

VOMITING & DIARRHEA

Preventing your child from becoming dehydrated during an intestinal illness is a very difficult task. An intestinal illness, or **Gastroenteritis**, is usually caused by a **virus**, and there are no specific treatments for most viruses. Intestinal illnesses, contrary to popular language, are **not the “flu”**; influenza is a respiratory illness occurring during the winter months.

A few gastroenteritis are caused by parasites, bacteria, or fungi; the presence of **bloody diarrhea** usually indicates a bacterial gastroenteritis, and requires physician attention. Parasites usually come from contaminated water or foods, and usually cause chronic intermittent nausea, bloating, and diarrhea.

Most viral gastroenteritis are characterized by initial nausea, vomiting, fatigue, and fever lasting 12-48 hours, then diarrhea with possible intermittent abdominal pain lasting 2 to 14 days. Advice for a child who is vomiting differs from advice for a child who is just having diarrhea; both will be discussed in this handout.

Vomiting:

Most gastroenteritis in children begins with nausea and vomiting. As the infecting virus begins to multiply within stomach & intestines, normal movement comes to a halt. This causes the “stomach juices” to back up, leading to nausea, and usually then vomiting, much the same way your kitchen drain might back up. Vomiting also helps to expel the virus and its toxins. Children vomit more often than adults.

Vomiting might also occur due to **reflux** in infants, **food poisoning**, high amounts of swallowed phlegm into the stomach (such as during a **sinus infection**), **motion sickness**, or as a side effect of **severe coughing**. It might also represent a **food or milk allergy**, though vomiting is seldom the only sign of this.

Sleep is very important in the child who is vomiting. Sleep allows the stomach to slowly empty, relieving the need to vomit. Discontinue all non-essential medications, such as over the counter cold remedies, as they won't help and will often make the vomiting worse. Expect **extreme fatigue** in between vomiting; many parents are overly concerned about this.

Reasons for a visit with the Physician:

Vomiting and Under 10 Weeks of Age
Yellow Tinge to Eyes/Skin
Fever Over 104° with Vomiting
Fever Over 100.4° and Under 2 Months Old
Vomiting Over 6 Hours after a Fall

Violent Retching
Bloody Vomiting
Green Bile Vomiting
Vomiting Over 24 Hours
No Urine in Over 8 Hours

Recipes For Managing Vomiting:

For Breastfed Infants:

- 1) Nurse only on 1 side, but increase frequency to every 1-2 hours
- 2) If still vomiting, nurse 5 minutes every 30-60 minutes
- 3) After 8 hours of no vomiting, return to routine nursing schedule
- 4) If vomiting recurs, rest 1 hour, and then repeat cycle

For Bottlefed Infants:

- 1) Offer Infalyte, Pedialyte, or Kaoelectrolyte for 8 hours
- 2) Offer 1 teaspoon every 10-15 minutes
- 3) After 4 hours of no vomiting, offer 2-3 teaspoons every 10 minutes
- 4) After 8 hours of no vomiting, return to small amounts of formula
- 5) Return to normal, bland diet after 24-48 hours of no vomiting
- 6) If vomiting recurs, rest 1 hour, and then repeat cycle

- For Children under 1 year old:
- 1) Rest / no fluids for 1 hour after vomiting
 - 2) Then offer 1 tbsp. every 10 minutes (water, ice chips, flat cola, popsicles, Pedialyte, Kaolectrolyte, Gatorade)
 - 3) After 4 hours of no vomiting, offer 1 ounce (2tbsp.) every 10 minutes.
 - 4) After 8 hours of no vomiting, may restart small amounts of a bland diet (saltines, graham crackers, bread/toast, rice, noodles ...)
 - 5) If vomiting recurs, rest 1 hour, and then restart cycle

Avoid medications to suppress nausea & vomiting unless prescribed by your physician. These medications commonly have side effects, and may actually end up making your child sicker. One exception that is ok to try is Benadryl, but be aware a small number of kids experience a paradoxical irritability and insomnia with Benadryl. Traditional herbal remedies that are safe to try include teas containing chamomile, lemon balm, peppermint, and ginger root powder, if given 4 times a day, is safe and may also be helpful. The dose is 25mg under age 3 years, 50 mg ages 3-6 years, 125 mg ages 6-12 years, all 4 times per day. Finally, Clove & Cinnamon Tea is safe and may reduce nausea.

Diarrhea:

Most children experience episodes of diarrhea at least once per year. Sometimes, a case of gastroenteritis will only have diarrhea; no vomiting phase will occur. Seldom does diarrhea alone dehydrate a child. The most likely viral gastroenteritis to cause massive, and possibly, dehydrating diarrhea is **Rotavirus**, which occurs in the spring.

Diarrhea alone requires just a few simple modifications in the child's diet. There are **no recommended medications** to give a child with diarrhea ... you could do more harm than good in giving a child over the counter anti-diarrheal medication!

Children who are not dehydrated should **continue** to be fed age-appropriate diets during a diarrheal illness, in order to help them to recover sooner. Foods **high in starch** (bread, rice, mashed potatoes, cheese, yogurt, pasta, cereals, applesauce, bananas, and carrots) are best. Water and juices, such as grape and orange juice, are also good to give. Avoid apple, pear, and prune juice, as they will worsen the diarrhea. Also avoid candies, gum, soda, and "10% Real Fruit Juice" juices, whose sugars will also worsen the diarrhea. Infants on formula can be switched to a lactose-free formula, such as soy formula, until 1-2 weeks after the diarrhea has resolved.

Be sure to wash the child's buttocks well after each diarrheal stool, to prevent a bad diaper rash. Vaseline & Bag Balm are great to apply with each diaper change to protect the skin from the digestive enzymes in the stool. Avoid diaper rash ointments if the skin is already broken down from the diarrhea.

Reasons for a visit with the Physician:

No urine in over 8 hours
Blood in the Stool
Intense Pain over 6 hours

Diarrhea over 2 weeks
Fever over 104° with diarrhea
Fever over 100.4° if under 2 months old

Please call our office if you have any further questions!

Dr. Todd Huffman (April 2000)