GIVE EXTRA FLUID FOR **DIARRHOEA AND CONTINUE FEEDING**

FOLLOW THE ARROWS. IF ANSWER IS **'YES'**, GO **ACROSS**. IF **'NO'**, GO **DOWN**

PLAN C: TREAT SEVERE DEHYDRATION QUICKLY *

Can you give intravenous (IV) fluid immediately?

YES

- **Start IV fluid immediately.** If the child can drink, give ORS by mouth while the drip is set up. Weigh the child or estimate the weight

Within the first half hour:	Plan for the next 5 hours:
Rapidly give 20 ml IV for each kilogram weight, before referral (weight x 20 gives ml needed). **Repeat** this amount up to twice if the radial pulse is weak or not detectable.	**More slowly** give 20 ml IV for each kilogram weight, every hour, during referral. Ensure the IV continues running, but does not run too fast.

- Give Normal Saline IV
- **REFER URGENTLY for further management**
- **Reassess the child every 1- 2 hours while awaiting transfer.** If hydration status is not improving, give the IV drip more rapidly
- Also give ORS (about 5 ml per kilogram each hour) as soon as the child can drink: usually after 3 - 4 hours (infants) or 1 - 2 hours

NO

Is IV treatment available nearby (within 30 minutes)?

YES

- Refer URGENTLY to hospital for IV treatment
- If the child can drink, provide caregiver with ORS solution and show her how to give frequent sips during the trip, or give ORS by nasogastric tube

NO

Are you trained to use a nasogastric (NG) tube for rehydration?

YES

- **Start rehydration with ORS solution, by tube: give 20 ml per kg each hour for 6 hours (total of 120 ml per kg)**
- **REFER URGENTLY for further management**
- **Reassess the child every 1-2 hours while awaiting transfer:**
  - **If there is repeated vomiting give the fluid more slowly**
  - **If there is abdominal distension stop fluids and refer urgently**
  - **After 6 hours reassess the child if he/she is still at the clinic. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment**

NO

Can the child drink?

NO

Refer URGENTLY to hospital for IV

NOTE: If possible, observe the child at least 6 hours after rehydration, to be sure the caregiver can maintain hydration giving the child ORS by mouth.

* **Exception:** Another severe classification
e.g. suspected meningitis, severe malnutrition

- Too much IV fluid is dangerous in very sick children. Treatment should be supervised very closely in hospital
- Set up a drip for severe dehydration, but give Normal Saline **only 10 ml per kilogram over one hour**
- Then give sips of ORS while awaiting urgent referral