ORAL REHYDRATION THERAPY

Inclusion:
- CC of vomiting and/or diarrhea in a child 6 months to 18 years of age

Exclusion:
- Patient < 6 months of age
- Diarrhea or vomiting > 7 days
- Bloody stool
- RLQ abdominal pain
- History of short gut syndrome
- Head injury
- Comorbid condition (i.e. CP, sickle cell, renal failure, cardiac history)

Severe Dehydration (Score >4)

Off Pathway: consider ESI of 2 or 3 and possibly alert physician and charge RN

Mild- Moderate “Some” Dehydration (Score 1-4) **ESI 4 and follow Pathway

Follow protocol in place for Ondansetron administration for vomiting:
- <15 kg = 2 mg
- ≥15 kg = 4 mg

No Dehydration

Off Pathway: Consider “oral challenge”

Initiate Oral Rehydration Therapy: 1
- 5 mL Q5 minutes if <10 kg
- 10 mL Q5 minutes if ≥10 kg

**Reassess in 20 minutes

Emesis?

Yes?
- No?

Hold Oral Rehydration for 20 minutes... then restart therapy as above.

Off Pathway: Notify physician (IV hydration may be needed)

Increased Oral Rehydration:
- 10 mL Q5 minutes if <10 kg
- 20 mL Q5 minutes if ≥10 kg

**Reassess in 30-60 minutes

Continued emesis?

Yes?
- No?

Notify physician and discuss disposition plan:
- Ensure dehydration improvement
- Provide patient & family teaching
- Ensure follow-up plan

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References:


