

# ORT REGISTER: HOURLY MONITORING FOR DEHYDRATION

Provide ORS according to plan B and reassess hourly for 4 hours:

- If any emergency signs(E) or signs of Severe Dehydration (SD) then move to treatment/emergency room to provide IV treatment.
- If signs of Some dehydration repeat according to plan B.
- If no signs and classified as No Visible Dehydration (NV) repeat for 4 hours unless caregiver must leave before then follow instructions in the IMCI Chart Booklet.

Date <small>yyyy/mm/dd</small>	Patient Name and Surname	Time	ORS given in last hour	Reassessment (emergency signs & IMCI classification)	Name/ Sign.
				<u>Class:</u> <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> SO <input type="checkbox"/> NV <u>Action:</u> <input type="checkbox"/> IV (move to treatment room) <input type="checkbox"/> Repeat SSS <input type="checkbox"/> D/C	
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