



Government of Kerala

HEALTH SERVICE DEPARTMENT

Guidelines for
management of dehydration
in diarrhoeal diseases

2012

HEALTH AND FAMILY WELFARE DEPARTMENT

DEHYDRATION MANAGEMENT—KEY POINTS

(As per revised management guideline of GOI)

ASSESSMENT OF SEVERITY OF DEHYDRATION

Two of the following signs		Use
<ul style="list-style-type: none">• Lethargy or unconscious• Sunken eyes• Not able to drink or drinks poorly• Skin pinch goes back very slowly	SEVERE DEHYDRATION	PLAN C
Two of the following signs		
<ul style="list-style-type: none">• Restless, irritable• Sunken eyes• Drinks eagerly, thirsty• Skin pinch goes back slowly	SOME DEHYDRATION	PLAN B
Not enough signs to classify as some or severe dehydration	NO DEHYDRATION	PLAN A

TREATMENT

PLAN A: Prevention of dehydration /Prevention of ongoing losses to prevent dehydration

ORS for prevention of dehydration		
Show the mother how much ORS to give after each stool and give her enough packets for two days		
Age	Amount of ORS to give after each loose stool	Amount of ORS to provide for use at home
Less than 24 months	50-100 ml	500ml/day
2 years to 10 years	100-200 ml	1000 ml/day
10 years or more	As much as wanted	2000 ml/day
ORS is appropriate for both prevention and treatment of dehydration		

Show the mother how to give ORS

Show the mother how to mix the ORS

- Give a teaspoonful every 1-2 minutes for a child under 2 years
- Give frequent sips from a cup for an older child
- If the child vomits, wait for 10 minutes. Then give the solution more slowly (a spoonful every 2-3 minutes)

- If diarrhoea continues after the ORS packets are used up, tell the mother to give other fluids or return for more ORS
- The mother should be asked to continue feeding the child with diarrhoea.

PLAN B: Patient with Physical signs of Dehydration

Guideline for deficit replacement/rehydration therapy

75 ml/kg of ORS in the first 4 hours (patient's age to be used only when the weight is not known) should be started immediately. Approximate fluid estimates for deficit replacement are given below

Guidelines for treating patient with some (but not severe) dehydration when body weight is not known

Approximate amount of ORS solution to be given in the first 4 hours*

Age	Up to 4 mths	4 mths to 12 mths	12 mths to 2 yrs	2 yrs to 5 yrs	5 yrs to 14 yrs	More than 14 yrs
Approx wt in kg	<6	6-10	10-12	12-19	20-30	>30
ORS in ml	200-400	400-700	700-900	900-1400	1500-2200	2200-4000
Approx local measure (glass)	1-2	2-3	3-4	4-6	6-11	12-20

- More ORS should be offered if the child wants it
- 100-200 ml clean water should be given during this period for infants up to 6 months who are not breast fed.
- Breast feeding should be encouraged and continued whenever the child wants
- If the child vomits, wait for 10 minutes, then continue, but more slowly

Guidelines for maintenance fluid therapy

How much ORS to give for replacement of ongoing stool losses to maintain hydration	
Age	After each liquid stool, offer
Less than or equal to 6 mths	Quarter glass (50 ml)
7 mths to less than 2 years	Quarter to half glass (50-100 ml)
2 years-10 years	Half to one glass (100-200 ml)
Older children and adults	As much as desired

PLAN C: Children with severe dehydration should be given rapid intravenous rehydration

IV fluids should be started immediately. While the drip is being set up, ORS solution should be given if the child can drink.

The best IV fluid solution is Ringer's Lactate solution. If Ringer's Lactate is not available, normal saline solution (0.9% NaCl) can be used. Dextrose on its own is not effective.

100 ml/kg of the chosen solution should be divided as follows:

	First give 30ml/kg in	Then give 70 ml/kg in
<12 months	1 hour*	5 hours
Older children	½ hour*	2 ½ hours

*Repeat again if the radial pulse is still very weak or not detectable

- All children should be started on ORS solution (about 5ml/kg/h) when they can drink without difficulty during the time they are getting IV fluids (usually within 3-4 hours for infants or 1-2 hour for older children.)
- If one is unable to give IV fluids, rehydration with ORS using naso gastric tube at 20 ml/kg/h should be started immediately. The child should be reassessed every 1-2 hours; if there is repeated vomiting or abdominal distension, the fluids should be given more slowly. If there is no improvement in hydration after 3 hours, IV fluids should be started as early as possible.

ZINC IN DIARRHOEA MANAGEMENT

Zn as an adjunct to ORT in diarrhoea management in children.

2 months to 6 months	10 mg/day x 14 days
Children 6 months and above	20 mg/day x 14 days

Suspect CHOLERA in all cases of severe dehydration in adults.

Send Stool samples for 'Hanging Drop' to district lab and culture for vibrio to Medical College