

# 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.

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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.

