ORAL ONDANSETRON (ZOFRAN) FOR GASTROENTERITIS IN PEDIATRIC ED PATIENTS

Guidelines:

This pathway is to be used for the treatment of children with gastroenteritis and associated dehydration with persistent emesis and nausea. It is important to assess the child for surgical, neurologic and metabolic conditions, vomiting WITHOUT diarrhea for more than 24 hours before using this treatment pathway.

Inclusion Criteria: Patients 6 months to 10 years old. Mild to moderate dehydration - refer to dehydration score table.

Exclusion Criteria: Body weight under 8 kg or complicating factors for example: history of abdominal surgery, renal disease, hypoalbuminemia, hypersensitivity to zofran.

PROTOCOL:

1. Attempt oral rehydration (pedialyte popsicles or liquid) about 3 ml every 5 minutes. If patient is actively vomiting or has vomited within the last 1 hour, failed ORT in the pediatrician’s office, refuses oral rehydration or vomits, go to # 2.

2. Give ondansetron (Zofran) orally dissolving tablets. Place tablet on top of the tongue and instruct child to swallow. If unable to follow instructions, assist child until child swallows.

   **Ondansetron dosage:**
   
   8-15 kg = 2 mg
   15-30 kg = 4 mg
   Greater than 30 kg = 8 mg.

3. If child vomits within 15 minutes of administration, repeat dose.

4. Begin oral rehydration 15 minutes after ondansetron is given. Use an electrolyte appropriate solution (Pedialyte or ½ strength Gatorade) and avoid the use of juice or high glucose fluids. Limit oral rehydration to 30 ml every 15 minutes for minimum of 1 hour. Can give parents graduated syringe to assist rehydration and measure oral intake. 40 ml/kg by oral route is generally adequate.

5. If patient fails oral rehydration, initiate IV hydration with 20 ml/kg of normal saline. At this time consider obtaining lab tests (UA, CBC, Electrolytes with CO2)

6. If child tolerates fluids and clinical signs of dehydration are mild or have resolved after 2 hours of treatment, they may be considered for discharge to home. Ensure that parents are capable of providing continued ORT and thoroughly understand the discharge instructions including signs and symptoms of worsening dehydration or serious illness. Follow up with their pediatrician within 24 hours is strongly encouraged. Do not discharge children to home with prescriptions for Zofran.