

**CHART REVIEW TEMPLATE
DIARRHEA / DEHYDRATION**

Date: _____

Patient No. _____

INCLUSIONS: All patients 3 months to 5 years of age with a discharge diagnosis of acute gastroenteritis, diarrhea, or dehydration.

EXCLUSIONS: Chronic diarrhea (≥ 7 days duration)

1) TRIAGE / HISTORY / PHYSICAL EXAM: (25 points)

Point Value (25 points)

- ___ 2 Yes 0 No 1a) Respiratory rate recorded at triage.
- ___ 3 Yes 0 No 1b) Heart rate recorded at triage.
- ___ 2 Yes 0 No 1c) Temperature recorded at triage.
- ___ 3 Yes 0 No 1d) Weight recorded at triage.
- ___ 3 Yes 0 No 3 NA 1e) Blood pressure recorded if ≥ 3 years of age at triage.
- ___ 3 Yes 0 No 1f) Number, frequency of stools recorded.
- ___ 3 Yes 0 No 1g) Duration of diarrhea recorded.
- ___ 3 Yes 0 No 1h) Presence/absence of vomiting recorded
___ Vomiting present ___ No vomiting.
- ___ 3 Yes 0 No 1i) Urine output documented. (Any indication including number of wet diapers and time of last urination)

2) PHYSICAL EXAMINATION: (10 points)

- ___ 2 Yes 0 No 2a) Mucous membranes moist/dry documented. ___ Moist (normal) ___ Dry
- ___ 2 Yes 0 No 2b) Skin turgor status documented. (If 2a is normal, document 2 points)
___ Normal ___ Abnormal (tenting, decreased)
- ___ 3 Yes 0 No 2c) Mental status documented
___ Alert, normal ___ Lethargic, abnormal (decreased interaction with caregiver)
- ___ 3 Yes 0 No 2d) Skin perfusion recorded:
Color: ___ Normal ___ Pale
Capillary Refill: ___ Normal (< 2-3 sec)
___ Abnormal (> 3 sec)
Pulse Quality: ___ Normal ___ Decreased
(any of above = full credit)

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.

3) THERAPY: (full credit for N/A)

Point Value (35 points)

NO OR MILD DEHYDRATION

- ___ 15 Yes 0 No 15 NA 3a) For no or mild, dehydration, was oral rehydration attempted?
- ___ 10 Yes 0 No 10 NA 3b) If oral rehydration was attempted, was glucose/electrolyte solutions used? (ie: Pedialyte, Lytren, Gatorade etc.)
- ___ 0 Yes 5 No 3c) Were intravenous fluids given?

MODERATE OR SEVERE DEHYDRATION

- ___ 15 Yes 0 No 15 NA 4a) If moderate or severe dehydration, or if vomiting persisted, were intravenous fluids given?
- ___ 10 Yes 0 No 10 NA 4b) If intravenous fluids given, were they isotonic to ECF? (NS, LR)
- ___ 5 Yes 0 No 5b) Was re-assessment in clinical status documented at discharge for mild dehydration
- ___ 5 Yes 0 No 5c) Were at least 2 assessments after initiating therapy documented, unless patient was admitted prior to 2nd assessment for moderate or severe dehydration.

6) DISPOSITION: (30)

- ___ 10 Yes 0 No 10 NA 6a) When children discharged home, were there instructions to begin age-appropriate diet?
- ___ 0 Yes 10 No 10 NA 6b) When child discharged home, were prescriptions for antidiarrheal medications given? (eg. Lomotil)
- ___ 10 Yes 0 No 10 NA 6c) If patient was hospitalized, or transferred, was the patient stable when leaving the ED?
___ Normal mental status
___ Normal BP for age.

TOTAL: _____