ratio of Apo B/Apo A1 was also the highest than the norm. Therefore, we can assume that dyslipidemic disorders, without effective means of correction, will contribute to the progression of both - CP and AH.

**Aim of the audit**
1. To identify if rehydration treatment given was appropriate for the degree of dehydration?
2. To look how many children with gastroenteritis received saline boluses in emergency department or in ward when it was not indicated clinically.
3. To find out if we are using modes of rehydration other than intravenous in children with mild to moderate dehydration.
4. Whether ORS solution was used by parents before coming to hospital.

**Methodology**
All children <16 years who presented to emergency department or were admitted in Gabriel ward with symptoms of diarrhoea or vomiting were included in the audit. The audit period was from 06/02/2018 to 31/03/2018.

**Results**
1. Total 24 patients were collected from ED (83%) and Gabriels ward (17%).
2. Out of them 11 (45.8%) were female and 13 (54.2%) were male patients.
3. Age ranges from 5 weeks to 11 years. 13 (54%) patients were below 2 years of age.
4. All 24 (100%) patients had vomiting and 17 (70.3%) patients had diarrhoea and vomiting at presentation. 8 (33.3%) patients had temperature also.
5. 4 (16.6%) patients had been given ORS before coming to hospital.
6. 18 (75%) patients had no dehydration and 6 (25%) with clinical dehydration. No patients presented in shock.
7. Regarding mode of rehydration 20 (83.3%) patients were given trial of oral rehydration and 4 (16.7%) were given IV rehydration after failed oral challenge.
8. IV bolus of Normal saline were given to 2 (8.3%) patients.
9. Ondenstron was given to 18 (75%) patients. 4 (16.7%) patients failed oral challenge.
10. Nasogastric rehydration was not given to any of the patients.

**Conclusions**
The use of ORS before coming to hospital was negligible. If used appropriately at home can reduce the hospital attendances. The NG mode of rehydration was not tried in any of our patients. By adapting NG mode of Rehydration we can avoid IV rehydration. The saline boluses were not indicated in patients who received them as they were not in severe dehydration or shock.

**Recommendations and action plan**
1. Education of GPS and parents about the importance of use of ORS once started with the symptoms of GE to avoid hospital admissions.
2. Awareness among NCHDs and paediatric nurses to use alternate routes of rehydration other than IV.
3. Patients presenting to ED department with no signs of dehydration should be encouraged for use of ORS at home.
4. Current practice of giving saline bolus in patients who are not shocked should be discouraged.