

## Children's oral fluid challenge

## **Dear Parent/Carer**

Your child needs to drink fluid in order to prevent dehydration.

Date dd/mm/yyyy: ....

Please give your child .....mL of the suggested fluid, using the syringe provided, every 10 minutes.

You need to tick the boxes below each time your child has a drink, and also mark down if your child vomits or has diarrhoea.

Show this chart to the doctor when your child is seen.

Thank you

Time	Fluid given (please tick)	Vomit or diarrhoea?