

## AGE Clinical Guidelines

Remove from Pathway if:  
 1. Altered mental status  
 2. Sodium >160 or <130  
 3. Glucose <50  
 4. Potassium >5.5

Patient Label

Observe in first phase at least four hours	PHASE I		PHASE II		PHASE III	
<b>ORT</b>	If awake, aggressively encourage small frequent amts of po fluids and document on attached worksheet. 5cc q 5min if < 10 kg 10cc q 5 min if > 10 kg		If awake, continue to aggressively encourage small frequent amts of po fluids and document on attached worksheet. May be ad lib fluid if tolerated		If awake, child may drink as tolerated but at a minimum should be able to keep up with output.	
<b>IV</b>	1. Age < 9months: D51/4 NS + 10MEQ kcl/l @ 1.5X MAINTENANCE 2. Age >9months: D51/2 NS + 10MEQ kcl/l @ 1.5X MAINTENANCE		Heplock IV		Heplock IV	
<b>Weight</b>	every 8 hrs 0600-1400-2200		every 8 hrs 0600-1400-2200		every 8 hrs 0600-1400-2200	
<b>EDUCATION</b>	ORT parent handout and parent education. Child may resume diet of preference when child is stating hunger/readiness Document ORT on flowsheet		ORT parent education and motivation Child may resume diet of preference when child shows hunger/readiness		Discharge readiness Are parents able to do ORT at home? Normalize diet as tolerated	
<b>Action</b>	Notify HO for persistent signs of dehydration ("yes" to any below)  Assess for Signs of dehydration on the physical exam: 1. Dry mucous membranes    yes/no 2. Absent tears                yes/no 3. Abnormal skin turgor      yes/no 4. Altered mental status    yes/no		Return to Phase I if:  1. no UOP for >12 hrs or 2. Po intake <20% of maintenance fluids in one shift or 3. after 2300 and family not willing to do ORT 4. Weight decrease since admission 5. Output more than intake		Return to Phase II if patient does not meet discharge criteria	
<b>Move to Phase II after 4 hrs if...</b>	1. Tolerating ORT 2. No clinical signs of dehydration 3. 0-1 episode of vomiting in 4 hrs		1. Tolerating ORT 2. Stool output < po intake 3. 0-1 episodes of vomiting in 4 hrs		1. 0-1 episode of vomiting last 4 hrs 2. Tolerating ORT 3. Clinically rehydrated 4. Intake > out ut for 4 hrs 5. Follow up possible with PMD by phone or clinic next day	
<b>Admit</b>	Date _____ Time _____ hr Weight _____ kg	Scale _____	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____	***Total from admit and ED***	
<b>Hospitalization</b>	Date _____ Time _____ hr Weight _____ kg	Phase I II III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____		
	Date _____ Time _____ hr Weight _____ kg	Phase I II III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____		
	Date _____ Time _____ hr Weight _____ kg	Phase I II III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____		
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	Date _____ Time _____ hr Weight _____ kg	Phase I II III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____		
	Date _____ Time _____ hr Weight _____ kg	Phase I II III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____		
<b>Discharge</b>	Date _____ Time _____ hr Weight _____ kg	Phase III	Emesis x _____ episodes Diarrhea _____ cc	In _____ cc Out _____ cc Initial _____	***Total from ED and inpatient***	
ORT=Oral Rehydration Therapy	Notify HO for 1. Output greater than intake for > 8 hours 2. All advances to next phase, deteriorations, or in phase for > 8 hours					

Call MD with Discharge Readiness