

Fluid therapy in acute diarrhea

Learning objectives : learn the following:

- ❖ What is IMCI: Integrated Management Of Childhood Illnesses.?
- ❖ How to assess child presented with acute diarrhea.
- ❖ Choosing of appropriate management plan
- ❖ What is ORS? Low osmolarity ORS?
- ❖ Zinc supplement in acute diarrhea , role, dose,and duration.

What is IMCI?

- IMCI Integrated Management Of Childhood Illnesses is an integrated approach to child health that focuses on the well-being of the whole child.
- IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age.
- IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities

CHECK FOR GENERAL DANGER SIGNS

Assess For **5 General Danger Signs**:

Ask:

- the child is not able to drink or breastfeed
- the child vomits everything
- the child has had convulsions

Look:

- the child is lethargic or unconscious.
- the child is convulsing now .

Any General Danger Sign  **Very sever disease**

- ✓ Treat the convulsion
- ✓ Complete assessment immediately.
- ✓ Give first dose of appropriate antibiotics.
- ✓ Prevent low blood sugar.
- ✓ Refer **Urgently** to hospital.
- **Then you need to Assess hydration state:**
 - **Conscious level** :well-alert, Restless-irritable, or lethargic
 - **Eyes:** Normal ,Sunken eyes, or very sunken eyes.
 - **Skin pinch** goes back normally, slowly, or v. slowly.
 - **Moisture of the tongue:** moist, dry, v. dry
 - **Drinks water:** offer the pt sips of water and see if he drinks water
Normally, eagerly-thirsty, or unable to drink

Classify Dehydration

- If the pt get 2 or more of severe signs → the pt have **Severe Dehydration** (should be treated at hospital)
- If the pt get 2 or more of less- severe signs → the pt have **SOME Dehydration** (should receive ORS at PHC)
- If no signs of dehydration are present then the pt have **No Dehydration** (can be treated at Home.

Give Extra Fluid For Diarrhoea And Continue Feeding

Plan A: Treat Diarrhoea At Home : Not enough signs to classify as some or severe dehydration. The 3 Rules of Home Treatment are:

1. Give extra fluid (as much as the child will take)
2. Continue feeding
3. Advice when to return immediately

Teach The Mother How To Mix And Give ORS.

Up to 2 years 50 to 100 ml after each loose stool
2 years or more 100 to 200 ml after each loose stool

Tell the mother to:

- Give frequent small sips
- from a cup or spoon.
- Use a spoon to give fluid to a young child.
- If the child vomits, wait 10 minutes before giving more fluid. Then resume giving the fluid, but more slowly.

When to return: Tell the mother of any sick child to return if he:

- Not able to drink or breastfed.
- Become sicker.
- Develop a fever.
- Drinking poorly.
- Blood in stool.

Some dehydration: Two or more of the following signs:

- Restless irritable
- Sunken eyes
- Drinks eagerly, thirsty
- Skin pinch goes back slowly

Plan B: Treat Some Dehydration with ORS

- Give in clinic recommended amount of ORS over 4 hour period
- Determine amount of ORS to give (50-100 mL/kg)over 3-4 hr
- Show the mother how to give ORS solution.
- Reassess after 4 hours.

Severe Dehydration: Two or more of the following signs:

- Lethargic or unconscious
- very Sunken eyes
- Not able to drink or drinking poorly
- Skin pinch goes back very slowly.

PLAN C: Treat Severe Dehydration Quickly

- IV fluids are usually used, either Ringer's Lactate solution or Normal Saline).
- Give 100ml/ kg:
- As 30ml/kg/ 30 min, then 70 ml/kg over the next 2 and half hrs **in children more than 12 months age** .
- And 30 ml/ kg over 1 hour , then 70 ml/kg over the next 5 hours **in infants less than 12 months age**

Reassess the patients every 1-2 hours .If hydration status not improving ,give the IV drip more rapidly

- Also give ORS (about 5ml/kg/hour) as soon as the child can drink: usually after 3-4 hours (infants) or 1-2 hours (children).
- Reassess an infant after 6 hours and a child after 3 hrs.

- ❖ *All three plans provide fluid to replace water and salts lost in diarrhoea.*
- ❖ *An excellent way to both rehydrate and prevent dehydration in a child is to give him a solution made from oral rehydration salts (ORS).*
- ❖ IV fluid should be used only in cases of SEVERE DEHYDRATION.

ORS: oral rehydration solution:

For more than 25 years ,WHO and UNICEF have recommended a single formulation of glucose based ORS save more lives to prevent or treat diarrheal dehydration .

<u>ORS-bicarbonate</u>	<u>grams/litre</u>	<u>ORS-citrate</u>	<u>grams/litre</u>
Sodium chloride	3.5	Sodium chloride	3.5
Sodium bicarbonate (sodium hydrogen carbonate)	2.5	Trisodium citrate dihydrate	2.9
Potassium chloride	1.5	Potassium chloride	1.5
Glucose anhydrous	20.0	Glucose anhydrous	20.0

LOW OSMOLARITY ORS

Researchers has been developed an improved ORS formulation that was safe & effective as the original in preventing & treating diarrheal dehydration but also reduced stool output or offered additional clinical benefits, or both.

	Standard WHO ORS ⁽²⁾	Reduced-osmolarity ORS		
		ReSoMal ⁽²⁾	New WHO reduced osmolarity ORS ^(25,26)	Diorolyte
Glucose	111	105	75	90
Na	90	45	75	60
Chloride	80	40	65	60
K	20	40	20	20
Citrate	10	10	10	10
Osmolarity	311	240	245	240

ReSoMal, rehydration solution for malnutrition.

Composition of reduced osmolarity ORS

Sodium chloride = 2.6 g/l

Glucose anhydrous = 13.5 g/l

Potassium chloride = 1.5 g/l

Trisodium citrate dihydrate = 2.9 g/l

Total weight = 20.5

Benefits of Reduced(low) osmolarity ORS

- Reduced(low)osmolarity ORS solution reduces by 33%the need for supplemental IV fluid therapy after initial rehydration when compared to the standard ORS solution .
- The new ORS solution also reduces the incidence of vomiting by 30%and stool volume by 20%.

Zinc supplements

- Zinc is an essential trace element for all forms of life. Zinc plays important roles in growth and development, the immune response, neurological function, and reproduction.

- More recently, it has become apparent that zinc deficiency contributes to a number of health problems, especially common to children who live in developing countries, Infants and children are at risk of zinc deficiency .
- The adverse effects of zinc deficiency on immune system function are likely to increase the susceptibility of children to infectious diarrhea, while persistent diarrhea contributes to zinc deficiency and malnutrition.
- WHO recommend oral zinc in some form for 10–14 days during and after diarrhea , it can be given as a syrup or as dispersible tablets, whichever formulation is available and affordable.
- When giving zinc as soon as diarrhea starts, the duration and severity of the episode as well as the risk of dehydration will be reduced.
- By continuing zinc supplementation for 10 to 14 days, the zinc lost during diarrhea is fully replaced and the risk of the child having new episodes of diarrhea in the following 2 to 3 months is reduced.
- WHO recommend oral zinc in some form for 10–14 days during and after diarrhea (10 mg/day for infants <6 m of age and 20 mg/day for those >6 m
- Oral Zinc should be given as soon as vomiting stops.

References:

- Nelson Textbook of Pediatrics , 21 edition .
- From Centers for Disease Control and Prevention: Diagnosis and management of foodborne illnesses,