

Improvement needed for care of children with acute gastro

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Treatment for children with acute gastroenteritis follows clinical practice guidelines 90% of the time but drops to around 50% adherence for best practice diagnosis and ongoing management of the condition.

New research from the Australian Institute of Health Innovation, Macquarie University, published in the journal *PLOS One*, evaluated the documented care of almost 700 [children](#) with acute gastroenteritis which is the leading cause of hospitalisation of children in Australia.

Acute gastroenteritis symptoms can include vomiting and diarrhoea for concurrent days, possibly accompanied by high temperatures and [abdominal pain](#).

Lead author, Dr. Neroli Sunderland, Research Fellow with the Australian Institute of Health Innovation, said that while clinicians and particularly GPs were adhering to [clinical practice guidelines](#) for treating children with acute gastroenteritis, improvements could be made in the areas of documenting diagnosis and ongoing management of the condition.

"Following clinical practice guidelines and keeping thorough and accurate medical records are both very important steps to ensuring children receive the best care available," Dr. Sunderland said.

Clinical practice guidelines are developed by experts and available to assist health professionals to provide appropriate and evidence-based care for children.

"Studies from overseas have shown that children who are treated in line with clinical practice guidelines recover from this illness faster," Dr. Sunderland stated.

An important aspect of care is in the taking of routine observations for a child presenting with vomiting or diarrhoea, or both, that has been going on for days and may be accompanied by a high temperature, reduced fluid intake and lack of appetite. Overall, only 16.8% of children had their observations recorded, which can include details about the duration of the illness plus the child's temperature, heart rate, blood pressure and weight.

Across all settings, GP, ED and in hospital, only 27.4% of babies under one-year old presenting with symptoms of [acute gastroenteritis](#) had their fontanelles assessed and recorded—depression of the anterior fontanelle is a clinical sign of dehydration in infants.

Also, when presenting to GPs only 14.2% of children had their urine output recorded (an indicator for dehydration) and less than a quarter had their weight recorded.

Dr. Sunderland said: "It is pleasing to see that in 95% of cases, families were advised against the unnecessary use of antibiotics when there was no sign of infection."

Dr. Sunderland said: "While this study shows that the care Australian children receive is of a high standard, there are areas for improvement including the adoption of consistent national clinical guidelines that would make it easier for clinicians to provide the best possible care."

The study evaluated the documented care in 2012 and 2013 of 669 children across 75 GPs, 34 emergency departments and 26 inpatient hospital services in New South Wales, Queensland and South Australia.

More information: Neroli Sunderland et al. Appropriate management of acute gastroenteritis in Australian children: A population-based study, *PLOS ONE* (2019). [DOI: 10.1371/journal.pone.0224681](https://doi.org/10.1371/journal.pone.0224681)

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