DEHYDRATION / DIARRHEA CHART REVIEW TEMPLATE (03-20-25)

HOSP. CODE/VISIT DATE: _____ PT AGE/SEX: _____ MR #: _____ MD REVIEWER: _____

INCLUSIONS: All patients 3 months to 5 years of age with a discharge diagnosis of acute gastroenteritis, or diarrhea and dehydration or vomiting and dehydration. **EXCLUSIONS:** Chronic diarrhea (≥ 7 days duration)

1) TRIAGE / HISTORY / PHYSICAL EXAM:

1a) Respiratory rate recorded at triage

1b) Heart rate recorded at triage

1c) Temperature recorded at triage

1d) Weight Kg recorded at triage

1e) B/P recorded if ≥ 3 yrs at triage

1f) Number, frequency of stools recorded

1g) Duration of diarrhea recorded

1h) Presence/absence of vomiting recorded
___Vomiting present ____No vomiting

1i) Urine output documented. (Any indication including number of wet diapers and time of last urination)

2) PHYSICAL EXAMINATION:

2a) Mucous membranes documented _____Moist (normal) _____Dry

2b) Skin turgor status documented
(If 2a is normal, document 2 points)
__Normal __Abnormal (tenting/decreased)

2c) Mental status documented
__Alert, normal __Lethargic, abnormal (decreased interaction with caregiver)

2d) Skin perfusion recorded:
Color: ____ Normal ____Pale
Capillary Refill: ____ Normal (< 2-3 sec)
____ Abnormal (> 3 sec)
Pulse Quality: ___ Normal___Decreased
(If any of the above = full credit)

2d) abdominal Assessment/re-assessment

NOTE: On the basis of history, determine whether patient has mild, moderate, or severe dehydration:

_____ No Dehydration: Normal mental status and VS, moist mucous membranes

_____ Mild Dehydration: Dry mucous membranes, +/- tachycardia

_____ Moderate Dehydration: Skin, mucous membranes abnormal, sunken eyes, mental status normal

_____ Severe Dehydration: Abnormal mental status /VS

Note: Complete either "No/Mild Dehydration" OR "Moderate/Severe Dehydration" (NOT BOTH)

3) NO OR MILD DEHYDRATION:

3a) For no or mild dehydration was oral rehydration attempted?

3b) If oral rehydration was attempted was glucose/ electrolyte solutions used?

3c) Were intravenous fluids given?

3d) Was re-assessment in clinical status documented at discharge for mild dehydration

4) MODERATE OR SEVERE DEHYDRATION:

4a) If moderate or severe dehydration, or if vomiting persisted, were intravenous fluids given?

4b) If intravenous fluids given, were they isotonic to ECF? (e.g., NS, D5NS)

4c) At least 2 assessments after initiating therapy are documented, unless patient was admitted prior to the 2nd assessment for moderate or severe dehydration

5) DISPOSITION: (30 points)

5a) When children discharged home, were there instructions to begin age-appropriate diet?

5b) When child discharged home, were prescriptions for antidiarrheal medications given? (e.g., Lomotil)

5c) **If patient was hospitalized, or transferred, were vital signs documented prior to disposition?**