



Weill Cornell Medical College

ClinicalKey®

Patient Education:

Dehydration, Pediatric

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Dehydration, Pediatric

Dehydration occurs when your child loses more fluids from the body than he or she takes in. Vital organs such as the kidneys, brain, and heart cannot function without a proper amount of fluids. Any loss of fluids from the body can cause dehydration.

Children are at a higher risk of dehydration than adults. Children become dehydrated more quickly than adults because their bodies are smaller and use fluids as much as 3 times faster.

CAUSES

- Vomiting.
- Diarrhea.
- Excessive sweating.
- Excessive urine output.
- Fever.
- A medical condition that makes it difficult to drink or for liquids to be absorbed.

SYMPTOMS

Mild dehydration

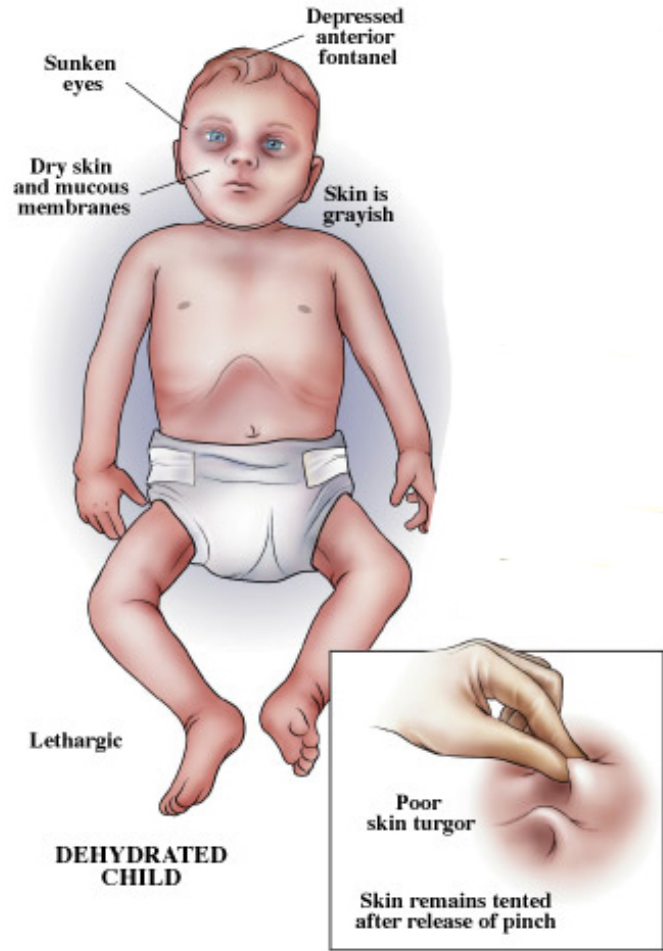
- Thirst.
- Dry lips.
- Slightly dry mouth.

Moderate dehydration

- Very dry mouth.
- Sunken eyes.
- Sunken soft spot of the head in younger children.
- Dark urine and decreased urine production.
- Decreased tear production.
- Little energy (*listlessness*).
- Headache.

Severe dehydration

- Extreme thirst.
- Cold hands and feet.
- Blotchy (*mottled*) or bluish discoloration of the hands, lower legs, and feet.



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- Not able to sweat in spite of heat.
- Rapid breathing or pulse.
- Confusion.
- Feeling dizzy or feeling off-balance when standing.
- Extreme fussiness or sleepiness (*lethargy*).
- Difficulty being awakened.
- Minimal urine production.
- No tears.

DIAGNOSIS

Your health care provider will diagnose dehydration based on your child's symptoms and physical exam. Blood and urine tests will help confirm the diagnosis. The diagnostic evaluation will help your health care provider decide how dehydrated your child is and the best course of treatment.

TREATMENT

Treatment of mild or moderate dehydration can often be done at home by increasing the amount of fluids that your child drinks. Because essential nutrients are lost through dehydration, your child may be given an oral rehydration solution instead of water.

Severe dehydration needs to be treated at the hospital, where your child will likely be given intravenous (IV) fluids that contain water and electrolytes.

HOME CARE INSTRUCTIONS

- Follow rehydration instructions if they were given.
- Your child should drink enough fluids to keep urine clear or pale yellow.
- Avoid giving your child:
 - Foods or drinks high in sugar.
 - Carbonated drinks.
 - Juice.
 - Drinks with caffeine.
 - Fatty, greasy foods.
- Only give over-the-counter or prescription medicines as directed by your health care provider. **Do not** give aspirin to children.
- Keep all follow-up appointments.

SEEK MEDICAL CARE IF:

- Your child's symptoms of moderate dehydration do not go away in 24 hours.
- Your child who is older than 3 months has a fever and symptoms that last more than 2–3 days.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child has any symptoms of severe dehydration.

- Your child gets worse despite treatment.
- Your child is unable to keep fluids down.
- Your child has severe vomiting or frequent episodes of vomiting.
- Your child has severe diarrhea or has diarrhea for more than 48 hours.
- Your child has blood or green matter (*bile*) in his or her vomit.
- Your child has black and tarry stool.
- Your child has not urinated in 6–8 hours or has urinated only a small amount of very dark urine.
- Your child who is younger than 3 months has a fever.
- Your child's symptoms suddenly get worse.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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