

Dehydration Assessment in Children

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Key Questions

- How many loose stools per day
- Since how long?

Assessment priorities

- Danger signs first
 - Lethargic, Unconscious
 - Convulsions
 - Not taking orally
 - Shock, Pulseless

Dehydration assessment

WHAT TO SEE	
SENSORIUM	Active, Alert
	Restless, Irritable
	Lethargic, Unconscious
EYES	Normal
	Sunken
Ability to Drink	Drinks eagerly, thirsty
	Not able to drink or drinks poorly
Skin Pinch	Goes back in less than 2 seconds
	Goes back in more than 2 seconds

Ask

- How many stools?
- For how long?
- Is there blood in stools?

Look

- Whether
Lethargic/Unconscious/ALERT/ACTIVE/Irritable/Restless
- Sunken Eyes

Feel

- SKIN PINCH
 - Goes back normal= \leq 2 seconds
 - Goes back slowly $>$ 2 seconds
 - Goes back very slowly $>$ 5 seconds