Nursing the child with gastroenteritis


I am a Bank nurse who works mainly in an acute medical ward and I have undertaken the Continuing Professional Development article to enhance my knowledge of gastroenteritis in children. Although the ward I work in is not a paediatric ward as such, it is a ward where children are admitted. Never having nursed a child with gastroenteritis, I feel it is important to be honest about my state of inexperience regarding the illness and the treatment of this condition.

Nevertheless, I have learned a lot from this article. Before reading it, I was aware that gastroenteritis could be viral or bacterial, but I did not know there were so many causative organisms, such as the protozoal Giardia lamblia. After studying the pathology, I have a much better understanding of the actual physical damage an organism can cause in the bowel and how it can lead to malabsorption and fluid loss, which can then result in varying degrees of dehydration.

I am also now more aware of how gastroenteritis is transmitted and understand the need for prevention and infection control. After studying the symptoms, I am more confident in recognising the illness, especially the more severe symptoms of Escherichia coli, though I also understand that causative organisms cannot be established until stool analysis has been carried out.

Now, if I find myself in the position of admitting a child with suspected gastroenteritis I understand the importance of establishing the child's hydration status. I have found the categories of dehydration a very useful guide in determining the level of hydration, as the ward I work in only has information on the signs of severe dehydration.

I also understand the need to correct and maintain hydration in the child, as children are more vulnerable to any loss or change in their fluid balance, owing to the high percentage of total body water and extracellular fluid.

Using the assessment criteria, I will now be able to establish a more accurate history of the child's illness, and also use it as an ongoing aid during the child's stay in hospital. Keeping in mind that the parent or carer is likely to be very concerned about their child, I feel it important to be able to answer any questions the parent may have about the illness. I now feel more confident in discussing the diagnosis and treatment with them.

The article does not specify if antibiotics can be used in the treatment of bacterial gastroenteritis, and as this is potentially a question a parent could ask, I intend to find out more about this.

Since reading the article I have learned what infection control measures would be taken before and after the causative organism is identified. For example, a child with E. coli would be put in isolation until three negative stool specimens have been obtained. This has also led me to investigate the length of time needed between each specimen.

I now understand the need for mixed feeding to continue during an episode of gastroenteritis. As far as I am aware, this is contrary to the practice on the ward I work in, where fluids only are recommended. I now feel I can contribute to my practice area by discussing with staff the information provided in the article about the research findings in mixed feeding.

Under the guidelines for management, the article states that oral rehydrating solution should be given for three to four hours in children with mild to moderate dehydration, and once the child is rehydrated, presumably there would be an improvement in the child's general condition with a return to normal of signs and symptoms, but this is an area where I need to find out more.

Changes to my practice

After reading the article, I am now more aware of the dangers associated with severe dehydration and will be more alert to the clinical signs. I also realise the importance of maintaining a comprehensive record of the child's hydration status and progress over time, and the importance of oral rehydrating salts in treating dehydration.

I also intend to learn more about the relevance of glucose levels, urea and electrolyte levels and blood gases in severe dehydration to further enhance my knowledge of the condition.

When a child is discharged from hospital, I intend to give parents written and verbal information regarding prevention of further infections. My learning outcomes since reading this article have been met to the extent that I now know a great deal more about gastroenteritis and the recognition of dehydration.

I can use the article to help contribute to my practice area by including it in the paediatric file available on the ward I work in, so that other staff will have the benefit of the information. My knowledge of gastroenteritis and food poisoning in adults has also been expanded due to further reading on the subject.