### Ingredients

**Hydralyte electrolyte powder** – Dextrose (anhydrous), citric acid, sodium chloride, potassium citrate, natural flavor (orange flavor), sucralose, ß-carotene (orange flavor), grape skin extract (berry flavor)

**Hydralyte electrolyte solution** – Water, dextrose, citric acid, sodium chloride, potassium citrate, natural flavor, sucralose, sodium benzoate & potassium sorbate (to prevent spoilage), Yellow 6 (orange flavor), Red 40 & Blue 1 (berry flavor)

**Hydralyte effervescent electrolyte tablets** – Dextrose (anhydrous), citric acid, sodium bicarbonate, maltose, potassium chloride, sodium chloride, natural flavor (orange flavor), natural and artificial flavor (berry flavor), mannitol, polyethylene glycol 6000, sucralose, ß-carotene (orange flavor), grape skin extract (berry flavor)

### Hydralyte formulation

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Function</th>
<th>Hydralyte per Liter (1.1 QT)</th>
<th>Sports drink per Liter (approximate values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium</td>
<td>Helps body retain fluid</td>
<td>45–60 mEq</td>
<td>12–23 mEq</td>
</tr>
<tr>
<td>Potassium</td>
<td>Essential for nerve and muscle function</td>
<td>20 mEq</td>
<td>4–9 mEq</td>
</tr>
<tr>
<td>Chloride</td>
<td>Helps body retain fluid</td>
<td>20–35 mEq</td>
<td>NA</td>
</tr>
<tr>
<td>Primary sugar</td>
<td>Assists with absorption of fluid and electrolytes</td>
<td>0.6 oz (glucose)</td>
<td>2.1–2.6 oz (glucose/fructose sucrose)</td>
</tr>
<tr>
<td>Osmolality</td>
<td>WHO recommendation</td>
<td>245 mOsm/L</td>
<td>Variable – not standardized</td>
</tr>
</tbody>
</table>

### FAQs for Healthcare Professionals

1. **Is Hydralyte suitable for people with diabetes?**
   - Hydralyte products contain up to 2 g of glucose per 3.4 fl. oz. For people with diabetes, this is a small amount of glucose and is considered safe as part of a healthy, balanced diet. When unwell with vomiting and diarrhea, it is important to supply the body with some glucose, even for people with diabetes. Monitoring of blood glucose levels at this time is integral.

2. **Are there any precautions or contraindications for Hydralyte?**
   - Use with caution in patients with a kidney condition or those taking heart or blood pressure medication.

3. **Does Hydralyte contain?**
   - Isomalt No
   - Saccharin No
   - Aspartame No
   - Salicylates No
   - Glutamates No
   - Wheat No
   - Yeast No
   - Nuts No
   - Animal products No
   - Lactose or dairy products No

4. **Is Hydralyte suitable to use in pregnancy and breastfeeding?**
   - Yes, but pregnant women should seek medical advice if they experience vomiting or diarrhea.

5. **Is Hydralyte fructose-friendly?**
   - Hydralyte does not contain any added fructose. However, the flavors in the product may contain minute quantities of fructose. If a patient suffers from dietary fructose intolerance (malabsorption), Hydralyte will generally be well tolerated. Should any unpleasant symptoms arise, the patients should cease taking the product. If a patient suffers from hereditary fructose intolerance, they are advised to consult their healthcare professional before use, as the answer will vary on an individual basis.

6. **What is the sweetener used in Hydralyte?**
   - Hydralyte contains sucralose, a modified form of table sugar.

7. **What is the source of glucose in Hydralyte?**
   - The source of glucose in Hydralyte is corn (also called maize).
**Fluid regulation in the body**

Fluids and solutes, along with nutrients and waste products constantly shift within the body’s compartments from cells to interstitial spaces, blood vessels, and back again.

Water is moved as needed to keep the amount in each area relatively constant, thus enabling the body to function optimally.

- When water loss is severe, the amount of water in the bloodstream decreases.
- The body moves water from the inside cells to the outside cells and into the bloodstream until it can be replaced through increased fluid intake.
- When the body has excess water, the amount in the bloodstream increases, so the body moves water from the bloodstream into and around the cells. This ensures blood volume and blood pressure can be kept relatively constant.

**Fluid imbalance**

To maintain a euthydrated state (optimal fluid balance), water intake must equal water loss. Fluid imbalance occurs when there is a:

**FLUID DEFICIT**

- Active fluid loss: hemorrhage, diaphoresis, excessive sweating
- Inadequate fluid intake: poor thirst mechanism, mobility issues (i.e. in seniors)
- Regulatory mechanism failure: renal impairment, medical conditions (such as diuretics and diabetics)

**FLUID SURPLUS**

- Excess fluid intake (without electrolyte replacement)
- Regulatory mechanism failure, medical conditions (such as congestive heart failure)
- Fluid imbalance can be associated with dehydration, hyponatremia, heat cramps, heat exhaustion, and heat stroke.

**Risk factors for dehydration**

**Vomiting & diarrhea**

- Large loss of fluid and electrolytes.
- Dehydration is the biggest health risk associated with vomiting and diarrhea.

**Travel**

- Traveler’s diarrhea.
- Increased physical activity and exposure to the sun (excess fluid and electrolyte loss through sweat).

**Clinical conditions**

- Certain medical conditions and procedures can increase the risk of dehydration: chemotherapy, radiation therapy, lack of food and fluid intake during periods of illness (such as fever), and pregnancy-related dehydration due to morning sickness or nausea (often leading to reduced food and fluid intake).

**A focus on DEHYDRATION**

Dehydration is the significant depletion of body water and electrolytes. Dehydration results from increased fluid loss, decreased fluid intake, or both.

Mild to moderate dehydration is commonly defined as 2–6% of body weight loss through fluid.

Replacing lost fluid and electrolytes with an oral rehydration solution (ORS) is the most important aspect of managing dehydration.

**Hydralyte** is a scientifically formulated ORS based on the World Health Organization criteria for oral rehydration therapy. The solutions contain the correct balance of glucose and electrolytes to allow for rapid and effective rehydration.

**The science behind oral rehydration solutions**

An ORS formula must meet two criteria:

1. The correct balance of sodium and glucose.
   - This leads to the activation of the sodium-glucose pump in the small intestinal lumen, which allows for rapid absorption. Sodium and glucose bind to the transporter protein driven by high sodium concentrations in the small intestine. This dual binding causes the transport protein to change shape, delivering sodium and glucose to cells internally.
   - At the same time, water moves into the cell internally by osmosis.

2. The solution must be hypotonic.
   - The body’s cells swell, and the increased cell size allows for effective rehydration while minimizing potential side effects such as unnecessary calories or a feeling of fullness/bloating.

It is important to know that water alone or sugary drinks (i.e. soda or sports drinks) do not contain the correct balance of sodium or glucose to allow for rapid hydration.

**Hydralyte products**

**Oral Electrolyte Solution**

No error in mixing.
Convenient pre-made drink.
Extended shelf life after opening – bottles last up to 1 month once open in the refrigerator. Ideal for families with vomiting and diarrhea.

**Effervescent Electrolyte Tablets**

Compact in size to fit in a bag for traveling families, sports bags, backpacks, and diaper bags for moms on the go.
Easy to use for oral rehydration – dissolves 2 tablets in 7 fl oz of water – no stirring required!

**Recommended instructions**

For dehydration due to vomiting and diarrhea

**Hydralyte Electrolyte Powder**

<table>
<thead>
<tr>
<th>Age</th>
<th>Take in the first 6 hours (fl oz)</th>
<th>Maximum per day (fl oz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months</td>
<td>1–2</td>
<td>5</td>
</tr>
<tr>
<td>1–3 years</td>
<td>2–3</td>
<td>8</td>
</tr>
<tr>
<td>3–6 years</td>
<td>3–4</td>
<td>10</td>
</tr>
<tr>
<td>6–12 years</td>
<td>4–5</td>
<td>13</td>
</tr>
<tr>
<td>12–Adult</td>
<td>6–10</td>
<td>20</td>
</tr>
</tbody>
</table>

1 powder packet = 200 mL (7 fl oz)

**Hydralyte Oral Electrolyte Solution**

<table>
<thead>
<tr>
<th>Age</th>
<th>Take in the first 6 hours (fl oz)</th>
<th>Maximum per day (fl oz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months</td>
<td>7–14</td>
<td>34</td>
</tr>
<tr>
<td>1–3 years</td>
<td>14–20</td>
<td>50</td>
</tr>
<tr>
<td>3–6 years</td>
<td>20–30</td>
<td>68</td>
</tr>
<tr>
<td>6–12 years</td>
<td>30–50</td>
<td>90</td>
</tr>
<tr>
<td>12–Adult</td>
<td>50–68</td>
<td>135</td>
</tr>
</tbody>
</table>

**Hydralyte Effervescent Electrolyte Tablets**

<table>
<thead>
<tr>
<th>Age</th>
<th>Take in the first 6 hours (tablets)</th>
<th>Maximum per day (tablets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months</td>
<td>2–4</td>
<td>10</td>
</tr>
<tr>
<td>1–3 years</td>
<td>4–6</td>
<td>14</td>
</tr>
<tr>
<td>3–6 years</td>
<td>6–8</td>
<td>20</td>
</tr>
<tr>
<td>6–12 years</td>
<td>8–14</td>
<td>26</td>
</tr>
<tr>
<td>12–Adult</td>
<td>14–20</td>
<td>50</td>
</tr>
</tbody>
</table>

2 effervescent tablets = 200 mL (7 fl oz)

Hydralyte is suitable for all ages