



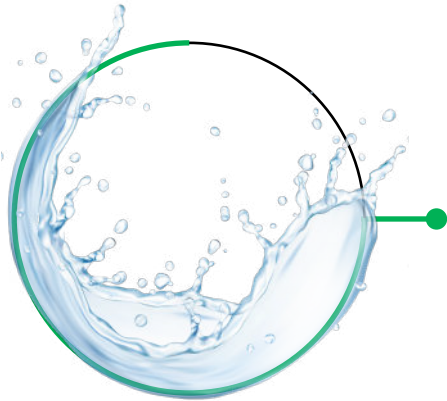
# NEW

for acute diarrhoea  
in **South Africa**



**CHILDREN & INFANTS:  
WHAT IS DIARRHOEA?**





## What is Acute Diarrhoea in children?

- Defined as a sudden onset of stools which are looser than normal and increased in frequency compared to normal, with or without vomiting.<sup>1a</sup>
- In South Africa, diarrhoea is commonly caused by a viral infection but may also be caused by bacteria or parasites.<sup>2a</sup>
- Most cases of diarrhoea in children are caused by bacterial infections in the summer months and rotavirus in the winter months.<sup>2b</sup>

## How serious is diarrhoeal disease in children?

- Fluid loss from diarrhoea or vomiting may result in dehydration and electrolyte (water and salt) imbalance. This may lead to more serious symptoms and hospitalisation if the fluid loss is not adequately treated.<sup>3a</sup>

# WHAT ARE THE SIGNS OF DEHYDRATION?<sup>1b,3b,4a,5a</sup>



The caregiver will notice that the child:<sup>1b,3b,4a,5a</sup>

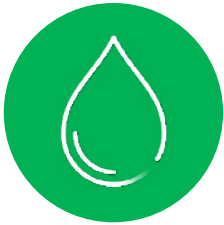
- Does not pass urine frequently.
- Is lethargic and less active/playful than usual.
- Drinks poorly.
- Has a dry mouth.
- Cries with no tears.
- Has a fever.



How to prevent dehydration in children with acute diarrhoea.<sup>3c</sup>

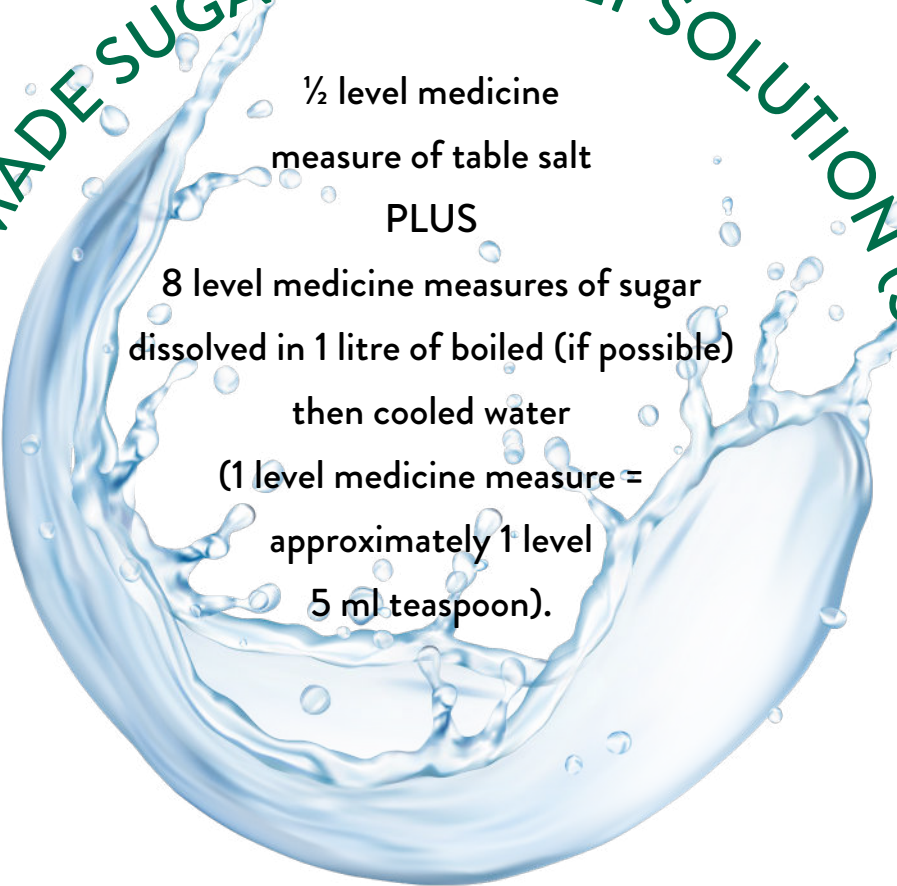
- Give the child more fluids.
- Children younger than one year should get special fluids called oral rehydration solutions (ORS).<sup>3c</sup>

# WHAT IS ORAL REHYDRATION SOLUTION?<sup>6</sup>



- An oral rehydration solution (ORS) is a mixture of water, salts and sugar in specific amounts. These solutions can be absorbed even when your child has large amounts of diarrhoea or is vomiting.<sup>6</sup>
- Oral rehydration solutions can be used to:
  - Keep children well hydrated when they have significant amounts of diarrhoea.
  - Replace lost fluids when children show signs of mild dehydration.<sup>6</sup>
- Oral rehydration solutions are available at pharmacies in ready-to-serve preparations, or one can make their own solution at home.<sup>6</sup>

# HOMEMADE SUGAR AND SALT SOLUTION (SSS).<sup>1c</sup>



½ level medicine  
measure of table salt  
PLUS

8 level medicine measures of sugar  
dissolved in 1 litre of boiled (if possible)

then cooled water

(1 level medicine measure =  
approximately 1 level  
5 ml teaspoon).





## VISITING THE HEALTH CARE PRACTITIONER



- Visit a HCP if the child is not better 24 hours after starting to drink more fluids or if he or she keeps vomiting up the fluids.<sup>3d</sup>
- A HCP will be able to classify the degree of dehydration on examination and suggest treatment based on physical examination findings.<sup>1b</sup>

DEHYDRATION SEVERITY <sup>1b</sup>	SYMPTOMS <sup>1b</sup>	TREATMENT PLAN <sup>1b</sup>
<b>PLAN A:</b> No visible dehydration	No abnormalities noted on physical examination.	<b>Oral Rehydration Solution - steps to follow:</b> <ul style="list-style-type: none"><li>• Show the caregiver how to give ORS with a cup and spoon using frequent small sips.</li><li>• Encourage the caregiver to give ORS, orally, until diarrhoea stops.</li><li>• Child ≤ 2 years of age: 50–100 mL.      • Child &gt; 2 years of age: 100–200 mL.</li><li>• Continue treatment at home.</li></ul>
<b>PLAN B:</b> Some dehydration	2 of the signs: <ul style="list-style-type: none"><li>• restless or irritable</li><li>• sunken eyes</li><li>• thirsty</li><li>• drinks eagerly</li><li>• moderate decrease in skin turgor (skin pinch returning in &lt; 2 seconds)</li></ul>	<b>Oral Rehydration Solution - steps to follow:</b> <ul style="list-style-type: none"><li>• Show the caregiver how to give ORS with a cup and spoon using frequent small sips.</li><li>• If the child vomits, wait 10 minutes and then continue more slowly.</li><li>• Encourage the caregiver to continue feeding the child, especially breastfeeding.</li><li>• If after 4 hours there are no signs of dehydration treat as Plan A.</li><li>• Still some dehydration signs continue as above.</li><li>• Refer if dehydration still present after 8 hours of treatment and signs of severe dehydration.</li></ul>
<b>PLAN C:</b> Severe dehydration	2 of the signs: <ul style="list-style-type: none"><li>• lethargic or unconscious</li><li>• sunken eyes</li><li>• drinks poorly or not able to drink</li><li>• severe decrease in skin turgor (skin pinch returning ≥ 2 seconds)</li></ul>	<b>Refer urgently for further Management.</b>

# HIDRASEC® Children 30mg



## Indications:

**HIDRASEC® Children 30 mg** is indicated as a supplement to oral rehydration, symptomatic treatment of acute diarrhoea in children.

## Dosage:

Number of sachet(s) per dose based on the child's body weight:

- For a child from 13 to 27 kg: 1 sachet of 30 mg, 3 times a day.
- For a child over 27 kg: 2 packs of 30 mg, 3 times a day.



# HIDRASEC® Infants 10mg



## Indications:

**HIDRASEC® Infants 10 mg** is indicated as a supplement to oral rehydration, symptomatic treatment of acute diarrhoea in infants as from three months of age and less than 13 kg in weight.

## Dosage:

Number of sachet(s) per administration, as a function of the body weight of the infant:

- For an infant less than 9 kg: 1 sachet, 3 times per day.
- For an infant of 9 to 13 kg: 2 sachets, 3 times per day.

# HOW CAN ONE PREVENT DIARRHOEA IN CHILDREN?<sup>3e</sup>

You can't always prevent it, but there are things that can help.<sup>3e</sup>

- Children who breastfeed are less likely to get it.
- Children should get the vaccine (shot) to prevent rotavirus, which is a common cause of diarrhoea.
- Make sure children wash their hands often to help get rid of germs that can cause infection.
- Clean surfaces that have been touched by a sick child.

## PREVENTION OF ACUTE DIARRHOEA



Clean and safe  
drinking water.<sup>3e</sup>



Improved sanitation.<sup>3e</sup>



Handwashing  
with soap.<sup>3e</sup>



Good food  
hygiene.<sup>3e</sup>



**References:** 1. The National Department of Health, South Africa: Essential Drugs Programme. Primary Healthcare Standard Treatment Guideline and Essential Medicine List. 7th ed. South African National Department of Health; 2020. 2. Awotiwoy OF, Pillay-van Wyk V, Dhansay A, et al. Diarrhoea in children under five years of age in South Africa (1997-2014). *Trop Med Int Health*. 2016 Sep;21(9):1060-70. 3. Gastroenteritis in Children: Treating Dehydration. *Am Fam Physician*. 2019 Feb 1;99(3):Online. 4. Farthing M, Salam MA, Lindberg G, et al. Acute diarrhea in adults and children: a global perspective. *J Clin Gastroenterol*. 2013 Jan;47(1):12-20. 5. Prisco A, Capalbo D, Guarino S, et al. How to interpret symptoms, signs and investigations of dehydration in children with gastroenteritis. *Arch Dis Child Educ Pract Ed*. 2021 Apr;106(2):114-119. 6. Canadian Paediatric Society. [https://caringforkids.cps.ca/handouts/health-conditions-and-treatments/dehydration\\_and\\_diarrhea#:~:text=An%20oral%20rehydration%20solution%20\(ORS\)%20is%20a%20mixture%20of%20water,have%20significant%20amounts%20of%20diarrhea.](https://caringforkids.cps.ca/handouts/health-conditions-and-treatments/dehydration_and_diarrhea#:~:text=An%20oral%20rehydration%20solution%20(ORS)%20is%20a%20mixture%20of%20water,have%20significant%20amounts%20of%20diarrhea.)

**HIDRASEC® INFANTS 10 mg** granules for oral suspension. Each sachet contains 10 mg of racecadotril. **Reg. No.: South Africa:** S147/11.9/0011.

**HIDRASEC® CHILDREN 30 mg** granules for oral suspension. Each sachet contains 30 mg of racecadotril. **Reg. No.: South Africa:** S147/11.9/0012.

For Full Prescribing Information Refer to the Package Insert Approved by the Medicines Regulatory Authority. Approved Date: **July 2023**. Promotional Material Reference Number: **SAF2235194**.

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