

Childhood Gastroenteritis

Table 3.81

Symptoms and signs of clinical dehydration and shock

Increasing severity of dehydration

Symptoms		
No clinically detectable dehydration	Clinically dehydrated	Clinically shocked
Appears well	🚩 Appears to be unwell or deteriorating	–
Alert and responsive	🚩 Altered responsiveness (for example, irritable, lethargic)	Decreased level of consciousness
Normal urine output	Decreased urine output. Output often decreased in those with normal hydration as a compensatory mechanism. Unreliable in those in nappies with diarrhoea	–
Skin colour unchanged	Skin colour unchanged	Pale or mottled skin
Warm extremities	Warm extremities	Cold extremities
Signs		
No clinically detectable dehydration	Clinically dehydrated	Clinically shocked
Alert and responsive	🚩 Altered responsiveness (for example, irritable, lethargic)	Decreased level of consciousness
Skin colour unchanged	Skin colour unchanged	Pale or mottled skin
Warm extremities	Warm extremities	Cold extremities
Eyes not sunken	🚩 Sunken eyes	–
Moist mucous membranes (except after a drink)	Dry mucous membranes (except for 'mouth breather')	–
Normal heart rate	🚩 Tachycardia	Tachycardia
Normal breathing pattern	🚩 Tachypnoea	Tachypnoea
Normal peripheral pulses	Normal peripheral pulses	Weak peripheral pulses
Normal capillary refill time	Normal capillary refill time	Prolonged capillary refill time
Normal skin turgor	🚩 Reduced skin turgor	–
Normal blood pressure	Normal blood pressure	Hypotension (decompensated shock)

NB Rectal examinations should never be performed in the prehospital assessment of the paediatric acute abdomen.

Methodology

For details of the methodology used in the development of these guidelines refer to the guideline webpage.