Vomiting and Diarrhea, 1 Year & Under

Vomiting is usually a symptom of problems with the stomach. The main risk of repeated vomiting 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

There are many reasons for vomiting and diarrhea in children. One common cause is a virus infection in the stomach (*viral gastritis*). There may be fever. Your child may cry frequently, be less active than normal, and act as though something hurts. The vomiting usually only lasts a few hours. The diarrhea may last up to 24 hours.

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.

DIAGNOSIS

Your child's caregiver may ask for tests to be done if the problems do not improve after a few days. Tests may also be done if symptoms are severe or if the reason for vomiting/diarrhea is not clear. Testing can vary since so many things can cause vomiting/diarrhea in a child age 12 months or less. Tests may include:

- Urinalysis.
- Blood tests
- Cultures (to look for evidence of infection).
- X-rays or other imaging studies.

Test results can help guide your child's caregiver to make decisions about the best course of treatment or the need for additional tests.

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.

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.

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

- Give your baby a normal diet, unless told otherwise by your child's caregiver.
- It is common for a baby to feed poorly after problems with vomiting. Do not force your child to feed.

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 solid foods have been started, 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/diarrhea, your child's caregiver may suggest oral rehydration solutions (ORS) instead of formula. ORS can be purchased in grocery stores and pharmacies.
- Older babies 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.
- Offer 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.
  - If solid foods have been started, 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.

SEEK MEDICAL CARE IF:

- Your child refuses fluids.
- Vomiting right after ORS or clear liquids.
- Vomiting/diarrhea is worse.
- Vomiting/diarrhea is not better in 1 day.
- Your child does not urinate at least once every 6 to 8 hours.
- New symptoms occur that have you worried.
- Decreasing activity levels.
- 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:

- Decreased alertness.
- Sunken eyes.
- Pale skin.
- Dry mouth.
- No tears when crying.
- Soft spot is sunken
- 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.
- Diarrhea is bloody.
- 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 baby 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 problems are getting worse, get your baby rechecked. Your caregiver would rather recheck your baby and be safe than later be sorry for an unfortunate result.

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