Child Gastroenteritis: Spot Dehydration and Choose Care in Singapore

Description

For a child with gastroenteritis, give small, frequent sips and track urine, drinking and alertness. Seek urgent assessment if the child cannot tolerate small amounts of fluid for more than six hours, has no urine or wet nappy for eight to 12 hours, blood or bile in vomit, blood in stool, severe pain or unusual drowsiness. This guide is for a parent caring for a child with vomiting or diarrhoea and deciding whether home fluids are enough and resolves one task: recognise dehydration and urgent warning signs, then choose home monitoring, a clinic or emergency care. The material claims were checked against HealthHub childhood gastroenteritis guide and HealthHub child emergency guide.

Choose the route that matches your case

Situation	What to do
Child is alert, drinking and urinating	Use small frequent fluids and monitor closely
Repeated vomiting but can take tiny sips	Slow the volume and contact a doctor
No urine for 8 to 12 hours or cannot drink for over 6 hours	Seek urgent medical assessment
Blood, bile, severe pain, breathing trouble or hard to wake	Use emergency care; call 995 for life-threatening distress

Track function, not only stool count

The most useful home observations are whether the child can drink, pass urine, stay alert and keep some fluid down. According to HealthHub childhood gastroenteritis guide, the controlling detail for this branch is the specific rule or service condition cited here.

Write the time of each vomit, drink and urine so deterioration is visible.

Give smaller amounts more often

Large drinks can trigger more vomiting. Use frequent small sips of an appropriate oral rehydration fluid and increase gradually if tolerated. According to HealthHub child emergency guide, the controlling detail for this branch is the specific rule or service condition cited here.

Ask a pharmacist or doctor about the right fluid for the childâ??s age and condition.

Use the urine window

HealthHub flags no urine or no wet nappy for eight to 12 hours as a reason for urgent assessment. According to HealthHub childhood gastroenteritis guide, the controlling detail for this branch is the specific rule or service condition cited here.

Do not wait for the child to look severely ill once that window is reached.

Read vomit and stool warnings

Blood in vomit or stool and green bile-stained vomit need medical review. Severe or localised abdominal pain can point beyond simple gastroenteritis. According to HealthHub child emergency guide , the controlling detail for this branch is the specific rule or service condition cited here.

Photograph the colour only if it does not delay care and do not post the image publicly.

Choose care by severity

A stable child can often start with a GP or paediatric clinic. Emergency care is for red flags, severe dehydration, altered alertness or rapid deterioration. According to HealthHub childhood gastroenteritis guide, the controlling detail for this branch is the specific rule or service condition cited here.

Call 995 when the child is unresponsive or has life-threatening breathing or circulation signs.

Protect others at home

Handwashing, separate towels and careful cleaning reduce spread. Keep the child away from school or childcare according to medical and centre guidance. According to HealthHub child emergency guide, the controlling detail for this branch is the specific rule or service condition cited here.

Do not prepare food for others while actively unwell.

Run the numbers or sequence

A four-year-old has diarrhoea but is alert, drinking small amounts and urinating. Home fluids plus a clinic review may be reasonable. If urine stops for eight to 12 hours or the child becomes hard to wake,

urgent assessment is needed.

The calculation or sequence above is an LBRD working example. Replace every example input with the amount, date, access condition or document from your own case. Keep the official rate or threshold beside the working so another person can reproduce the answer.

Build a verification note another person can check

Before acting, create a one-page case note headed with the task, the date checked and the person responsible. Copy only the facts that affect your decision, then attach the statement, booking, application, receipt, map record or screenshot that supplies your own input. This separates a published rule from a personal assumption. If the official page changes, keep the earlier dated record but rework the decision with the live version.

Controlling source	What to verify	What to retain
HealthHub childhood gastroenteritis guide	Fluid advice, dehydration indicators, urgent warning signs and home-care limits.	Record the page date, the exact rule used and the case input it governs.
HealthHub child emergency guide	Emergency routing by breathing, alertness, hydration, colour and severe symptoms.	Record the page date, the exact rule used and the case input it governs.

Read the source in context, including definitions, exceptions and effective dates. A relevant page is not proof by itself: the cited passage must contain the particular rate, deadline, eligibility condition, access rule or warning used here. Where two official channels appear inconsistent, pause and ask the authority about the exact case rather than choosing the more convenient answer.

Use the guide with its limits

Children can deteriorate quickly and symptoms overlap. Use the observations here to communicate clearly, not to diagnose. If a parentâ??s instinct says the child is markedly different, seek professional assessment even before a listed threshold is reached.

No interview, personal use, fresh field visit, survey result or price check is claimed unless explicitly stated. Availability, fees and procedures can change. Reopen the linked authority page immediately before payment, travel, filing or emergency use.

Before you act

1. Record vomiting and diarrhoea
2. Offer small frequent fluids
3. Track urine and wet nappies
4. Check alertness and breathing
5. Look for blood or bile
6. Call a doctor for worsening symptoms

7. Escalate immediately for red flags

Mistakes that change the outcome

- Giving one large drink
- Waiting past the no-urine window
- Using anti-diarrhoeal medicine without advice
- Treating severe pain as routine
- Driving an unresponsive child instead of calling 995

Continue with the relevant LBRD guide

Next, choose care when fever is also present. You can also manage another common childhood infection.

Questions readers ask

Should I force a full cup?

No. Small frequent amounts are usually better tolerated.

When is no urine urgent?

HealthHub flags eight to 12 hours without urine or a wet nappy.

Is this a diagnosis?

No. A doctor must assess the childâ??s individual condition.

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