

**Include in pathway** (Patients must be all of these):

- Patients with simple gastroenteritis
- Patients with stable vital signs
- Patients with clinical evidence of dehydration
- Patients with no indication of surgical abdomen
- Inadequate oral intake

**Exclude from the pathway** (Patients with any of these):

- Patients less than 1 month old
- Patients who are hemodynamically unstable
- Patients with significant chronic comorbid condition (significant neurologic impairment, congenital heart disease, inflammatory bowel disease, etc.)
- Patients who are immunocompromised
- Patients with vomiting and significant abdominal pain without diarrhea
- Patients with diarrhea of **greater than 5 days** duration on admission

**Patients should be considered for removal from the pathway if:**

(Nursing staff should contact physician if any of the following apply)

- No improvement in clinical condition in 48 hours
- Persistent bilious vomiting with abdominal pain
- Primary diagnosis seems questionable
- Stools become grossly bloody

**Criteria for Admission:**

- Inability to tolerate PO fluids
- Persistent lethargy
- Dehydration with large volume of ongoing diarrhea
- Abnormal respirations

**Criteria for Discharge:**

- Able to take PO fluids well
- Able to maintain intake equal to output
- Well hydrated
- Safe and stable home environment

**Background Information:**

- Mild to moderate dehydration (under 10%) is best treated with oral rehydration solutions (Rehydralyte, Pedialyte). This is often best done as an outpatient.
- Even with vomiting, oral rehydration is safe and effective. Parents should be instructed to give small amounts (10-30ml at a time) frequently, with time between to allow absorption and gastric emptying.
- In simple gastroenteritis, maintaining oral intake low in fat, high in complex carbohydrates and proteins, and limiting simple sugars results in more rapid resolution of diarrhea. "Bowel rest" has been shown to be ineffective and often counterproductive. The "BRAT" diet is also not optimal, as it is very low in protein.
- Acquired lactose intolerance is an unusual complication of gastroenteritis. Breastmilk, lowfat milk or formula are a recommended part of the diet during gastroenteritis and should not routinely be withheld. In those few patients who do have ongoing intolerance of milk, soy milk/soy formula provides a simple alternative.
- Most bacterial causes of gastroenteritis do not need antibiotic treatment. Additionally, treatment of E. Coli 0157 may increase the risk of H.U.S., and treatment of salmonella increases the risk of chronic carrier state. Thus, empiric treatment of gastroenteritis with antibiotics should generally be avoided, even when bacterial causes are suspected.
- Lactobacillus and Acidophilus-containing products (active culture yogurt, acidophilus milk, or lactobacillus capsules) seem to promote more rapid resolution of symptoms and reduce the risk of *C. difficile colitis*.
- Antimotility agents such as Diphenoxylate (Lomotil) or Loperamide (Imodium) are potentially harmful and should be avoided.

**Goals:**

- Reduce unnecessary use of antibiotics.
- Promote prompt reintroduction of a regular diet.
- Educate families about good handwashing, oral hydration, and appropriate diet.
- Reduce reliance on IV fluids after the acute phase of gastroenteritis.

*Risk of Hemolytic uremic syndrome after antibiotic treatment of Escherichia coli 0157:H7 enteritis: A meta-analysis. 2003. Journal of Pediatrics 142(3); 349*

Amieva, Manuel R. 2005. "Important Bacterial Gastrointestinal Pathogens in Children: A Pathogenesis Perspective" *Pediatric Clinics of North America 52(3): 749-77, vi*

Kligler B, Hanaway P, Cohn A 2007. "Probiotics in Children" *Pediatric Clinics of North America 54(6): 949-67; xi*

Weight:

Allergies:

Time/  
Date:

**General**

- 1) Diagnosis: Gastroenteritis
- 2) Estimated length of stay = 2 days
- 3) Condition: Stable
- 4) Vitals (including BP) and pain assessment every 6 hrs and PRN for pain
- 5) Activity: As tolerated for age
- 6) Contact precautions
- 7) Accurate I's & O's (every 4 hrs to determine PO intake and output)
- 8) Daily weights
- 9) Initiate "Learning Assessment" and implement gastroenteritis education
- 10) On admit, assess discharge needs and make appropriate referrals (see pediatric admission database)
- 11) Dressings/Procedures: 3M Cavilon Durable Barrier Cream (for intact skin) or 3M No-Sting Barrier Film (for excoriated skin) to diaper area PRN for rash.

**Education**

- 1) **BEGIN EDUCATION AT ADMISSION.**
- 2) Review gastroenteritis "patient education sheet" with family.
  - Teach signs of dehydration, signs of inadequate PO intake.
  - Review who to contact for problems and reasons to call physician or return to ER.
  - Emphasize good handwashing techniques.
  - Review appropriate foods and fluids to offer a child with gastroenteritis (included in pathway packet).

**Diet & Fluids**

- 1) Diet
  - Gastroenteritis diet NOT "BRAT" DIET (refer to "Gastroenteritis Diet Education Sheet" for more information)
  - If vomiting, attempt small volumes of Pedialyte given frequently, and advance as tolerated
  - For infants and toddlers, may supplement with Pedialyte for rehydration
  - For older children, use sugar-free, caffeine-free drinks for rehydration when possible
  - If not vomiting, give formula, breast milk, 2% milk or solid foods
  - If patient is taking formula or breastmilk, do not dilute
  - Encourage complex carbohydrates
  - Encourage active culture yogurt
  - No fatty or fried foods
  - Limit use of simple sugars (particularly fruit juices, Gatorade, and non-diet soft drinks, Kool-Aid and Jell-O's) for flavoring purposes only (1:4 mixture - 1 part flavoring to 3 parts Pedialyte).

Infant (0-1 year) GASTRO I

Pedialyte initially as oral rehydration therapy  
 Regular formula per home preference (do not give 1/2 strength)  
 Age appropriate purees

Toddler (1-4 years) GASTRO T

Pedialyte (ORT)  
 Table foods appropriate for age that meet the gastroenteritis diet criteria  
 Milk (2%) if tolerated, sugar-free 7-Up, or sugar-free Kool Aid when possible

School Age (over 4 years) GASTRO C

Sugar-free non-caffeine drinks when possible  
 Regular diet that meets gastroenteritis diet criteria  
 Milk (2%) if tolerated

Physician's Signature / ID Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

**Gastroenteritis**

page 1

Patient Label



**Physician's Order Sheet**

Weight:

Allergies:

Time/  
Date:

Fluids

**ORAL FLUIDS ARE THE PREFERRED SOURCE OF HYDRATION. ALWAYS**

**ATTEMPT ORAL FLUIDS FIRST.**

- 1) If oral fluids unsuccessful due to vomiting, give normal saline bolus 20 ml/kg IV over 20-30 minutes if no bolus given in ER.
- 2) Provide IV fluids at 1½ times maintenance for 8 hrs and then heplock IV.
- 3) If excessive stool output (>20 ml/kg/day) or patient still vomiting, continue IV fluids at maintenance.
- 4) Give as much as possible of the fluid PO. for patients who are vomiting, instruct a parent or aid to offer sips of PO fluid every 5-10 minutes.
- 5) Choose the PO fluids from the gastro diet (see above). **Only use IV fluids to supplement what the patient cannot take PO.**
- 6) If not vomiting, use breastmilk, formula, lowfat milk, or sugar-free drinks instead of Pedialyte even if patient still has diarrhea.
- 7) Once saline locked, do not replace IV if it comes out.
- 8) If IV placement fails despite 3 attempts, contact physician to consider placing NG tube instead.

If initiated in ER for ER use only	
initial	date/time

**Maintenance Fluids (PO plus IV)**

0-10	Kg	4ml/kg/hr
11-20	Kg	40 ml/hr + (2 ml/kg/hr for each kg > 10)
>20	Kg	60 ml/hr + (1 ml/kg/hr for each kg > 20)

Choice of IV fluids:

for children under 2 months of age, use D5 ¼ NS; + 20 mEq KCl/L

for children over 2 months of age, use D5 ½ NS; + 20 mEq KCl/L

If admission serum bicarbonate (total CO<sub>2</sub>) < 15, substitute 20 meq/liter K-Acetate instead of KCl in IV fluids (nurse to call pharmacy)

If repeat serum bicarbonate (total CO<sub>2</sub>) ≥ 20, resume use of KCl instead of K-Acetate. (nurse to call pharmacy)

**Diagnostic Tests**

- 1) Stool for Wright's stain and if patient is on antibiotics within last 14 days, stool for C. difficile toxin A+B
- 2) If Wright's stain has moderate or many polys, or if diarrhea with gross blood, send stool culture (if not sent from ER).
- 3) Basic metabolic panel if not done in ER
- 4) Repeat basic metabolic panel at 12 hours after baseline chem panel drawn, if any of the following:
  - Initial bicarbonate (total CO<sub>2</sub>) less than 15
  - Initial sodium less than 130 or greater than 150
  - Initial potassium less than 3

**Medications**

- 1) Acetaminophen 15 mg/kg/dose (max dose = 650mg) PO/PR every 4 hours PRN T>101°F and for mild pain (maximum 75 mg/kg/day or; 4 gms/day, whichever is less).
- 2) Ibuprofen 10mg/kg/dose (max dose = 400mg) PO every 6 hrs PRN T>101°F or discomfort if acetaminophen is not effective.  
(Nurse to contact physician for unrelieved pain)
- 3)  **Optional:** Lactobacillus GG- 1 cap PO BID - may open capsule and sprinkle over food or formula.

**Follow-up**

- 1) Place preprinted discharge instructions in chart.
- 2) FAX discharge instructions (once signed by physician) to primary care physician.

If initiated in ER for ER use only	
initial	date/time

Physician's Signature / ID Number: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

**Gastroenteritis**

Patient Label



**Physician's Order Sheet**

## Interdisciplinary Patient/Family Learning Evaluation

### Initial Patient/Family Learner Assessment

A learning evaluation is done with each initial teaching intervention for each learner. Teaching interventions should be documented in an ongoing manner with ongoing assessment and evaluation of readiness to learn, barriers to learning, and learning outcomes. Use your department or topic specific Interdisciplinary Patient/Family Education Documentation forms for ongoing patient/parent/family education documentation. Use this form for the initial assessment of a learner and keep this form with the ongoing patient/family education documentation forms.

Initial Learner Evaluation (assess one or multiple learners)			
1. _____ Date _____ (Pt./Primary care giver)	2. _____ Date _____ learner	3. _____ Date _____ learner	4. _____ Date _____ learner
<b>Prior Knowledge of Plan of Care or care needs:</b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	<b>Prior Knowledge of Plan of Care or care needs:</b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	<b>Prior Knowledge of Plan of Care or care needs:</b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	<b>Prior Knowledge of Plan of Care or care needs:</b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____
<b>Primary Language:</b> check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	<b>Primary Language:</b> check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	<b>Primary Language:</b> check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	<b>Primary Language:</b> check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads
<b>Readiness to learn:</b> check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	<b>Readiness to learn:</b> check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	<b>Readiness to learn:</b> check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	<b>Readiness to learn:</b> check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted
<b>Barriers to learning:</b> check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	<b>Barriers to learning:</b> check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	<b>Barriers to learning:</b> check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	<b>Barriers to learning:</b> check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other
<b>Learning Preferences:</b> <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	<b>Learning Preferences:</b> <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	<b>Learning Preferences:</b> <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	<b>Learning Preferences:</b> <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
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Patient Label



pathway

**Patient/Family Learner Assessment**





## Your Child and Gastroenteritis

### **What is gastroenteritis?**

It is a word used to describe the symptoms from an infection of the bowels (stomach, small and large intestines). Usually a simple viral infection is the cause. People often call this the stomach flu. Other types of infections (such as bacteria or parasites) can cause gastroenteritis too. These are less common. Rotavirus infection is the most common cause of serious diarrhea (watery stool) in infants and young children.

### **How did my child get gastroenteritis?**

It is spread by close contact with the sick person. You may spread it to your child by not washing your hands after going to the bathroom, touching someone who is sick, diapering, feeding, burping or before you fix food.

### **Who gets gastroenteritis?**

Any person can catch simple gastroenteritis, but the condition can be more serious in young children.

### **How will I know if my child has gastroenteritis?**

Your child may have:

- fever
- nausea (feeling sick to their stomach)
- a stomach ache or be uncomfortable from stomach cramping
- vomiting (throwing up)
- blood in stool
- no appetite (will not eat or drink)
- not as many wet diapers as usual or less urine than usual when they go to the bathroom
- weakness
- headache
- diarrhea (watery stool)

Some gastroenteritis goes away within 24 hours, but some can last as long as 2 to 5 days (adults longer). If your child has vomiting and diarrhea, dehydration (not enough liquids for your child) may be a serious result.

### How can I prevent the spread of gastroenteritis?

- **Washing Your Hands** frequently through the day.
- **Wash Your Hands** after every time you go to the bathroom or change a diaper.
- Do not let food come in contact with human or animal waste.
- It is best to keep your child away from others who are sick.
- **DO NOT** share drinks or food.
- Clean all drinking and eating utensils (forks, spoons, etc.) after use
- Clean surfaces that come into contact with stool, diapers or other materials that have had stool on them.

### What is the treatment? What can I do at home?

- **Antibiotics will not help viral gastroenteritis.** Antibiotics may help with some forms of bacterial gastroenteritis, but these types are much less common.
- Keeping the infant or child from getting dehydrated (not having enough liquids) is the main goal of home treatment
- Don't make your child take liquids, formula or breast milk too fast if the child is vomiting every time you give your child food or liquids. Offer small sips about 10 or 15 minutes after your child last vomited.
- Use Pedialyte until vomiting has stopped. Pedialyte is good because it helps put back the body's needed nutrients lost from vomiting. Pedialyte can be bought at your local grocery or drug store.
- You **should not** offer large amounts of plain water. Water alone does not replace the necessary nutrients infants and children lose when there is vomiting and diarrhea.
- If your child is no longer vomiting, try feeding your child some of the foods he/she normally eats. Offer these foods first, if he/she won't eat, give the Pedialyte solution or other liquids like formula, breast milk, etc. If your child was on milk before then start them back on milk.
- Do not offer concentrated sweets such as sugar filled sodas, sports drinks, fruit juices, or Jell-O water with sugar. These can make diarrhea worse.
- Choose sugar free drinks (diet 7 Up or diet Sprite).
- Do not give medicines that slow the diarrhea. The diarrhea will stop when the bowel is getting better.
- Feed your child foods low in fat and sugars. Fat is hard to digest.
- Children with gastroenteritis can have foods such as rice, wheat, potatoes, breads, cereals, lean meats and chicken, fruits, and vegetables.
- Lactose free formula (soy) may be needed for diarrhea that lasts longer than three days.
- Infants and children older than 8 months of age who are given servings of low fat, active culture yogurt (check label on carton) may have fewer days of diarrhea. If your child does not like yogurt, acidophilus milk may also be helpful.

- If your child has diarrhea, clean the diaper area as soon as your baby wets or stools. Use mild soap and water, wash from the front to the back. Expose skin over bottom to air frequently (leave the diaper off). Use A& D ointment or Desitin as needed.

### **When should I call my doctor?**

When your child has:

- Dehydration (not taking enough liquids in) Watch for these things:
  - Dryness around the mouth
  - No tears when crying
  - Dry skin
  - Not as many wet diapers as usual or less urine than usual when they go to the bathroom
  - Sunken eyes
  - A sunken soft spot (in infants) on the top of their head
  - Weakness
  - Tired
- mucus, pus or blood in the stool
- lots of stomach cramping or pain
- Fever of 100.4 degrees Fahrenheit for children two months of age or younger. Do not give Acetaminophen (Tylenol) or Ibuprofen (Pediaprofen) before calling your doctor.
- Fever you are concerned about

**Call 911, if your child is**

- **very weak**
- **limp or not moving**
- **having seizures** (shaking, jerking movements of the body)
- **not responding**
- **passes out**
- **blue or gray in color**
- **stops breathing**

**Start CPR if needed**

**Children's Hospital Central California**  
**SUGGESTED FOODS FOR CHILDREN WITH DIARRHEA**

**BREAD/STARCHES/CEREALS**

Rolls, biscuits or bread; tortillas; saltine & graham crackers; potatoes, rice and noodles with no butter or rich sauces, cooked and non-sugarcoated cereals

**NOT** Croissants, donuts, potato & tortilla chips, sugar-coated and presweetened cereals

**MEATS, CHICKEN, FISH/EGGS**

All lean meats, skinless chicken and turkey; all fish and shellfish; eggs. Prepare all meats, fish, and chicken by baking, broiling or simmering. Tofu, beans, lentils and peas

**NOT** Hot dogs, bacon, sausage and fatty lunch meats and any fried meats, chicken, fish or eggs

**DAIRY PRODUCTS**

Encourage low fat and non fat yogurt. (Check label for active culture yogurt.) Low fat cheeses such as mozzarella and string cheese; skim, acidophilus, 1% or low-fat milks.

**NOT** Whole milk and whole milk products such as American cheese, jack cheese, cheddar cheese and cream cheese, ice cream and sherbets

**SOUPS**

Broth, soups with fat removed.

**NOT** Soups made with cream, whole milk and high fat cheese

**DRINKS**

**Sugar-free** Kool-Aid, **sugar-free** and caffeine-free carbonated beverages; Pedialyte

**NOT** Regular sodas, Kool-Aide and punch, coffee, caffeine-containing drinks, Gatorade, and all fruit drinks

**VEGETABLES and FRUITS**

Fruits and vegetables in small amounts are OK for children with diarrhea

**OTHER**

**NOT** Desserts and sweets such as cookies, cakes, pies, candy, as well as jelly, honey, syrup and sugar (can substitute sugar-free gelatin)

**NOT** Fats and oils

# Discharge Sheet

## For Hospital Use Only

Dictation: 1-800-411-1001 (#963)

D/S Job #: \_\_\_\_\_

Discharge sheet FAXed to PCP \_\_\_\_\_  
initial/date

Follow-up appointment SCHEDULED with PCP \_\_\_\_\_  
initial/date

Patient's Name \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Dx: 1) Gastroenteritis      2) Dehydration      3) \_\_\_\_\_

### Hospital Course

- Patient admitted for acute onset vomiting and diarrhea; estimated dehydration \_\_\_\_\_%
- Treated with IV fluids and oral fluids. Solid foods reintroduced successfully.

Rotazyme     neg  
                  pos  
                  not done  
                  pending

Wright's Stain:     normal  
                          mod to many polys

Admission  
electrolytes

+

Discharge  
electrolytes

+

Complications during hospitalization: \_\_\_\_\_

Discharge Condition: \_\_\_\_\_ Discharge weight: \_\_\_\_\_

### Instruction to Patient

**Activity:** As tolerated

**Diet:** Provide plenty of liquids. Please refer to "Diet Education Sheet for Patients with Gastroenteritis".

**Medications:** See Medication Reconciliation Form

**Additional instructions:** Careful handwashing should be practiced by all household contacts.

Signed: \_\_\_\_\_ M.D. \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Attending Resident

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
City

### Gastroenteritis



Patient Label

### Discharge Instructions