

# Childhood Diarrhea management

# Diarrhea- 2-59 months

Three or more loose stools in 24 hours



# Diarrhea- 0-2 months

Recent change in consistency or pattern of stool as noticed by mother or caretaker





◆ Restless and Irritable



◆ Sunken eyes



Skin pinch goes back slowly (less than 2 seconds)



◆ Feels thirsty and drinks eagerly

**Two or more signs**  
**SOME DEHYDRATION**



◆ Lethargy or unconscious



◆ Sunken eyes



◆ Unable to drink properly or drinking less



Skin pinch goes back very slowly (more than 2 seconds)

**Two or more signs**

**SEVERE DEHYDRATION**

# Plan of Treatment

- **No Dehydration: PLAN-A**
- **Some Dehydration: PLAN-B**
- **Severe Dehydration: PLAN-C**

# PLAN – A

- **Treat Diarrhea at Home.**

## **4 Rules of Home Treatment:**

- **GIVE EXTRA FLUID**
- **CONTINUE FEEDING**
- **WHEN TO RETURN [ADVICE TO MOTHER]**
- **GIVE ORAL ZINC FOR 14 DAYS**

# PLAN – A

**Recommended drinks for a child with diarrhoea include:**

- breastmilk (mothers should breastfeed more often than usual)
- ORS
- soups
- rice water
- fresh fruit juices
- coconut water
- clean water from a safe source.



# PLAN – A

- for a child under the age of 2 years: between  $\frac{1}{4}$  and  $\frac{1}{2}$  of a large (250-millilitre) cup
- for a child 2 years or older: between  $\frac{1}{2}$  and 1 whole large (250-millilitre) cup

# PLAN – A

- Drinks should be given from a clean cup.
- A feeding bottle should not be used.
- If the child vomits, the caregiver should wait 10 minutes and then begin again to give the drink to the child slowly, small sips at a time.
- The child should be given extra liquids in addition to regular foods and drinks until the diarrhea has stopped.

# PLAN – A

- **Continue usual feeding, which the child was taking before becoming sick 3-4 times (6 times)**
- **Up to 6 months of age:  
Exclusive Breast feeding**
- **6 months to 12 months of age:  
add Complementary Feeding**
- **12 months and above:  
Family Food**

# PLAN – A

**Advise mother to return immediately if the child has any of these signs:**

- passes several watery stools in an hour
- passes blood in the stool
- vomits frequently
- has a fever
- is extremely thirsty
- does not want to drink
- refuses to eat
- has sunken eyes
- looks weak or is lethargic
- has had diarrhoea for several days

# PLAN – B

- Plan-B is carried out at ORT Corner in OPD/ clinic/ PHC
- Treat ‘some’ dehydration with ORS (50-100 ml/kg)
- Give 75 ml/kg of ORS in first 4 hours
- If the child wants more, give more
- After 4 hours:  
Re-assess and classify degree of dehydration.

# PLAN – C

- Give 100 ml/kg Ringers lactate solution or Normal saline as follows

Age	First give 30 ml/kg in	Then give 70 ml/kg in
Infants	1 hour	5 hours
1-5 years	30 minutes	2 ½ hours

# PLAN – C

- Reassess child every 1-2 hours. If hydration status is not improving, give the IV fluid more rapidly.
- Also give ORS (about 5 ml/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 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue
- If IV treatment is not available immediately start rehydration by tube (or mouth) with ORS solution: 20 ml/kg/hour for 6 hours (total of 120 ml/kg)

# ORS

<b>Sodium chloride</b>	<b>2.6 gm</b>
<b>Trisodium citrate dehydrate</b>	<b>2.9 gm</b>
<b>Potassium chloride</b>	<b>1.5 gm</b>
<b>Glucose</b>	<b>13.5 gm</b>
<b>Total</b>	<b>20.5 gm</b>



# ORS

<b>Sodium</b>	<b>75 mmol</b>
<b>Citrate</b>	<b>10 mmol</b>
<b>Potassium</b>	<b>20 mmol</b>
<b>Glucose</b>	<b>75 mmol</b>
<b>Chloride</b>	<b>65 mmol</b>
<b>Total</b>	<b>245 mmol</b>

# Dose of Zinc

- 6 mo-5 yrs                      20 mg for 14 days
- 2- 6 months                    10 mg for 14 days



# DYSENTERY

Blood in the stool but no dehydration

Dysentery

- Treat with oral Cotrimoxazole for 5 days.

Blood in the stool in a young infant (0-2 months)

Severe  
Dysentery

- Give first dose of intramuscular ampicillin and gentamicin if the young infant has low weight, dehydration or another severe classification
- Refer the infant urgently to hospital.
- The mother should give frequent sips of ORS on the way and continue breastfeeding.

# PERSISTENT DIARRHEA

Dehydration present	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"><li>• Treat dehydration before referral unless the child has another severe classification.</li><li>• Refer to hospital</li></ul>
No Dehydration	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"><li>• Advise the mother on feeding a child who has PERSISTENT DIARRHOEA</li><li>• Give single dose of vitamin A</li><li>• Give zinc sulphate 20 mg daily for 14 days</li><li>• Follow-up in 5 days.</li></ul>

- **Exclusive Breastfeeding**



- **Improved dietary Habits**



- **Safe and clean water**



**PREVENTION OF DIARRRHEA**