Vomiting and Diarrhea
(Child 1 Year & Up)

Vomiting and diarrhea are symptoms of problems with the stomach and intestines. The main risk of repeated vomiting and diarrhea is the body does not get as much water and fluids as it needs (dehydration). Dehydration occurs if your child:

- Loses too much fluid from vomiting (or diarrhea)
- Is unable to replace the fluids lost with vomiting (or diarrhea).

The main goal is to prevent dehydration.

CAUSES

Vomiting and diarrhea in children are often caused by a virus infection in the stomach and intestines (viral gastroenteritis). Nausea (feeling sick to one's stomach) is usually present. There may also be fever. The vomiting usually only lasts a few hours. The diarrhea may last a couple of days.

Other causes of vomiting and diarrhea include:

- Head injury.
- Infection in other parts of the body.
- Side effect of medicine.
- Poisoning.
- Intestinal blockage.
- Bacterial infections of the stomach.
- Food poisoning.
- Parasitic infections of the intestine.

TREATMENT

- When there is no dehydration, no treatment may be needed before sending your child home.
- For mild dehydration, fluid replacement may be given before sending the child home. This fluid may be given:
  - By mouth.
  - By a tube that goes to the stomach.
  - By a needle in a vein (an IV).
- IV fluids are needed for severe dehydration. Your child may need to be put in the hospital for this.
- If your child's diagnosis is not clear, tests may be needed.
- Sometimes medicines are used to prevent vomiting or to slow down the diarrhea.

HOME CARE INSTRUCTIONS

- Prevent the spread of infection by washing hands especially:
  - After changing diapers.
  - After holding or caring for a sick child.
  - Before eating.
  - After using the toilet.
- Prevent diaper rash by:
  - Frequent diaper changes.
  - Cleaning the diaper area with warm water on a soft cloth.
  - Applying a diaper ointment.

If your child’s caregiver says your child is not dehydrated:

Older Children:

- Give your child a normal diet. Unless told otherwise by your child's caregiver,
  - Foods that are best include a combination of complex carbohydrates (rice, wheat, potatoes, bread), lean meats, yogurt, fruits, and vegetables. Avoid high fat foods, as they are more difficult to digest.
- It is common for a child to have little appetite when vomiting. Do not force your child to eat.
  - Fluids are less apt to cause vomiting. They can prevent dehydration.
- If frequent vomiting/diarrhea, your child's caregiver may suggest oral rehydration solutions (ORS). ORS can be purchased in grocery stores and pharmacies.
- Older children sometimes refuse ORS. In this case try flavored ORS or use clear liquids such as:
  - ORS with a small amount of juice added.
  - Juice that has been diluted with water.
  - Flat soda pop.
- If your child weighs 10 kg or less (22 pounds or under), give 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child weighs more than 10 kg (more than 22 pounds), give 120-240 ml (½ - 1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.

Breastfed infants:

- Unless told otherwise, continue to offer the breast.
- If vomiting right after nursing, nurse for shorter periods of time more often (5 minutes at the breast every 30 minutes).
- If vomiting is better after 3 to 4 hours, return to normal feeding schedule.
- If your child has started solid foods, do not introduce new solids at this time. If there is frequent vomiting and you feel that your baby may not be keeping down any breast milk, your caregiver may suggest using oral rehydration solutions for a short time (see notes below for Formula fed infants).

Formula fed infants:

- If frequent vomiting, your child's caregiver may suggest oral rehydration solutions (ORS) instead of formula. ORS can be purchased in grocery stores and pharmacies. See brands above.
- If your child weighs 10 kg or less (22 pounds or under), give 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child weighs more than 10 kg (more than 22 pounds), give 120-240 ml (½ - 1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child has started any solid foods, do not introduce new solids at this time.

If your child's caregiver says your child has mild dehydration:

- Correct your child's dehydration as directed by your child's caregiver or as follows:
- If your child weighs 10 kg or less (22 pounds or under), give 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child weighs more than 10 kg (more than 22 pounds), give 120-240 ml (½ - 1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.
  - Once the total amount is given, a normal diet may be started – see above for suggestions.
- Replace any **new** fluid losses from diarrhea and vomiting with ORS or clear fluids as follows:
- If your child weighs 10 kg or less (22 pounds or under), give 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child weighs more than 10 kg (more than 22 pounds), give 120-240 ml (½ - 1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.
  - Use a medicine syringe or kitchen measuring spoon to measure the fluids given.

SEEK MEDICAL CARE IF:

- Your child refuses fluids.

- Vomiting right after ORS or clear liquids.
- Vomiting is worse.
- Diarrhea is worse.
- Vomiting is not better in 1 day.
- Diarrhea is not better in 3 days.
- Your child does not urinate at least once every 6 to 8 hours.
- New symptoms occur that have you worried.
- Blood in diarrhea.
- Decreasing activity levels.
- Your child has an oral temperature above 102° F (38.9° C).
- Your baby is older than 3 months with a rectal temperature of 100.5º F (38.1° C) or higher for more than 1 day.

SEEK IMMEDIATE MEDICAL CARE IF:

- Confusion or decreased alertness.
- Sunken eyes.
- Pale skin.
- Dry mouth.
- No tears when crying.
- Rapid breathing or pulse.
- Weakness or limpness.
- Repeated green or yellow vomit.
- Belly feels hard or is bloated.
- Severe belly (*abdominal*) pain.
- Vomiting material that looks like coffee grounds (this may be old blood).
- Vomiting red blood.
- Severe headache.
- Stiff neck.
- Diarrhea is bloody.
- Your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.
- **Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.**

Remember, it is absolutely necessary for you to have your child rechecked if you feel he/she is not doing well. Even if your child has been seen only a couple of hours previously, and you feel he/she is getting worse, seek medical care immediately. Your caregiver would rather recheck your child and be safe than later be sorry for an unfortunate result.

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