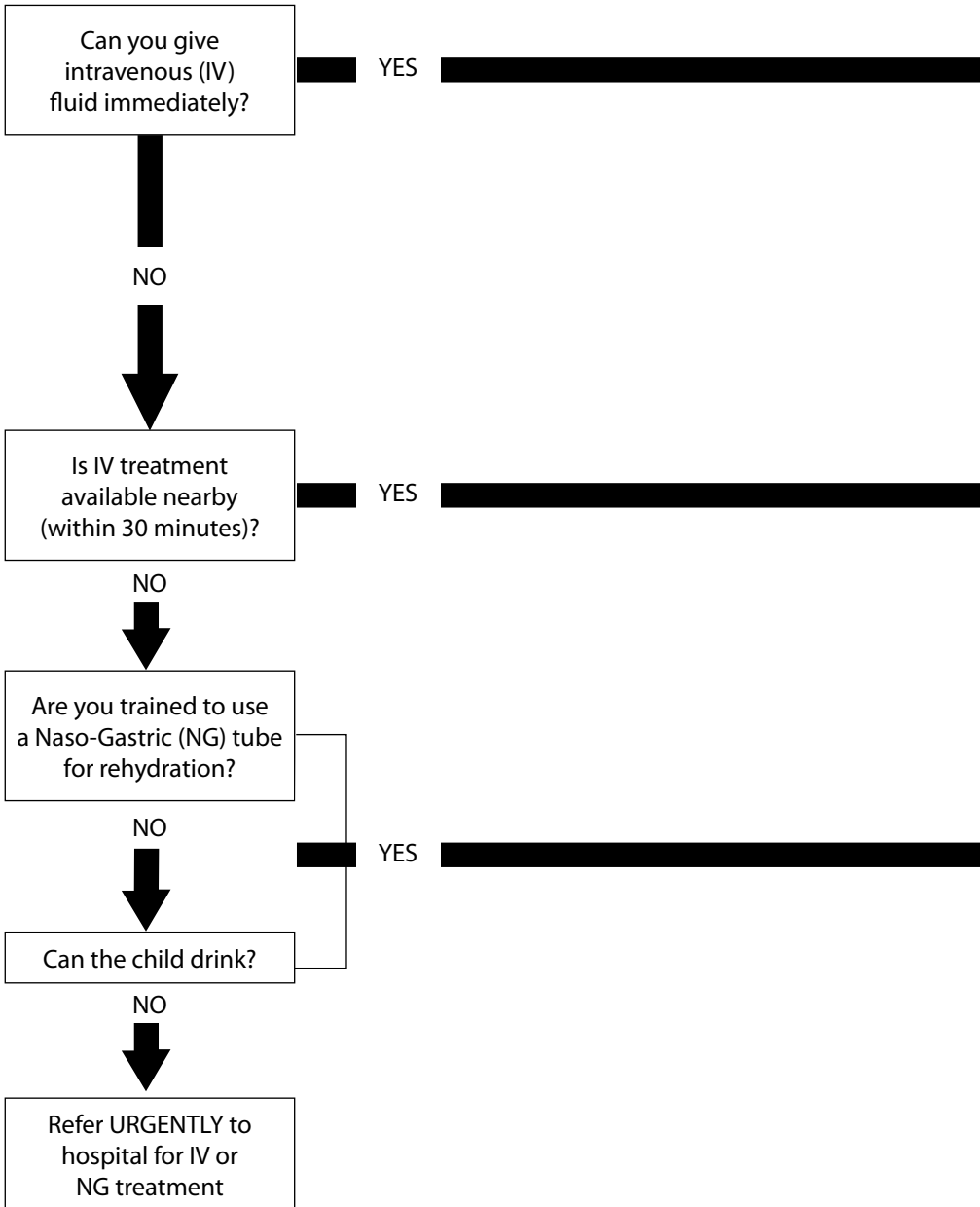


## ► Plan C: Treat for Severe Dehydration Quickly

Follow the arrows. If answer is "yes", go across. If "no", go down



❖ **Start IV fluid immediately.**

- ❖ If the child can drink, give ORS by mouth while the drip is set up.
- ❖ Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:

AGE	First give 30ml/kg in:	Then give 70ml/kg in
Infants (under 12 months)	1 hour	5 hours
Children (12 months up to 5 years)	30 minutes	2½ hours

- ❖ **Reassess the child every 1–2 hours.** If hydration status is not improving, give the IV drip more rapidly.
- ❖ Also give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3–4 hours (infants) or 1–2 hours (children).
- ❖ Reassess an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

❖ **Refer URGENTLY to hospital for IV treatment.**

- ❖ If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip or give ORS by naso-gastic tube.

- ❖ **Start rehydration by tube (or mouth) with ORS solution:** give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).

❖ **Reassess the child every 1–2 hours while waiting for transfer:**

- If there is repeated vomiting or abdominal distension, give the fluid more slowly.
- If the hydration status is not improving after 3 hours, send the child for IV therapy.
- ❖ After 6 hours reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

**NOTE:**

- ❖ If the child is not referred to hospital, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.

**IMMUNIZE EVERY SICK CHILD, AS NEEDED**