

management of diarrhea & vomiting in children

Diarrhea is a very common problem in childhood. Usually, it is mild and brief. Sometimes, it can be severe, especially in infants. Every child has a different pattern of bowel movements, so it is sometimes difficult to tell if a child has diarrhea or just a loose bowel movements. A child has diarrhea if there are more bowel movements than usual, or if stools are more unformed and watery than usual. A child with diarrhea may also have fever, loss of appetite, nausea, vomiting, stomach pains, cramps, and blood and/or mucus in the bowel movement. Diarrhea germs are easily spread from person to person, and especially from child to child. They usually spread readily among children who have not learned to use the toilet. The spread of the infection can be reduced if adults and children wash their hands carefully after every diaper change and going to the toilet, and before preparing and eating food. Many different germs cause diarrhea. Most commonly, it is caused by a virus and so cannot be cured with antibiotics. Occasionally bacteria cause diarrhea. Examples include *Campylobacter*, *Shigella* and *Escherichia coli* (E. Coli). Some bacterial diarrhea can be cured with antibiotics.

DIARRHEA CAN BE DANGEROUS IF NOT TREATED PROPERLY

It drains water and salts from the child. If these are not put back quickly, dehydration can occur and hospitalization may be necessary. It is most important that the child with diarrhea continues to drink an appropriate quantity of fluids to avoid dehydration.

THINGS PARENTS CAN DO

- Watch your child for signs of diarrhea if another child has it.
- Ensure all members of your household, including your child, wash their hands after every diaper change and going to the toilet, and before preparing or eating food.
- Ensure that household members do not share toothbrushes or eating utensils.
- If your child is on mil formula, do not boil, concentrate or thicken it. Because this may make the dehydration worse. Note: consult your child's physician if you have any questions about what to feed a child with diarrhea.

- As soon as diarrhea starts, give your child an oral rehydration solution (ORS), such as Gastrolyte™, Lytren™, or Pedialyte™ because it contains the ideal balance of water, salts (electrolytes) and sugar. This will replace the water and salts that are lost with diarrhea, if also vomiting, your child should start drinking and eating usual foods again as soon as vomiting stops.
- Your child should remain at home until the bowel movement are normal or until a physician says he or she is well enough to return to the child care facility.

AT THE START OF VOMITING OR DIARRHEA

If breast feeding, continue to breast-feed on demand and offer oral rehydration solution (ORS), such as Gastrolyte™, Lytren™ or Pedialyte™. If not breast-feeding, stop all food and drink and give ORS as follows:

The First 6 Hours

- 6 months and under
- 30 to 90 mL (1 to 3 oz.) every hour
- 6 to 24 months
- 90 to 125 mL (3 to 4 oz.) every hour
- Over 2 years
- 125 to 250 mL (4 to 8 oz.) every hour

If infant refuses ORS by the cup or bottle, give this solution using a medicine dropper or small teaspoon. If child vomits, continue to give ORS using a spoon. Give 15 mL (1 tbsp.) every 10 to 15 minutes until vomiting stops. Then give regular amount. If vomiting does not stop after 4 to 6 hours, take your child to the hospital.

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6 to 24 Hours Recovery Stage

- Keep giving the oral rehydration solution until diarrhea is less frequent.
- When vomiting stop, offer usual formula or whole milk or food in small frequent feedings.
- Do not give fruit juices or sweetened desserts until the diarrhea has stopped.
- Stools may increase at first (1 or 2 more each day). It may take 7 to 10 days or longer for stools to become completely formed. This is part of healing the bowel.

SAMPLE MENU FOR INFANTS AND TODDLERS

Breakfast

- Iron-fortified infant cereal
- Toast and margarine
- Formula or whole milk

Lunch/Dinner

- Plain meat
- Plain potato
- Plain vegetable
- Plain fruit
- Formula or whole milk*

After 24 to 48 hours, most children can resume their normal diet.

*Note: Whole milk is only given after an infant is 9 to 12 months of age.

Oral rehydration solutions have the right amounts of water, salts and sugar. They are available at drugstores. Gastrolyte™, caution be sure to mix according to directions. Lytren™, available from your doctor only.

DO NOT give sugary drinks such as:

- Kool-Aid

- Jell-O
- Broth or rice water
- Fruit juice/drinks, pop
- Sweetened tea

These can make your child's diarrhea worse. DO NOT give over-the-counter medications to stop diarrhea. These will stop the body from getting rid of infection.

WHEN TO GET HELP

Call your doctor or go to the hospital if:

- Your child has diarrhea and is less than 6 months of age
- Your child has bloody or black stools
- Your child starts to vomit and is still vomiting after 4 to 6 hours
- Your child has a fever – temperature greater than 38.5 Degrees Celsius (101.3 Degrees Fahrenheit)
- Your child has signs of dehydration:
 - Decreased urination (less than 4 wet diapers in 24 hours)
 - No tears
 - Dry skin, mouth and tongue
 - Sunken eyes
 - Grayish skin
 - Sunken soft spot (fontanelle) on infant's head

If diarrhea or cramping continues after 5 to 7 days, your doctor may suggest a lactose-free milk until diarrhea improves. Careful hand washing after toileting or changing diapers will prevent spread of the infection to others.

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