

VOMITING AND DIARRHEA

Vomiting and diarrhea are common health problems for infants and children. Most of the time the sickness is self-limited, and most cases can be managed effectively from home. Some children may have significant trouble and need medical help. This leaflet will explain about the problem, help you prevent serious consequences, and return your child to good health as quickly as possible.

NATURE OF DISEASE

Most cases are due to viruses, which more easily infect younger children and infants. Bottle-fed babies, those in day care or nurseries, and those who travel may be affected more often. Certain viruses are more common in cold weather.

Initially there is vomiting and nausea with loss of appetite. The vomiting tends to disappear after the first day. Diarrhea follows, with stools that are loose, watery, yellowish-green, and sometimes explosive. Most children do not appear to be very sick and sustain a near-normal energy level. Fever may be present at the beginning, for up to three days. Some children look or act sicker, have a fever over 102 degrees, are listless and inactive, and continue with vomiting or severe diarrhea. If these symptoms appear, we should be called for advice. Decreased urination, rejection of fluids, sunken eyes, dry mouth, or loss of normal elasticity of the skin are symptoms that make it urgent to seek help.

Because infants are more vulnerable to the effects of fluid and nourishment losses, it is recommended to call for advice for all children less than six months old.

HOME MANAGEMENT

Treatment can usually be done at home for most children who have a mild form of the disease. During the vomiting phase, it is best not to feed solids to the child, and dairy products should be discontinued. Breastfed infants should continue to breastfeed through the vomiting but smaller more frequent nursing periods are helpful. Supplemental Pedialyte may be necessary in some cases.

Research devoted to vomiting/diarrhea/dehydration has helped us understand that fluids high in sugar are not best. Fluids such as jello, water, soda, tea, and juice were commonly recommended in the past but are NO LONGER considered good choices for treating vomiting and diarrhea. Solutions specifically designed for children with vomiting/diarrhea (such as Pedialyte) are now widely available. These solutions contain the proper amount of sugar and salts to minimize the chances of dehydration.

If you cannot obtain a product like Pedialyte, or if your child refuses it, you may use half-strength Gatorade (half water, half Gatorade)

If your child has vomited, wait 15-20 minutes before offering fluid. Then give ½ to 1 ounce of room temperature Pedialyte and wait 15-20 minutes. If no vomiting has occurred, offer another ½ to 1 ounce and so on. If vomiting recurs, wait 15-30 minutes and then offer a teaspoonful every 2-5 minutes. When vomiting slows down, larger amounts may be offered. Solids and dairy should be avoided until the vomiting has ceased for six hours. Bland solids such as starches should be the first choices for re-introduction.

Diarrhea usually begins around the second day of the illness. Once the vomiting stops the child should be fed solids. Restriction of solids for more than 24 hours is not helpful and may be harmful. Do not withhold milk for longer than 24-36 hours, especially if your child is very young.

Since fever increases fluid requirements, it may be a good idea to keep the child's temperature near normal. (See the fever handout). Dress the child lightly, avoid overheating your home, and use fever reducers such as acetaminophen (Tylenol). Suppositories are available if vomiting interferes with oral doses.

Medications to reduce diarrhea can be harmful and are NOT recommended for children.

REASONS FOR TELEPHONING HUNTERDON PEDIATRICS

- Child under 6 months of age
- Inactivity or loss of energy
- Three or less urinations per 24 hours
- Fever over 105 degrees
- Vomiting over 36-48 hours duration
- Diarrhea longer than two weeks
- Bloody stool
- Dry mouth or sunken eyes or child looking sick
- Recent international travel (within two weeks)