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?