Treatment Plans for Dehydration

ORT does NOT stop vomiting or diarrhea. but helps prevent dehydration.

Good Examples of ORT

Gerber or Ricelyte Pedialyte

Kaolectrolyte

Powders

Rehydralyte

Poor Examples of ORT Not adequate for Re-hydration

Fruit Juices Sports Drinks Sodas (Fizzy or Flat)



No Dehydration PLAN A

- Feed your child normally
- of diarrhea. Use ORT* for If possible, try giving extra fluids for each bout
- ORT* is also appropriate they may not take it due pretzels or saltines. may substitute water and to its salty taste. for older children, but foods such

Some Dehydration PLAN B

If your child is younger than a year old, please call the Doctor-

Severe Dehydration

PLANC

IF VOMITING:

aim for 2 ounces of ORT every For a child under 20 pounds, Start slowly.

try 3 ounces of ORT every hour For a child over 20 pounds,

> For a Child weighing Less than 20 lbs Give 1-2 oz of ORT each hour

For a Child weighing More than 20 lbs Give 3 oz of ORT each hour

every 2 to 3 minutes. If your child vomits, it is appropriate to wait 10 to 15 minutes before giving more fluid. If your child will not take ORT, try giving him/her less, 1 to 2 teaspoons

makes your child vomit. Breastfeeding can continue as tolerated. When your therapy after 4-6 hours, please call your pediatrician's office. child's appetite returns, you may feed them. If your child has failed to tolerate ounces per feeding. You may need to go more slowly if the increased amount plan. If your child's vomiting is improving, increase the fluids to 1 to 2 After 4-6 hours, check how your child is doing and choose the suitable treatment

3 minutes. Breastfeeding can continue as tolerated. Feed your child once their appetite returns resists ORT, try giving 1 to 2 teaspoons at a time by dropper or teaspoon every 2 to IF NOT VOMITING: You can give unlimited amounts of ORT. If your child

Severe Dehydration

Please call your immediately. pediatrician's office



^{*} ORT is not effective if mixed with other beverages

Assessing Dehydration

amount of salts and sugars to help avoid dehydration. Some include: Pedialyte, Rehydralyte, Ricelyte, Resol and Gerber or Kaolectrolyte powders. WHAT IS ORT? -- ORT, or Oral Re-hydration Therapy, is a commercially available product that contains just the right

Determine your child's degree of dehydration and follow the treatment plans on the opposite side of this page

DECISION:		ASSESSMENT:	General Condition	Moun and Tongue		Tears	Urine Output	Thirst	Vomiting	Check Diarrhea - number of loose stools per day	SYMPTOMS
USE PLAN A	NO SIGNS OF DEHYDRATION	2 or More of the Above Symptoms	Alert, Near Normal Activity	Wet		Present	Normal	Normal	Less than 4 hours	Less than 4	NO DEHYDRATION
USE PLAN B	SOME DEHYDRATION	2 or More of the Above Symptoms	Unwell, Fussy or Sleepy	Silgnuy Dry (Some Saliva)	8	Decreased	Small Amount	Greater than Normal	Less than 8 hours	From 4 to 10	SOME DEHYDRATION
USE PLAN C	SEVERE DEHYDRATION	2 or More of the Above Symptoms	Very Sleepy, Very Fussy	very Dry (No Sanva)		Absent	No Urine for 8 Hours	Unable to Drink	Over 8 hours	More than 10	SEVERE DEHYDRATION

Always check with your pediatrician with any questions or concerns as the need arises. If your child is younger than a year old, please call your pediatrician.

Assessing and treating potential dehydration is not a simple process. This guide has been established solely as an additional resource for parents to utilize as they deal with the potential symptoms of gastroenteritis and dehydration at home. These guidelines do not constitute medical advice and do not replace the need to seek the independent medical judgment of your physician in each specific case. These guidelines are current as of the date that they are printed but are subject to change as new information regarding potential dehydration is developed.