Children’s Observation and Assessment Unit / Emergency Department

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| --- | --- | --- | --- | --- | --- | --- |
| Name | | Date of Birth | | | Hospital No. | |
| **ORAL FLUID CHALLENGE** | | Date | | | Assessment time | |
| **INCLUSION:** For children who are vomiting and/or children with clinical signs of mild or no dehydration.  **EXCLUSION:** Fluid challenge is not suitable for children with clinical symptoms of moderate or severe dehydration. These patients must be reviewed by a doctor urgently and managed according to appropriate guidelines. | | | | | | See over page for symptoms |
| **INSTRUCTIONS FOR FLUID CALCULATIONS:**   * 1st 10kg weight: 4ml/kg/hr * 2nd 10kg weight: 2ml/kg/hr * Remaining kg: 1ml/kg/hr * Total = ml per hour * Divided by 6 for volume to be given every 10 mins   Ref: Birmingham Children’s Hospital – Paediatric Clinical Assessment Tools for Gastroenteritis (2016) | | | Patient weight | Amount of fluid per hour  (see chart overleaf) | | Amount of fluid per 10 mins |
| **Time**  (Nurse to document start time and subsequent 10 min intervals) | **Fluid given**  (please tick) | | **Vomit or Diarrhoea – Y / N**  (Inform nursing staff if concerned) | | | |
| **\*\*\*REVIEW AFTER 2 HOURS\*\*\*** | | | | | | |
| Start time: |  | |  | | | |
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| Nurse verifying chart | Signature |

Dear Patient/Parent/Guardian,

You or your child requires a fluid challenge in order to help the nursing and medical team assess and treat you/your child.

We are concerned you/your child may not be tolerating fluids properly which may lead to dehydration. To help us understand this better we would like you/your child to undertake a fluid challenge. This is a test that you can carry out yourselves which will show us whether you/your child is able to tolerate oral fluids.

Carrying out the test is easy. We will tell you how much fluid you/your child needs to drink every 10 minutes and all we ask is that you document the results as directed on the other side of this chart. This test may take up to four hours during which time you will be checked on regularly.

If you/your child cannot tolerate fluids then we will stop the test and use the results to inform our next plan of action.

Thank you,

The Nursing Staff

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|  | **INCREASING SEVERITY OF DEHYDRATION** | | |
|  | **No clinically detectable dehydration (<5%)** | **Clinical dehydration**  **5-10% dehydrated** | **Clinical shock**  **>10% dehydration** |
| **Signs and symptoms** | Appears well | Appears to be unwell or deteriorating | - |
| Alert and responsive | Altered responsiveness (e.g. irritable, lethargic) | Decreased level of consciousness |
| Normal urine output | Reduced urine output | - |
| Skin colour unchanged | Skin colour unchanged | Pale/Mottled skin |
| Warm extremities | Warm extremities | Cold extremities |
| Eyes not sunken | Sunken eyes | - |
| Moist mucous membrane (except for ‘mouth breather’ | Dry mucous membranes (except after a drink) | - |
| 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 |

**Ref: Bedside Clinical Guidelines Partnership Paediatric Guidelines 2018-20**

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| **HOURLY FLUID VOLUMES**  (to be divided by 6 for volume to be given every 10 minutes) | | | | | | | | | | | |
| Child’s weight in KG | Fluid volume – ml per hour | Child’s weight in KG | Fluid volume – ml per hour | Child’s weight in KG | Fluid volume – ml per hour | Child’s weight in KG | Fluid volume – ml per hour | Child’s weight in KG | Fluid volume – ml per hour | Child’s weight in KG | Fluid volume – ml per hour |
| 1 | 4 | 11 | 42 | 21 | 61 | 31 | 71 | 41 | 81 | 51 | 91 |
| 2 | 8 | 12 | 44 | 22 | 62 | 32 | 72 | 42 | 82 | 52 | 92 |
| 3 | 12 | 13 | 46 | 23 | 63 | 33 | 73 | 43 | 83 | 53 | 93 |
| 4 | 16 | 14 | 48 | 24 | 64 | 34 | 74 | 44 | 84 | 54 | 94 |
| 5 | 20 | 15 | 50 | 25 | 65 | 35 | 75 | 45 | 85 | 55 | 95 |
| 6 | 24 | 16 | 52 | 26 | 66 | 36 | 76 | 46 | 86 | 56 | 96 |
| 7 | 28 | 17 | 54 | 27 | 67 | 37 | 77 | 47 | 87 | 57 | 97 |
| 8 | 32 | 18 | 56 | 28 | 68 | 38 | 78 | 48 | 88 | 58 | 98 |
| 9 | 36 | 19 | 58 | 29 | 69 | 39 | 79 | 49 | 89 | 59 | 99 |
| 10 | 40 | 20 | 60 | 30 | 70 | 40 | 80 | 50 | 90 | 60 | 100 |