

AL2300U

e 0,2l

Production number /
Best before: see lid

9062300106401

**Important note:**

Ready-to-drink rehydration food made of natural ingredients with a nutrient content that is especially formulated to regulate disturbances of the water and electrolyte balance due to the enrichment of mineral salts.

Complementary balanced diet; from 4 months under medical supervision. Unless prescribed otherwise by the physician, exclusively ORS 200 in the first 3 to 4 hours. In case of minimal diarrhoea: 20 to 30 ml/kg body weight (BW) (weight loss of up to 3% of the BW). In case of mild to moderate diarrhoea: 30 to 80 ml/kg BW (weight loss of 3 to 8% of the BW).

After successful rehydration, realimentation is initiated at once (additional information can be found on the reverse of the label). Further liquid loss caused by vomiting and/or diarrhoea is compensated by additional 50 to 100 ml ORS 200 after every watery stool/episode of vomiting (ideally by the spoonful and at short intervals, e.g. every 5 to 10 minutes).

Contraindication: acute and chronic kidney failure, metabolic alkalosis, uncontrollable vomiting, clouded consciousness/shock, carbohydrate resorption disorders, bowel occlusion. Not suitable in case of allergy or intolerance to any of the ingredients contained in the product.

This product is not suitable for parenteral use.

FROM
4
MONTHSIf used earlier,
only as instructed
by a physician

HiPP

ORS 200

Carrot and Rice**based Oral Rehydration Solution**

- helps in case of diarrhoea • ready to drink • gluten-free
- no added lactose • no added milk protein

Ready-to-drink carrot and rice-based Oral Rehydration Solution. Food for special medical purpose (balanced diet); for the dietary management of diarrheal diseases of infants. **Ingredients:** water, carrots 26%, rice 2%, glucose syrup, iodised table salt (table salt, potassium iodate), sodium citrate, potassium citrate, acidity regulator citric acid.

Composition	per 100 ml	per bottle
Energy kJ/kcal	88/21	176/42
Fat	0.1 g	0.2 g
(of which saturates)	(0.01 g)	(0.02 g)
Carbohydrate	4.2 g	8.4 g
(of which sugars)	(2.5 g)	(5 g)
Protein	0.3 g	0.6 g
Salt	0.3 g	0.6 g
Sodium	0.12 g	0.24 g
Potassium	98 mg	196 mg

Osmolality: 240 mOsmol/l

- Store at room temperature. Shake well before use. Administer cool. Keep the remaining portion covered in the refrigerator and use up within 24 hours.

- This product left our house in perfect condition – please make sure the jar is undamaged before consumption. If the centre of the lid can be pressed in, please do not use. Safety vacuum seal; lid clicks when opened for the first time.

HiPP Austria GmbH, A 4810 Gmündner/Austria.

Please refer to the inside of the label.

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HiPP ORS 200
Ready-to-drink
Carrot and Rice - based
Oral Rehydration Solution
Art. no. 2300

HiPP ORS 200, ready-to-drink carrot-rice dietary food for oral supply with water and minerals. The therapy depends on the severity of diarrhoea. To be used only in the context of a medical prescription.

Realimentation after Rehydration**Rehydration:**

In the case of minimal to moderate diarrhoea (moderate water loss): 20 to 30 ml ORS 200 per kg body weight (BW) for minimal diarrhoea and up to 30 to 80 ml per kg BW for mild to moderate diarrhoea during the first 3 to 4 hours (rehydration).

In the case of severe diarrhoea: It is absolutely necessary to consult your physician. ORS 200 may also be used to complement intravenous fluid replacement.

Realimentation:

Breastfed infants should continue to be breastfed ad lib from the beginning in parallel to the administration of ORS 200. Between breastfeeds, ORS 200 is given in small portions.

Bottle-fed infants in the 1st half year of life receive their accustomed formula after the rehydration phase.

Infants that are already on weaning foods receive their usual formula and weaning food in full quantity and concentration after the rehydration phase. In severe cases realimentation may also be provided in increments.

Older children initially receive a light diet and tea drinks. Juices with a high sugar content (saccharose, fructose, sorbitol) should be avoided. The diet should return to a normal age-adequate diet after two to not more than five days.

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