Name:……..

File Number:…….

Date:……/……/……

Assessment of % of Dehydration

% of dehydration…….%

Weight……..kg

Variable	Mild 3-5%	Moderate 6-9%	Severe >10%
Blood pressure	Normal	Normal	Normal to reduced
Quality of Pulses	Normal	Normal/slight decrease	Moderately decreased
Heart rate	Normal	Increased	Increased
Skin Turgor	Normal	Decreased	Decreased
Fontanelle	Normal	Sunken	Sunken
Mucous Membranes	Slightly dry	Dry	Dry
Eyes	Normal	Sunken Orbits	Deeply sunken Orbits
Extremeties	Warm, Normal CRT	Delayed CRT	Cool, mottled, delayed CRT
Mental state	Normal	Normal to Listless	Normal /lethargic/comatose
Urine output	Slightly decreased	<1ml/kg/hr	<<1ml/kg/hr
Thirst	Slightly decreased	Moderately increased	Very thirsty/too lethargic to ask

Calculation of Fluid Volumes (1 month - 16 years)

(A) Fluid Bolus (shocked patients only):

Body weight in kg(…..) X 20 = …….ml

(Give 10mls/kg if history of haemorrhage or if in Diabetic Ketoacidosis. Reassess and repeat bolus if needed. Call for senior help)

(B) Fluid deficit calculation:

(1) % dehydration (……) x bodyweight in kg (……) x 10 = ……ml

(2) Add up all fluid boluses

Casualty:…….ml + Ward:……..ml + theatre:……ml = …….ml

residual deficit = (1) - (2) = ……ml

(C) Ongoing Losses: replace ml for ml (vomiting, diarrhoea, drains)……..ml

replacement fluid = (B) + (C) / 24h = …….ml/hr

(D) Maintenance Fluids:

i) 1st 10 kg: 4ml/kg/hr = …….ml/hr

ii) 2nd 10kg: 2ml/kg/hr = ……ml/hr

iii) thereafter 1ml/kg/hr = ……ml/hr

Total = (i) + (ii) + (iii) = ……ml/hr

Please always give fluids to children through an infusion set

A) Fluid Bolus (Shocked patients only)

	Date	Time	Bolus ml/kg	Volume in ml	Type of fluid	Given by
1						
2						
3						

(B) Replacement & (C) Maintenance fluids

	Date	Type of fluid	Bag size	Additives	Rate(ml/hr)	Start time	Finish time
Maintenance							
Maintenance							
Maintenance							
Replacement							
Replacement							
Replacement							
Medication							
Medication							
Medication							

Total fluid intake:……ml

Signed:……..