

Fluids for your Child with Gastroenteritis

This form is used whilst patients are waiting to be seen by a doctor.

The nurse who has assessed your sick child has put you into an appropriate category, for urgency to see the doctor. Based on the history you gave it is likely that your child has 'gastroenteritis' (vomiting and/or diarrhoea usually caused by a virus) and will require fluid treatment. Research shows it's best for your child if gastroenteritis can be treated with a special oral fluid. We use the waiting period before a doctor is able to see your child to trial this fluid. Your wait is no longer or shorter by 'trialing oral fluid'.

You may have been giving your child fluids at home and are probably here because you feel this has been unsuccessful. The way we give fluids here is different and is very successful (better than 9 out of 10 kids seen in emergency departments do well this way). The other side of this sheet explains exactly how much fluid and how often we want you to give it to your child. Your child will continue to absorb this special fluid despite vomiting so do not stop giving it if your child vomits.

When your child sees the doctor a decision will be made as to whether you can go home, or whether your child needs further treatment such as an intravenous 'drip' to provide extra fluid for your child. Successful use of oral fluids may prevent both these procedures and possible admission to hospital.

Oral solutions like 'gastrolyte' work better because when you are sick a special combination of salts and sugars are absorbed by the body much better than water, sugar or salts alone. Millions of children's lives have been saved around the world by the use of similar oral solutions. Drinks like soft drink, juice or cordial contain too much sugar and will make your child's diarrhoea much worse. Water is poorly absorbed during gastroenteritis.

The nurse will show you what to do, and your help in filling in the chart on the other side of the page will help us decide how best to care for your child.

Please see the nurse immediately if your child gets worse or is behaving differently.

Your Local Emergency Department phone number

(02) _____

Name:







Affix Patient ID Label

ORAL REHYDRATION IN THE EMERGENCY DEPARTMENT

- Many children who are dehydrated from vomiting can be managed with fluids taken orally.
- Giving frequent small amounts of fluid is often more successful than larger amounts taken less often – even if the child is thirsty.
- When you give your child fluid, give with a syringe or put a small amount in the medicine cup or bottle, otherwise they are likely to drink the whole lot of it.
- If you are using a Hydralyte ice block – let your child suck it slowly.
- Breast fed infants – continue, but small, frequent feeds.
- Oral rehydration fluids e.g. Gastrolyte – made to manufacturer's instructions.
- If oral rehydration fluid unavailable or refused, use diluted juice/lemonade - 1 part to 4 parts water.
- Cordial concentrate - 1 part to 20 parts of water (not low calorie or diet cordial).

FLUID AMOUNT AND FREQUENCY GUIDE					
1 ml per kg every 10 minutes					
✓	Weight	Gastrolyte, Hydralyte or diluted juice/lemonade every 10 minutes	✓	Weight	Gastrolyte, Hydralyte or diluted juice/lemonade every 10 minutes
	10 kg	10 ml		30 kg	30 ml
	15 kg	15 ml		35 kg	35 ml
	20 kg	20 ml		40 kg	40 ml
	25 kg	25 ml		50 kg	50 ml

Please record every time your child vomits, passes urine or has diarrhoea.

	TIME	FLUID TYPE	VOLUME	VOMIT	DIARRHOEA	URINE
						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
	TOTAL:					

Your child will be assessed by a doctor who will use this information to help manage your child. Please ask a nurse if you need additional fluids or ice blocks or if your child becomes more unwell, is refusing fluids or continues to vomit.