

TIP: PEDIATRIC HYDRATION

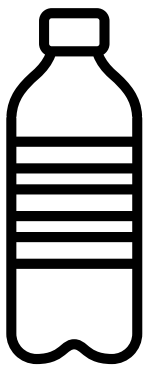
You have just seen a young patient with frequent vomiting and diarrhea and you suspect they may be dehydrated.

Approach to Pediatric Dehydration and Fluid Replacement:



FIRST THINGS FIRST

Perform physical exam to determine degree of dehydration.



Clinical Signs of Dehydration			
<u>Degree of Dehydration</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Infant/Young Child <2yr	5%	10%	≥15%
Older Child/Adoles >2yr	3%	6%	≥ 9%
Heart Rate	Normal	Rapid	Rapid
Blood Pressure	Normal	Normal	Decreased
Urine Output	Mildly Decreased	Markedly Decreased	Anuria
Mucous Membranes	Moist	Tacky	Dry
Anterior Fontanelles	Normal	Sunken	Markedly Sunken
Eyes	Normal	Sunken	Markedly Sunken
Skin Turgor	Normal	Decreased	Tenting
Capillary refill	Normal (<3s)	Normal to Increased	Increased (>3s)



TIP: PEDIATRIC HYDRATION CONTINUED...

NEXT STEP

Management of Dehydration



Management of Dehydration (Not intended for infants <28 days old)	
Mild and Moderate	ORAL REHYDRATION <ul style="list-style-type: none">➤ Fluids: Oral rehydration solutions (ie. Pedialyte) or dilute juice. Give at 50mL/kg over 4h + replace ongoing losses➤ Age-appropriate diet after rehydration➤ Children \geq 6 months can be given 0.15mg/kg dose (max 8mg) of Ondansetron – reduces failure of ORT and need for IV fluids➤ If ineffective \rightarrow IV hydration
Severe	IV HYDRATION <ul style="list-style-type: none">➤ Send to the ED for IV fluids and close monitoring



Want to more resources?

Check out the [UpToDate article on Treatment of Hypovolemia \(Dehydration\) in Children.](#)

For a quick summary check out [PedsCases Notes on Dehydration and Fluid Replacement.](#)

