

Intervention beneficial for acute gastroenteritis patients

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a downward shift in patients receiving IV fluids after pathway initiation and subsequently with addition of ondansetron to the [pathway](#) (reduction from 48 to 26 percent). For discharged patients with AGE, the mean ED LOS decreased from 247 to 172 minutes. Over time, these improvements were sustained.

"Our results suggest that quality-improvement interventions for AGE can have long-term impacts on care delivery," the authors write.

More information: [Abstract](#)
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(HealthDay)—Implementation of a clinical pathway to improve care of acute gastroenteritis (AGE) patients is associated with a sustained reduction in intravenous (IV) fluid use and length of stay (LOS) in the pediatric emergency department (ED), according to a study published online Sept. 7 in *Pediatrics*.

Lori Rutman, M.D., M.P.H., from the University of Washington in Seattle, and colleagues implemented a [clinical pathway](#) in the pediatric ED in January 2005 to improve care for AGE. They examined the long-term impact of the pathway for AGE, which included oral rehydration therapy as a first-line treatment followed by ondansetron as a safe and effective adjunct in children with vomiting, on the proportion of patients receiving IV fluids and ED LOS. Process and outcomes measures were examined for two years before and 10 years after pathway implementation.

Data were included for 30,519 patients. The researchers identified special cause variation with

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