fever increases the total body fluid turnover in infants. If the infant has nasal secretions, this further prevents adequate respiratory effort by blocking the narrow nasal passages when the infant reclines to bottle feed or breastfeed and ceases the compensatory mouth breathing effort, thus causing the child to limit intake of fluids. Adequate fluid intake is encouraged by offering small amounts of favorite fluids (clear liquids if vomiting) at frequent intervals. Oral rehydration solutions, such as Infalyte or Pedialyte, should be considered for infants, and water or a low-carbohydrate (≤5 g per 8 oz) flavored drink should be considered for older children. Fluids with caffeine (tea, coffee) are avoided, because these may act as diuretics and promote fluid loss. Sports drinks, sodas, apple juice, and energy drinks are not recommended for oral rehydration (American Academy of Pediatrics, 2011). Infants who are breastfeeding should continue to be breastfed, because human milk confers some degree of protection from infection (see Chapter 7). Fluids should not be forced, because this creates the same problem as urging unwanted food. Gentle persuasion with preferred beverages or sugar-free popsicles is usually more successful. Younger children may like to drink smaller amounts from a plastic medicine cup or syringe.

To assess their child's level of hydration (see Chapter 22), advise parents to observe the frequency of voiding and to notify the nurse or practitioner if there is insufficient voiding. In the hospital, diapers are weighed to assess output, which should be approximately 1 ml/kg/hr in a child who weighs less than 30 kg. It should be at least 30 ml per hour in patients weighing more than 30 kg. The practitioner should be notified if the urine output is low.

Observe for Deterioration

Signs of clinical deterioration include increasing respiratory distress, increasing respiratory rate, increasing heart rate, worsening hypoxia, poor perfusion, reduced level of consciousness, and lethargy. Any deterioration is notified to the primary service. Some institutions operationalize a Rapid Response Team whereby a designated group of health care providers can be called upon to deliver critical care expertise upon deterioration of a patient's condition outside of the intensive care unit (ICU).