Nausea, Child

Nausea is the feeling that you have an upset stomach or have to vomit. Nausea is usually a symptom of problems with the stomach. Nausea by itself is not likely a serious concern. As nausea gets worse, it can lead to vomiting. If vomiting develops, the main risk of repeated vomiting is *dehydration* (body does not have as much water and fluids as it should). If a child has nausea, he/she may not want to drink anything. This could contribute to dehydration.

The main goals are to:
- **Try to limit repeated nausea.**
- **Prevent vomiting.**
- **Prevent dehydration.**

CAUSES

There are many reasons for nausea in children. One common cause is a virus infection in the stomach (*viral gastritis*). There may also be fever.
Other causes of nausea include:
- Food poisoning.
- Eating too much of certain foods.
- Head injury.
- Infection in other parts of the body.
- Side effect of medicine.
- Poisoning.
- Bacterial infections of the stomach.

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 the nausea is not clear. Testing can vary since so many things can cause nausea. Tests may include:
- Urine tests.
- Blood tests
- Stool tests.
- Cultures (to look for evidence of infection).
- X-rays or other imaging studies.

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

TREATMENT

- When there is no dehydration, no special treatment may be needed.
- Sometimes medicines are used to prevent vomiting.

HOME CARE INSTRUCTIONS

- 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 not unusual for a child with nausea to have little appetite. Do not force your child to eat.
- Fluids are less apt to cause recurrent nausea. They can prevent dehydration.
- If nausea gets worse, and frequent vomiting develops, 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 caregiver suggests ORS, give 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:

- Nausea does not get better after 3 days.
- Your child refuses fluids.
- Vomiting right after ORS or clear liquids.

SEEK IMMEDIATE MEDICAL CARE IF:

- 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.**

Your child or baby has:

- Rapid breathing.
- Repeated vomiting.
- Severe belly (*abdominal*) pain.
- Blood in diarrhea.
- Vomiting material that looks like coffee grounds (this may be old blood).
- Vomiting red blood.
- Severe headache.
- Stiff neck.
- Frequent diarrhea.
- Belly feels hard or is bloated.
- Pale skin.
- Dry mouth.
- No tears when crying.
- In babies, soft spot is sunken
- Sunken eyes.
- Weakness or limpness.
- Decreasing activity levels.
- No urination at least once every 6 to 8 hours.
- New symptoms occur that have you worried.

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