

# The CIWEC Hospital Health News

January 2026

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## Trekking with Children

Trekking with children can be fun and rewarding but some health issues need to be considered while traveling with children in remote region, mainly the effects of altitude. Acute Mountain Sickness (AMS) symptoms in children might be difficult to recognize. Most common complaints being headache, nausea, tiredness, loss of appetite and disturbed sleep. These very complaints may be due to travel alone and not necessarily due to high altitude. In very young children the problem is compounded by the fact that they are unable even to tell you about their headache or feeling sick. Available data suggests that altitude sickness occurs in children about as often as it does in adults. The first step therefore is for parents to acknowledge that AMS may affect their children, recognize AMS symptoms and devise preventive strategies like graded ascent and be extra careful.

Recognizing AMS in children means being alert to any minor behavioral changes. This includes excessive sleepiness, “fussiness” or sleeplessness, reduced appetite, a “cranky” or clingy child as well as more obvious symptoms such as vomiting and drowsiness. If there are any concerns about AMS affecting your child then descent should be prompt, just as it should be for an adult.

Descent is very effective in alleviating symptoms of AMS and will also help to decide if AMS is the problem or not. The second step therefore is that parents must be prepared to act on symptoms that concern them, no matter how easy it may be to explain those symptoms as due to some other innocent cause.

Medicines for AMS in children:

The effective dose of acetazolamide or Diamox for the prevention/treatment of AMS in children is 2.5mg/kg per dose given twice daily not exceeding 125mg/dose. Diamox is not required if ascent is slow and care is taken to fully acclimatize.

Which trek and how high?

Avoid flying to the start of your trek. There are plenty of beautiful treks that commence with a short bus journey from Kathmandu or Pokhara and one of these would be ideal.

Your altitude ceiling should not be for us to dictate but for you to decide upon. Going high means going where it is cold, remote and where your child (and you) are more likely to suffer from AMS. You can have a very fulfilling and rewarding trek whilst remaining below 3000 meters. You don't need to go to Everest Base Camp, the significance of which will be totally lost on most children under eight.

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**Other issues regarding trekking with children, not related to altitude:**

**Hypothermia:** The higher you go, the colder it gets and children are particularly prone to getting hypothermia for several reasons. They are smaller and lose heat more quickly. Children that are being carried are not generating heat by walking. Children being carried may be separated from their parents if the porter is a fast walker; they rely on parents to regulate their temperature by wrapping and unwrapping them as they go. Often children do not complain of being cold and if the parents are struggling, they may forget the needs of a child who is being carried.

**Accidents.** Children of about 3 years of age are constantly in danger of accidental injury as their curiosity leads them to pet the dog, stray near the vertical drop off at the edge of the path or place into their mouths (nose or ears) a variety of hitherto unknown plants and other bits of debris. If you have more than one young child, you will need to keep a constant vigil and often at a time when you as a parent are exhausted, sick or both. Nepali porters are quite incredible when given the role of attending to young children, but they often have many different roles on trek and ultimately the children are your responsibility.

**Avoid a tight schedule:** Getting to Nepal usually means a long air flight. Most young children cope well; some do not. Children with blocked ears are likely to experience pain on descent. Decongestants and sucking sweets may help. On arrival you will need a few days rest to adjust to the time difference, children suffer from jet lag as well.

**Diarrhea** is a common problem in Nepal and children can dehydrate quickly. Bring plenty of oral rehydration salts with you, preferably pleasant tasting.

## **A summary of points to remember when trekking with children**

1. Children suffer from Acute Mountain Sickness (AMS) as frequently as adults.
2. Do not take a sick child to altitude.
3. AMS is difficult to diagnose in children.
4. A slow rate of ascent with a flexible itinerary is essential to promote proper acclimatization.
5. Parents must be prepared to act if their child exhibits symptoms or signs of AMS.
6. Descent is effective in alleviating the symptoms of AMS. It may even be lifesaving.
7. Accidents, hypothermia and Diarrhea are other common issues while trekking with children.

**Some trekking companies specialize in arranging treks with children, please ask your trekking agent. If you have any questions about this topic, please contact us.**

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