



DEHYDRATION FACTS

Dear Parents,

Gastroenteritis, or inflammation of the stomach and intestines, is commonly known as the stomach flu. Diarrhea is one of the most common symptoms of stomach flu and a common pediatric complaint affecting millions of infants and children throughout childhood. This brochure was designed to provide some information and helpful advice on stomach flu, diarrhea, and dehydration.

Understanding Gastroenteritis

Gastroenteritis means an inflammation of the stomach and intestines. **It is commonly known as the stomach flu**, although it is not caused by the influenza virus.

The symptoms of the stomach flu can include:

- | | |
|-------------|--------------------|
| Headache | Vomiting |
| Stomachache | Diarrhea |
| Fever | Decreased Appetite |

In general, symptoms begin 1 to 2 days following exposure and may last for 1 to 10 days.

For most children, the stomach flu is not a serious illness. However, if a child is unable to drink enough fluids, they may become dehydrated. (See Insert)

Occasionally, more severe illnesses can cause vomiting or diarrhea. Call your pediatrician when the symptoms in the box to the right are present ⇒⇒⇒⇒

You should call your Pediatrician immediately if your child has any of the following symptoms:

- Looks weak or is unresponsive
- Severe worsening abdominal pain
- A rectal temperature greater than 100.4° F if child is less than 3 months old
- Vomits yellow or green bile
- Blood or mucus in the diarrhea
- Projectile vomiting occurring 2 or more times a day in a child less than 3 months old. (Projectile vomiting means that the vomit travels greater than 1 foot from the baby)
- Vomiting over 24 hours without diarrhea
- No improvement in diarrhea after 1 week

INSIDE

- 1 Understanding "Gastroenteritis"
- 1 What is Diarrhea?
- 2 What is Dehydration?
- 3 Treating Dehydration

INSERT

Assessing Dehydration & Plans for Treatment

What is Diarrhea?

Diarrhea is the passage of watery stools, usually 3 or more in a 24-hour period. It is the *consistency* of the stools, more than the number, that is important. Babies fed breast milk will pass loose, pasty stools. This is not diarrhea. Mild diarrhea, during which a child's energy level and appetite remain normal, requires no special treatment except the avoidance of excessive fruit juice. **More significant diarrhea can cause dehydration and should be treated. (See Insert)**

Don't Wait, Rehydrate.

What is Dehydration?

Dehydration is a loss of both water and salt from the body. The usual cause is a lot of vomiting and diarrhea.

If fluid losses are not replaced, the body starts to dry out or become dehydrated.

Those most susceptible to dehydration are babies under 1 year of age and anyone with a fever. There is no one way to assess dehydration.

Early signs of dehydration include dryness of the mouth and thirst. As dehydration increases, symptoms can include irritability, lethargy, decreased urine output, few or no tears when crying vigorously, and dry sticky saliva.



How do you Avoid Dehydration?

The best treatment for dehydration is **oral re-hydration therapy (ORT)**. When successful, it can prevent trips to the emergency room and the need for intravenous fluids. (See Insert)

ORT



ORT comes in a variety of commercial brands, kid-pleasing flavors, and serving sizes.

Different from other beverages, ORT contains the electrolytes kids need to re-hydrate quickly.

ORT (Oral Re-hydration Therapy) does NOT stop vomiting or diarrhea, but helps prevent dehydration.

Good Examples

of Dehydration Therapies

Over-the-counter

Oral Re-hydration Therapy

Pedialyte

Rehydralyte

Ricelyte

Resol

Gerber or

Kaolectrolyte Powders



Poor Examples

of Dehydration Therapies

Not adequate for Re-hydration

Sodas (Fizzy or Flat)

Sports Drinks

Fruit Juices



Fact: Re-hydration solutions contain just the right amount of salts and sugars to help avoid dehydration

Oral Re-Hydration Therapy for The Treatment of Dehydration

Oral re-hydration therapy (ORT) is available commercially as *Pedialyte, Rehydralyte, Ricelyte, Resol or Kaolectrolyte and Gerber powders*.

ORT does not stop vomiting and diarrhea; it prevents the body from dehydrating.

Using ORT is not always easy. If a child is not yet dehydrated, they may refuse it due to its salty taste.

If a child is actively vomiting or nauseated, they may also be reluctant to take the fluid. In this situation, treatment requires time and patience. To overcome a nauseated child's refusal to drink, ORT can be given in small, frequent amounts, either through a dropper or by a teaspoon every 2 to 3 minutes. If a child vomits, it is appropriate to wait 10 to 15 minutes before giving more fluid.



- If your child is not vomiting and is improving consistently, you can gradually increase the fluids. You will need to go more slowly if this increase in fluids induces vomiting.
- As long as it is tolerated, breastfeeding can continue.
- If after 4 hours your child is not vomiting and is consistently thirsty, they can drink unlimited amounts of ORT.

Note: ORT is not effective if the solution is mixed with other beverages.

As soon as your child's appetite returns, you should feed them. Good food choices include cooked meat, cooked cereal, toast, noodles, bananas, or yogurt.

Helpful Tips in Serving ORT to Your Child

- The colder the ORT, the better it will taste
- Try kid-friendly, frozen pops
- Try Kaolectrolyte or Gerber powders in water (Do not add powder to ORT) which have longer shelf life than ORT liquids*
- Consider travel packets for vacations
- Add sugar-free Koolaid or Crystal Light to ORT for better taste

*Caution: Be very careful in mixing powdered ORT-Follow Specific manufacturer instructions.

- For a child under 20 pounds, aim for 2 ounces of ORT every hour over a 4 to 6 hour period.
- For a child over 20 pounds, try 3 ounces of fluid per hour over 4 to 6 hours.

The Assessing and Treating Dehydration insert shows recommendations for assessing dehydration and offers different plans depending on your child's dehydration symptoms.

Please call your pediatrician's office with any questions or concerns.

When in doubt, call the pediatrician

APP | Affiliated Pediatric Practices

The benchmark of excellence in pediatric healthcare

This **Dehydration Facts** brochure was developed by Affiliated Pediatric Practices (APP).

Your pediatric practice is a member of Affiliated Pediatric Practices – an organization working for the health and safety of our children.



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- Middleboro Pediatrics
- Pediatric Associates at Northwoods
- Pediatric Associates at Norwood and Franklin
- Pediatric Healthcare Brockton
- Pediatric Health Care at Newton Wellesley
- Pediatric Specialists of Foxborough and Wrentham
- Quincy Pediatric Associates
- Walpole Pediatric Associates
- Weston Pediatric Physicians

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.

¹⁹ CDC
Recommendations and Reports, November 21, 2003, / 52 (RR16);1-16; June 2005 <{HYPERLINK "<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5216a1.htm>" }>

¹⁹ Rehydrate.org,
"Rehydration Project," PO Box 1, Samara 5235, Costa Rica, June 2005
<<http://www.rehydrate.org>>

Assessing Dehydration

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

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

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

If your child is younger than a year old, please call your pediatrician.

Always check with your pediatrician with any questions or concerns as the need arises.

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Treatment Plans for Dehydration

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

Good Examples of ORT

Pedialyte Rehydralyte
 Ricelyte Resol
 Gerber or
 Kaolectrolyte
 Powders



Poor Examples of ORT

Not adequate for Re-hydration

Sodas (Fizzy or Flat)
 Sports Drinks
 Fruit Juices



<p>PLAN A No Dehydration</p>	<p>PLAN B Some Dehydration - If your child is younger than a year old, please call the Doctor-</p>	<p>PLAN C Severe Dehydration</p>
<p>Feed your child normally.</p> <p>If possible, try giving extra fluids for each bout of diarrhea. Use ORT* for infants.</p> <p>ORT* is also appropriate for older children, but they may not take it due to its salty taste. You may substitute water and salty foods such as pretzels or saltines.</p>	<p><u>IF VOMITING:</u></p> <p>Start slowly. For a child under 20 pounds, aim for 2 ounces of ORT every hour.</p> <p>For a child over 20 pounds, try 3 ounces of ORT every hour.</p> <p>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 every 2 to 3 minutes.</p> <p><u>After 4-6 hours</u>, check how your child is doing and choose the suitable treatment plan. If your child's vomiting is improving, increase the fluids to 1 to 2 ounces per feeding. You may need to go more slowly if the increased amount makes your child vomit. Breastfeeding can continue as tolerated. When your child's appetite returns, you may feed them. If your child has failed to tolerate therapy after 4-6 hours, please call your pediatrician's office.</p> <p><u>IF NOT VOMITING:</u> You can give unlimited amounts of ORT. If your child resists ORT, try giving 1 to 2 teaspoons at a time by dropper or teaspoon every 2 to 3 minutes. Breastfeeding can continue as tolerated. Feed your child once their appetite returns.</p>	<p>Severe Dehydration</p> <p>Please call your pediatrician's office immediately.</p> 

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

* ORT is not effective if mixed with other beverages.