Dehydration in Children Treatment

Self-Care at Home

Most children become dehydrated because of diarrhea or vomiting caused by a viral infection. The way to help a dehydrated child is to give plenty of fluids while the child is ill. This is called fluid replacement.

- Suitable fluid replacement for children younger than two years includes Pedialyte, Rehydralyte, Pedialyte freezer pops, or any similar product designed to replace fluids, sugar, and electrolytes (dissolved minerals such as sodium, potassium, and chloride). You can buy these products at most large grocery and drug stores.
- You can make your own oral rehydration fluid by following this recipe:
  1/2 teaspoon table salt
  1/2 teaspoon potassium chloride (lite salt)
  1/2 teaspoon baking soda
  4 tablespoons sugar
  dissolved in 1 liter (a little over a quart) of water
- Children older than two years may be given flat soda (soft drinks that are opened then shaken to lose their fizz), Gatorade, or water–based soups.
- Give a few sips every few minutes.
- Although it may seem that your child is vomiting all that is given, usually an adequate amount of fluid is kept down.
- Within four hours after vomiting stops, a BRAT diet (bananas, rice, apples, toast, and other simple starches, such as noodles or potatoes) may be started in children who are weaned from formula or breast milk.
- Change slowly to a normal diet after one to two days on the BRAT diet. If you are breastfeeding, you may continue to breastfeed throughout the illness.
- If you are bottle–feeding, restart half–strength formula feedings after one to two days of Pedialyte, and then return to full–strength formula feedings within another day.

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- If the dehydration is mild (3–5% total body weight loss), the doctor may ask you to give the child small sips of Pedialyte or other oral rehydration fluids. If your child is able to drink fluids (and no dangerous underlying illness or infection is present), you will be sent home with instructions on oral rehydration, information about things to be concerned with and reasons to return or call back.

- If your child is moderately dehydrated (5–10% total body weight loss), the doctor may place a tube into a vein (intravenous line or "IV") to give the fluids. If your child is able to take fluid by mouth after IV fluid replacement, improves after IV fluid replacement, and has no apparent dangerous underlying illness or infection, you may be sent home. When sent home, you will receive instructions on oral rehydration, instructions for close follow-up with your family doctor (most likely to be seen in the office the next day), and instructions on things to be concerned about and reasons to return or call back.

- If your child is severely dehydrated (more than 10–15% weight loss), the child will most likely be admitted to the hospital for continued iv fluid replacement, observation, and often further tests to determine what is causing dehydration. Children with bacterial infections will receive antibiotics, but viral infections will not usually require specific antibiotic therapy. In children, vomiting and diarrhea are almost never treated with drugs to stop vomiting (called antiemetics) or antidiarrheals. Such treatment would usually prolong the diarrhea.


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