

\*If no signs of dehydration are present, rehydration therapy is not necessary. Proceed with maintenance therapy and replacement of stool losses.

IV, Intravenous; ORS, oral rehydration solution.

Modified from King CK, Glass R, Bresee JS, et al: Managing acute gastroenteritis among children: oral rehydration, maintenance, and nutritional therapy, *MMWR Recommend Rep* 52(RR-16):1–16, 2003.

After rehydration, ORS may be used during maintenance fluid therapy by alternating the solution with a low-sodium fluid, such as breast milk, lactose-free formula, or half-strength lactose-containing formula. In older children, ORS can be given and a regular diet continued. Ongoing stool losses should be replaced on a 1 : 1 basis with ORS. If the stool volume is not known, approximately 10 ml/kg (4 to 8 oz) of ORS should be given for each diarrheal stool.

Solutions for oral hydration are useful in most cases of dehydration, and vomiting is not a contraindication. Give a child who is vomiting an ORS at frequent intervals and in small amounts. For young children, the caregiver may give the fluid with a spoon or small syringe in 5- to 10-ml increments every 1 to 5 minutes. An ORS may also be given via NG or gastrostomy tube infusion. Infants without clinical signs of dehydration do not need ORT. They should, however, receive the same fluids recommended for infants with signs of dehydration in the maintenance phase and for ongoing stool losses. Probiotics when used in conjunction with ORS reduces the duration of antibiotic-associated diarrhea in children by 1 day ([Churgay and Aftab, 2012b](#)).

Early reintroduction of nutrients is desirable and has gained more widespread acceptance. Continued feeding or early reintroduction of a normal diet after rehydration has no adverse effects and actually lessens the severity and duration of the illness and improves weight gain when compared with the gradual reintroduction of foods ([Churgay and Aftab, 2012b](#); [Bhutta, 2016](#)). Infants who are breastfeeding should continue to do so, and ORS should be used to replace ongoing losses in these infants. Formula-fed infants should resume their formulas; if it is not tolerated, a lactose-free formula may be used for a few days. In toddlers there is no contraindication to continuing soft or pureed foods. In older children, a regular diet, including milk, can generally be offered after rehydration has been achieved.