of the trial of oral fluids. The time recorded in the first box is 15 minutes after the start of the trial with each row being at 15 minute intervals. Parents should be asked to place an **X** in the appropriate box if the child vomits, passes a loose stool or passes urine.

ED staff should monitor the progress of the trial of oral fluids at half hourly intervals. In general a trial of oral fluids should be conducted over approximately 2 hours. Up to 2 episodes of vomiting are acceptable during this period as long as the child is drinking the required amount.

In some cases it may not be appropriate to give a trial of oral fluids without initial medical assessment. For example:

- Infants less than 2 months of age.
- The child appears severely dehydrated.
- Abnormal mental state such as unusually irritable or lethargic.
- Bilious (green) vomiting.
- Bloody stool.
- Abdominal distension or severe abdominal pain.

In such cases the medical officer should be asked to see the child urgently.

The decision to send the child home or admit to the ward is based on the success of the trial of oral fluids as well as a number of other factors including:

- The age of the child.
- The duration and severity of the illness.
- The subjective assessment of the “wellness” of the child.
- The ability of the parents to reliably administer ORS at home.
- The ability of the parents to recognize and respond if their child’s condition does not improve.

If there are concerns about any of the above factors it may be appropriate simply to admit the child to the ward.

Admission to the ward does not necessarily mean that the child must be receiving intravenous fluids. Oral fluids may be continued in the ward if appropriate.

Decisions about blood investigations and the need for intravenous fluids should be made on a case-by-case basis in consultation with a senior doctor.

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Oral Fluid Intake Chart for Gastroenteritis

STICKER

Age

Weight kg

Amount to be taken every 15 minutes = mls.

- Encourage your child to drink the solution provided in small sips every few minutes.
- Try to get him/her to drink the stated volume over every 15 minute period.
- Write the volume taken every 15 minutes on the chart. Also write what type of fluid.
- Put an **X** in the box if he/she vomits or has a loose stool or passes urine during that 15 minute period.

Age	Volume every 15 mins.
Up to 2 years	15ml
2 – 5 years	30ml
6 – 10 years	45mls
11 – 16 years	75mls

Date

Time	Type of fluid	Volume taken (mls)	Vomited?	Diarrhoea?	Urine?
Total		mls			