or because of decreased strength, oral stomatitis, or thrush. In such children, rehydration may proceed by administering 2 to 5 ml of ORS by a syringe or small medication cup every 2 to 3 minutes until the child is able to tolerate larger amounts; if the child has emesis, restarting small amounts (5 to 10 ml) of ORS after 10 minutes and administering every 5 minutes or so may help overcome fluid deficit, and the emesis will often lessen over time (Churgay and Aftab, 2012b). Oral rehydration therapy (ORT) is effective for treating mild or moderate dehydration in children, is less expensive, and involves fewer complications than parenteral therapy (Kleinman and Greer, 2014). ORSs enhance and promote the reabsorption of sodium and water. ORSs are available in the United States as commercially prepared solutions and are successful in treating the majority of infants with dehydration (see Diarrhea, later in chapter, for a complete discussion of fluid replacement therapy).

Nursing Tip

Enhance the flavor of an oral rehydration solution (ORS) such as Pedialyte (unflavored) by adding 1 tsp of unsweetened powder Kool-Aid to each 60 to 90 ml of ORS. Older children may take a small popsicle orally instead of fluids that require drinking. Many commercially available popsicles are relatively inexpensive, contain small amounts of sucrose, and contain approximately 40 to 50 ml of fluid. Frozen oral hydration may be accepted by some children when conventional ORS is rejected.

Parenteral fluid therapy.

Parenteral fluid therapy is initiated whenever the child is unable to ingest sufficient amounts of fluid and electrolytes to meet ongoing daily physiologic losses, replace previous deficits, and replace ongoing abnormal losses. Patients who usually require IV fluids are those with severe dehydration, those with uncontrollable vomiting, those who are unable to drink for any reason (e.g., extreme fatigue, coma), and those with severe gastric distention.

Because dehydration (volume depletion) constitutes a great threat to life, the first priority is the restoration of circulation by rapid expansion of the ECF volume to treat or prevent shock. IV