

# Dehydration in Children: Signs, Home Care, and When to Seek Help

Common names: Dehydration, not enough fluids, dry child

Dehydration means your child is losing more fluid than they take in — commonly from vomiting, diarrhea, fever, or poor intake. Early action prevents hospital visits.

## 1) Quick “At-a-glance”

Who it affects	All ages; infants and toddlers dehydrate faster.
What to do today	Offer oral rehydration solution in small frequent sips, track urine output, and watch energy level.
Red flags (urgent/ER)	Very sleepy/hard to wake, no urine for many hours, fast breathing, sunken eyes, cold hands/feet, or inability to keep fluids down.
When to see a clinician	If you are worried about hydration, especially in infants, or if vomiting/diarrhea is persistent.

## 2) What it is (plain language)

Children lose fluid through urine, stool, sweat, and breathing. Illness can increase losses or reduce intake. Dehydration ranges from mild to severe.

## 3) Why it happens (causes & triggers)

- Vomiting and diarrhea (most common).
- Fever, hot weather, heavy exercise.
- Poor intake from sore throat or mouth ulcers.
- Diuretics or diabetes (special situations).

## 4) What parents might notice (symptoms)

- Mild: thirst, slightly dry mouth, fewer wet diapers/urination.
- Moderate: very dry mouth, sunken eyes, low energy, fast heartbeat.
- Severe: very sleepy, weak/limp, no urine, rapid breathing — emergency.

## 5) Home care and what helps (step-by-step)



- Use oral rehydration solution (ORS).
- Give small sips often (5–10 mL every few minutes).
- Keep breastfeeding; give ORS between feeds if advised.
- Once improving, return to normal foods; avoid sugary drinks as the main fluid.

## 6) What NOT to do (common mistakes)

- Do not give large gulps — it can trigger vomiting.
- Do not rely on soda/juice as a primary rehydration method.
- Avoid salt tablets or homemade mixtures unless you have a reliable recipe from a clinician.

## 7) When to worry: triage guidance

- Emergency now: very sleepy/hard to wake, no urine for many hours, breathing trouble, blue/gray color, severe weakness.
- Same-day urgent visit: cannot keep fluids down, worsening diarrhea/vomiting, blood in stool, signs of moderate dehydration.
- Routine appointment: repeated mild dehydration episodes or chronic diarrhea.
- Watch at home: mild dehydration improving with ORS and normalizing urine output.

## 8) How doctors diagnose it (what to expect)

- Clinicians assess hydration by heart rate, capillary refill, mouth moisture, tears, urine output, and weight.
- Tests are not always needed; they may be used if dehydration is moderate/severe.

## 9) Treatment options

- Mild/moderate: oral rehydration therapy.
- Severe: IV fluids in hospital.

## 10) Expected course & prognosis

- Most children improve within hours once ORS is started early.
- Energy and urine output are key signs of improvement.

## 11) Complications (brief but clear)

- Electrolyte imbalance in severe cases.



- Kidney stress if prolonged.

## 12) Prevention and reducing future episodes

- Start ORS early during gastroenteritis.
- Keep ORS at home, especially if your child gets frequent stomach bugs.

## 13) Special situations

- Infants: seek help earlier.
- Diabetes: vomiting with dehydration can be urgent; check ketones if advised.

## 14) Follow-up plan

- If symptoms persist >24-48 hours or your child is not improving, seek care.
- Bring a urine and intake log.

## 15) Parent FAQs

- “How do I know if ORS is working?” More urine, better energy, less thirst.
- “Can my child eat?” Yes once vomiting settles; prioritize fluids first.
- “What about coconut water/sports drinks?” Not ideal for young children as primary rehydration.

## 16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).
- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

## 17) Credible sources

- CDC: Dehydration and oral rehydration guidance (public resources).
- American Academy of Pediatrics (HealthyChildren.org): dehydration signs and care.
- NHS: dehydration advice for children.
- KidsHealth: ORS and hydration guidance.

## Developed and reviewed



This guide was fully developed and reviewed by Dr. Hussein.

Dr. Mohammad Hussein, MD, FRCPC

ROYAL COLLEGE-CERTIFIED PEDIATRICIAN & PEDIATRIC GASTROENTEROLOGIST

Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across diverse international practice settings.

To book an online full assessment for your child's condition:

Email Dr. Hussein's Assistant Elizabeth Gray at [Elizabeth.Gray@pedsgimind.ca](mailto:Elizabeth.Gray@pedsgimind.ca)

In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas. This service is not covered by OHIP.

## 18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.

