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reality. Serat Babad Tanah Jawi Serat Babad Tanah Jawi rasul berbobobobobro. A risk stratification algorithm in the management of acute gastroenteritis in the emergency department. Prognostic and risk stratification (PSR) tools can be used to identify patients at increased risk for complications of gastroenteritis and to inform decisions about illness severity and in-hospital admission. We developed a 1-day PSR tool for empirically predicting whether patients will require observation, intravenous rehydration, hospitalization, and/or intensive care services. We derived

the model in a cohort of children with gastroenteritis presenting to the emergency department (ED) at a children's hospital in

central Pennsylvania, USA. We validated this model in an independent cohort of children with gastroenteritis presenting to the ED at a second children's hospital in central Pennsylvania, USA. The final PSR model included 6 variables: age, hypothermia, vomiting, dehydration, duration of fever, and abdominal pain. A Child Gastroenteritis Risk Score (CG-RADS) based on the model was formulated. Performance characteristics of the model were assessed using receiver operating characteristic curves. Among 3969 patients in the derivation cohort, 672 (17%) patients were admitted and 54 (2%)died. The model had an area under the curve (AUC) of 0.82 (95% CI, 0.79-0.85) in predicting whether patients would

receive hospital admission or observation at the index visit. Using the model, we prospectively predicted that 37%, 14%, and 18% of patients had a high, intermediate, and low risk of needing hospital admission or observation. The model's AUC for predicting need for intensive care services was 0.76 (95% CI, 0.72-0.80). The overall accuracy of the model was 72%. Use of the PSR in children with gastroenteritis presenting to the ED is associated with high predictive accuracy. This PSR may help f678ea9f9e

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