

Vomiting & Diarrhea Home Management

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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 intestinal illnesses are caused by parasites, bacteria, or fungi; the presence of bloody diarrhea alerts doctors to the possibility of a bacterial gastroenteritis, and is a reason to quickly contact a physician. Parasites usually are acquired from contaminated water or foods, and usually cause intermittent nausea, bloating, and/or diarrhea.

Most viral gastroenteritis is characterized by initial nausea, vomiting, fatigue, and fever, all lasting between 6 and 48 hours. Diarrhea soon follows, possibly with intermittent abdominal cramping, lasting 1 to 14 days. Advice for a child who is vomiting differs from advice for a child with 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 the stomach and 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 expel the virus and its toxins. Children are more likely to vomit than are adults.

Vomiting might also occur due to:

- reflux in infants
- high amounts of swallowed phlegm in the stomach (such as during a sinus infection)
- motion sickness
- food poisoning (there are many types of food poisoning, some viral, some bacteria, some toxin-related)
- severe coughing
- food or milk allergy (although vomiting is very seldom the sole sign or symptom)

The reasons to call the physician if your child is sick with gastroenteritis include:

- vomiting or fever >100.4 , and <10 wks old
- fever >104.0 degrees
- violent retching, especially if blood seen
- vomiting for more than 12 hours straight
- blood in the stool
- * vomiting and yellow tinge to eyes/skin
- * vomiting that starts >3 hours after a fall
- * green bile noted in the vomitus
- * no urine for more than 8-12 hours
- * diarrhea more than 2 weeks

If you are breastfeeding, and your infant begins to vomit, cease all solid foods, and nurse only on one side, increasing the frequency of nursing to every 1-2 hours. If vomiting continues despite smaller feeds, nurse for only 5 minutes once an hour. If your baby continues to vomit, cease nursing, and offer $\frac{1}{2}$ to 1 ounce of Pedialyte (store-brand okay) every 30-60 minutes. Return to your usual nursing schedule once 8 or more hours have passed without vomiting.

If you are bottle feeding your infant, stop the formula and all solid feedings. Offer Pedialyte (or equivalent) ½ to 1 ounce every 30-60 minutes. If vomiting continues, offer 1-2 teaspoons of Pedialyte every 10-15 minutes. After 4 hours of no vomiting, increase the offered amount to ½ to 1 ounce every 30 minutes. After 8 hours of no vomiting, return to small amounts of formula. Your baby may again be given solid foods (bland, at first) after 24 hours of no vomiting.

If your child is older than 1 year of age and is vomiting, stop all solid foods, and offer no fluids for 1 hour after vomiting starts. Then offer 1 tablespoon (1/2 ounce) of fluids every 10-15 minutes. Examples include water, flat cola or ginger ale, popsicles, Pedialyte, and Gatorade. Certain lukewarm teas may be offered, such as ones containing chamomile, lemon balm, clove, cinnamon, and/or peppermint. Try to average 2 ounces of fluid every hour. After 4 hours of no vomiting, offer 1 ounce every 15 minutes. After 8 hours of no vomiting, restart small amounts of bland foods. If vomiting recurs, rest 1 hour, and start the cycle again.

Sleep is very important in the child who is vomiting. Sleep allows the stomach to rest, and slowly empty, relieving the need to vomit. Parents should expect extreme fatigue in the vomiting child, and should not become overly concerned.

Do not offer any over-the-counter medications to the vomiting child, with the exception of small amounts of liquid antacid if heartburn accompanies the vomiting. Cease all non-essential medications, especially cold remedies, as many will make the vomiting worse. If your child is taking prescription medications, call your doctor's office for advice. And if your child has a fever and is vomiting, do not offer ibuprofen, which will further irritate the stomach...offer only acetaminophen.

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. Most children under 3 years of age have been vaccinated against this disease.

Diarrhea alone requires just a few simple modifications in the child's diet. There are NO recommended medications to give a young child with diarrhea. You may do more harm than good by giving a child an over-the-counter anti-diarrheal medication!

Children who are not dehydrated should continue their usual diet. Foods high in starch (bread, rice, mashed potatoes, cheese, yogurt, pasta, cereals, applesauce, bananas, carrots et al) are best. Water, and juices such as grape and orange juice, are also good to give. Avoid apple, pear, and prune juice, as well as soda and "10% real fruit juices". Infants on formula should be switched to a lactose-free formula, such as a 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 skin breakdown and discomfort. Vaseline and Bag Balm are great to apply to protect the skin for the digestive enzymes in the stool. Avoid diaper rash ointments! Mix a liquid antacid (Maalox, Mylanta) with the Vaseline if the child's skin is beginning to break down.