

# ORAL REHYDRATION THERAPY FACT SHEET

*Dehydration from diarrhea can be dangerous. Dehydration can be prevented if fluids are replaced early and with a proper replacement fluid: oral rehydration therapy consists of an oral electrolyte solution (ORS) and feeding; foods recommended include cereals and starches with high complex carbohydrates. Correctly balanced fluids should have certain proportions of sodium and potassium and carbohydrates. Osmolarity should be low; sugary drinks or foods can increase losses. Solutions that have too little or too much salt also can be dangerous, leading to hypo or hypernatremia.*

## Recommended for diarrhea management:

Product	Carbohydrate grams per liter	Sodium mEq/liter	Potassium mEq/liter	Osmolarity mmoles/liter	What this means:
<b>CeraLyte 50*</b>	40 grams complex carbohydrates rice digest and 10 grams sucrose or sucralose	50	20	<190 low Osmol	Good for mild to severe diarrhea; Low osmolarity and cost; Powder: small packets, natural flavors, reconstitutes with water.
<b>CeraLyte 70</b>	40 grams rice digest	70	20	<220 low Osmol	
<b>CeraLyte 90</b>	40 grams rice digest	90	20	260 low Osmol	
Ready to Drink US Glucose-based Oral Electrolyte Solutions	25 grams/liter Glucose Fructose, Dextrose, Aspartame	45 to 50	20	275 mOsm/L	Good for mild diarrhea and maintenance; Bulky, plastic bottles; Cost \$5.00 - \$9.00/liter; Neither Fructose NOR aspartame are effective sodium carriers.
WHO/Unicef ORS	13.5 grams/liter Glucose	75	20	245 mOsm/L	Good for all levels of rehydration. Available through some hospitals.
<b>CeraSport</b>	40 grams complex carbohydrates rice digest 1 gram glucose	20	5	<135 low Osmol	For sweat replacement (exercise, or for fever )
<b>CeraSportEX1</b>	20 grams complex carbohydrates rice digest 1 gram glucose	35	10	<135 low Osmol	For sweat replacement (exercise, or for fever )

## Not recommended for diarrhea management:

Product	Carbohydrate grams per liter	Sodium mEq/liter	Potassium mEq/liter	Osmolarity mmoles/liter	What this means:
Colas and Sweet Drinks	50 to 150 gram/liter (Too much sugar, can increase diarrhea)	2 Not enough sodium	0.1 Not enough potassium	550 to 700 High osmotic penalty – can be dangerous	NOT correct for replacing fluids lost from diarrhea; actually increases dehydration
Sports Drinks	45 grams/liter sugars	16 Not enough sodium	3 Not enough potassium	>330 Too High	NOT correct proportions for replacing fluids lost from diarrhea
Tea or WATER (H <sub>2</sub> O)	0 Not good for transport of necessary salts and minerals	0 No sodium	0 No potassium	5 Too Low; risks H <sub>2</sub> O intoxication	NOT correct proportions for replacing fluids lost from diarrhea (or to use alone for sweat loss)

References: 1. Roper, WI: The management of acute diarrhea in children: oral rehydration, maintenance, and nutritional therapy. *MMWR*, 1992; 42/R-16:1-20. 2. Gore, SM, Fontaine O and Pierce NF: Impact of rice-based oral rehydration solutions on stool output and duration of diarrhea: meta-analysis of 13 clinical trials. *BR Med J*, 1992; 304: 287-291. 3. Greenough, WB III. Oral Rehydration: Something Old, Something New. *Infect Dis. In Clinical Practice* 1998; 7:97-100. See [www.ceraproductsinc.com](http://www.ceraproductsinc.com) for more references and resources.

\*CeraLyte is available both in packets to reconstitute with water AND in pre-mixed, liquid form

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