

Chart 11. How to treat severe dehydration in an emergency after initial management of shock

For children with severe dehydration but without shock, refer to diarrhoea treatment plan C, p. 131.

If the child is in shock, first follow the instructions in Charts 7 and 8 (pp. 13 and 14). Switch to the chart below when the child's pulse becomes slower or capillary refill is faster.

- ▶ Give 70 ml/kg of Ringer's lactate (Hartmann's) solution (or, if not available, normal saline) over 5 h to infants (aged < 12 months) and over 2.5 h to children (aged 12 months to 5 years).

Weight	Total volume IV fluid (volume per hour)	
	Age < 12 months Give over 5 h	Age 12 months to 5 years Give over 2.5 h
< 4 kg	200 ml (40 ml/h)	–
4–6 kg	350 ml (70 ml/h)	–
6–10 kg	550 ml (110 ml/h)	550 ml (220 ml/h)
10–14 kg	850 ml (170 ml/h)	850 ml (340 ml/h)
14–19 kg	–	1200 ml (480 ml/h)

Reassess the child every 1–2 h. If the hydration status is not improving, give the IV drip more rapidly.

Also give oral rehydration salt (ORS) solution (about 5 ml/kg per h) as soon as the child can drink, usually after 3–4 h (in infants) or 1–2 h (in children).

Weight	Volume of ORS solution per hour
< 4 kg	15 ml
4–6 kg	25 ml
6–10 kg	40 ml
10–14 kg	60 ml
14–19 kg	85 ml

Reassess after 6 h for infants and after 3 h for children. Classify dehydration. Then choose the appropriate plan A, B or C (pp. 138, 135, 131) to continue treatment.

If possible, observe the child for at least 6 h after rehydration to be sure that the mother can maintain hydration by giving the child ORS solution by mouth.