

Ondansetron Protocol	Reference Number:	
Authorization: Alberta Children's Hospital Emergency Department Site Operations Committee Patient Care Manager - Alberta Children's Hospital Emergency Department Medical Director - Alberta Children's Hospital Emergency Department	Date Established : May 2010	Date Reviewed:

PURPOSE:

This protocol has been developed to facilitate successful oral fluid re-hydration for the child that presents with acute vomiting and moderate dehydration symptoms. Emergency RN and LPN staff are empowered to exercise this protocol.

The AHS (Calgary and Area) Childhood Vomiting and Diarrhea Pathway, 2009, provides the evidence base for the following recommended practice.

Inclusion Criteria:

Children > 3mons of age and < 10years of age with
Symptoms of significant vomiting (as defined by AHS (Calgary and Area) Childhood Vomiting and Diarrhea Pathway, 2009).

Exclusion Criteria:

Children with:

- Episodes of vomiting and/or diarrhea lasting longer than 5 days
- Localized abdominal pain
- Chronic medical conditions such as diabetes, PKU, immunodeficiency or those affecting major organ systems
- Signs suggesting GI obstruction such abdominal distention, bilious vomiting or absent bowel sounds.

POINTS OF EMPHASIS:

Children who are fed their age-appropriate normal diet, even with symptoms of vomiting/diarrhea, recover more quickly than those children who receive fluids only while they are sick.

For children with repeated episodes of vomiting and/or diarrhea the best approach is to concentrate on fluids, in small and frequent amounts, and gradually re-introduce age appropriate foods, as tolerated.

According to the AHS (Calgary and Area) Childhood Vomiting and Diarrhea Pathway, 2009, signs or symptoms of dehydration are measured using the Gorelick Scale scoring tool:

Each sign scores one point:

- Capillary refill >2 seconds
- Absent tears
- Dry mucous membranes
- Ill general appearance

Score of 1 or less: indicates <5% dehydration and Maintenance of Hydration is the goal of therapy. Child is treated with age-appropriate "normal" diet as tolerated.

Score of 2: indicates 5-10% dehydration and Oral Rehydration should be started. Oral rehydration solution is recommended for fluid therapy.

Score of 3 or 4: indicates >10% dehydration and IV rehydration is anticipated.

NURSE INITIATED THERAPY:

1. Assess hydration status using the Gorelick Scale scoring tool.

Each sign scores one point:

- Capillary refill >2 seconds
- Absent tears
- Dry mucous membranes
- Ill general appearance

Score of 2 with significant and recent vomiting are eligible for a single dose of PO Ondansetron

2. Assess for significant **and** recent vomiting.

Significant vomiting defined as ≥ 6 x in past 6 hours

Recent vomiting defined as ≥ 1 time in the last 60 minutes

* Must have both significant and recent vomiting to give Ondansetron.

3. If child meets both criteria above, give PO Ondansetron dose:

<8kg: 0.2mg/kg

8-15kg: 2mg

15-30kg: 4mg

>30kg: 8mg

4. Continue to evaluate hydration status on repeat re-assessments as per standards outlined in the Documentation and Vital Signs Guidelines for the ACH ED.

References:

Alberta Children's Hospital Documentation and Vital Signs Guidelines (2009).

Alberta Health Services (Calgary and Area) Childhood Vomiting and Diarrhea Pathway (2009).