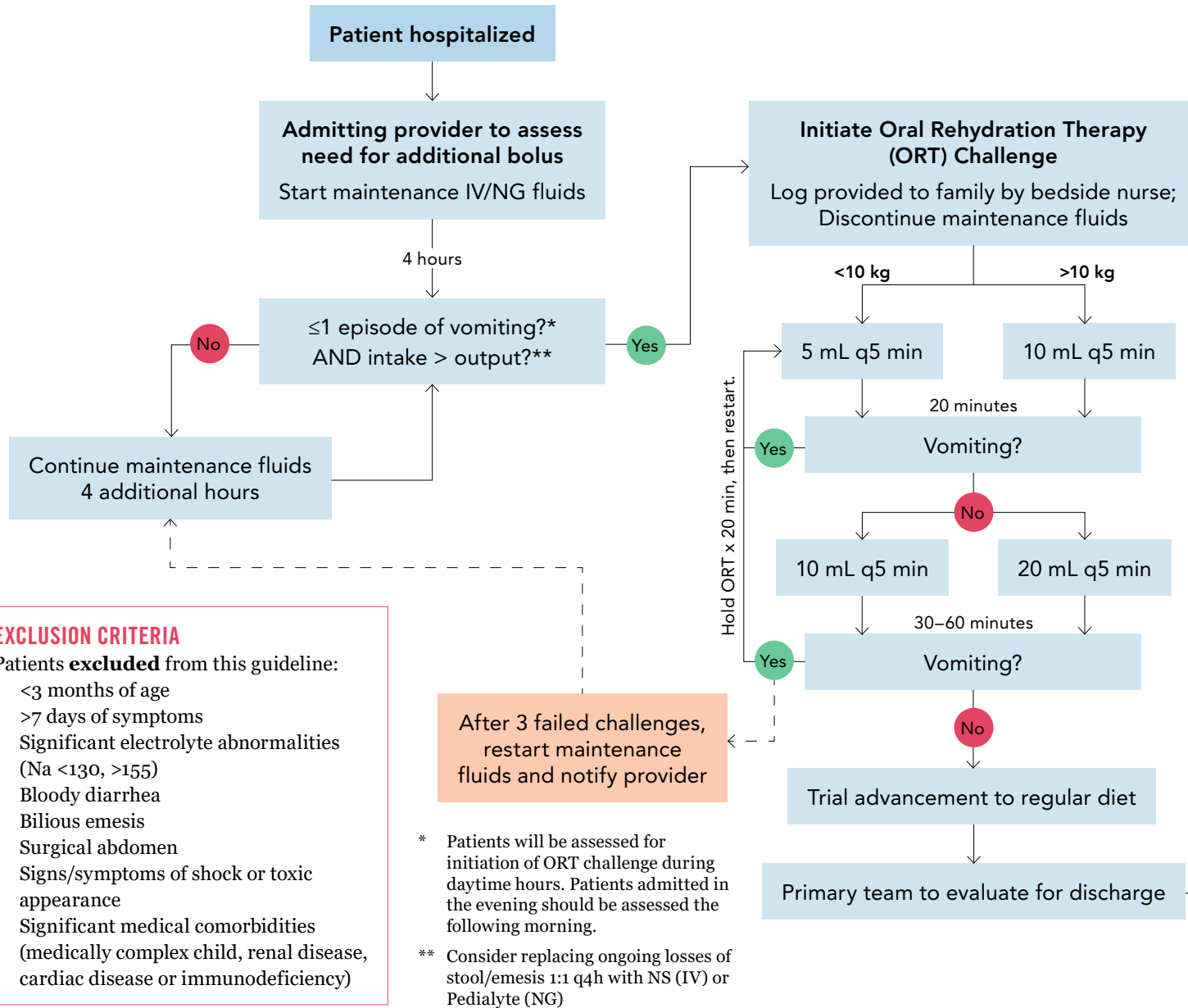


Aims: Facilitate rapid transition to oral rehydration therapy (ORT); enhance safety by decreasing duration of IV fluid use; decrease length of stay without increasing readmission rates.



EXCLUSION CRITERIA
Patients **excluded** from this guideline:

- <3 months of age
- >7 days of symptoms
- Significant electrolyte abnormalities (Na <130, >155)
- Bloody diarrhea
- Bilious emesis
- Surgical abdomen
- Signs/symptoms of shock or toxic appearance
- Significant medical comorbidities (medically complex child, renal disease, cardiac disease or immunodeficiency)

After 3 failed challenges, restart maintenance fluids and notify provider

* Patients will be assessed for initiation of ORT challenge during daytime hours. Patients admitted in the evening should be assessed the following morning.

** Consider replacing ongoing losses of stool/emesis 1:1 q4h with NS (IV) or Pedialyte (NG)

ORAL REHYDRATION THERAPY (ORT)
Pedialyte is the recommended 1st line oral rehydration solution. If not well-tolerated, may use 1/2-strength apple juice.

Advancement to regular diet

- Consider use of lactose-free formula in formula fed infants until vomiting and diarrhea has stopped. Breastfed infants should continue to breastfeed.
- No additional dietary restrictions needed.

Other therapy

- Anti-diarrhea agents should not be used in routine management.
- Consider use of ondansetron as it has been shown to decrease vomiting and hospitalization rates in children who require IV/NG fluids.

Laboratory studies
Stool studies are not routinely recommended. Consider if prolonged diarrhea (>10 days) or bloody stool.

DISCHARGE CRITERIA

- Sufficient rehydration
- Tolerating ORT or regular diet
- Adequate family teaching
- Follow-up established