VOMITING and DIARRHEA

The most common cause of vomiting and diarrhea is gastroenteritis, an infection of the stomach and intestinal tract usually caused by a virus. After vomiting, a child may look pale and listless. Diarrhea is usually defined as a stool that has a watery consistency that is tinted green, yellow or brown. Gastroenteritis may or may not be accompanied by fever. There are other causes for vomiting and diarrhea which may require different treatment. *Call your doctor if any of the following occur with vomiting or diarrhea:*

1. Blood in diarrhea or vomited material
2. Severe abdominal pain lasting longer than one hour
3. Suspicion that your child may have ingested a poison or other non-food material
4. Vomiting that persists beyond six hours if your child is under one year of age or that persists beyond twelve hours if your child is over one year of age
5. Injury, especially head injury, in the past few days
6. Diarrhea more often than one stool per hour or more than 6 stools in 24 hours
7. No improvement in your child’s general condition in 2-3 days
8. Signs of dehydration: dryness of mouth where tongue is sticking to roof or sides of mouth, no urine for more than 6 hours, obvious weight loss, grunting consistently with each breath
9. Behavioral changes such as confusion, excessive sleepiness or excessive irritability
10. Fever over 101 degrees that does not respond to acetaminophen, either orally or by suppository

If there are no associated problems as described above, your child probably has ordinary gastroenteritis. Generally, treatment consists of providing adequate fluids in small amounts frequently to prevent dehydration and avoiding foods which may make diarrhea worse.

**BREAST FED BABIES:**

Breast milk is generally well tolerated because of its digestibility and may not necessarily need to be discontinued during the illness. Vomiting babies should be given no feedings of any kind for at least two hours after they have vomited. Then they may be nursed frequently for brief periods, about five minutes every ½ hour. As vomiting and diarrhea resolve, gradually introduce a usual feeding pattern over 1-2 days. If there is no improvement, discontinue breast feeding for 6-8 hours and feed Pedialyte in small amounts frequently, ½ ounce every 30 minutes. As vomiting subsides, gradually resume breast feeding. If your baby is on other foods besides breast milk, follow the instructions below regarding supplemental foods. If you should need to temporarily discontinue breast feeding, be sure to pump your breasts to prevent engorgement.

**VOMITING:**

Initially stop all foods and liquids. Give nothing by mouth for two full hours after the last vomiting episode to allow the stomach to rest. Then provide liquids such as Pedialyte, Gatorade, 7-Up or ginger ale (NOT plain
water) in small amounts frequently, ½ ounce every 30 minutes. If 2-3 half-ounce feeding are tolerated, then increase to one ounce for 2-3 feedings, then one and ½ ounce for 2-3 feedings, then 2 oz. and so on. After 24 hours on clear liquids, gradually resume normal feedings. For infants normally on formula, feed a soy formula for several days and then resume feeding with his or her usual formula. For older children, withhold milk and milk products for 2-3 days and try reintroducing them slowly. Solid foods should be introduced slowly, initially with fat-free bland foods such as dry toast, soda crackers, starches, chicken noodle soup and lean meats. Baby foods such as bananas, applesauce (NOT apple juice) are usually tolerated well by infants.

**DIARRHEA:**

Stop all solid foods for 24 hours and stop milk (except breast milk) until diarrhea has stopped. Feed clear liquids such as Pedialyte, Gatorade, 7-Up or ginger ale (NOT plain water) 2-3 ounces every hour for 5-6 hours and then gradually increase to the amount normally taken per feeding. For infants, continue clear liquids for a total of 18-24 hours, and then begin feeding soy formula or breast milk. If your infant is normally on solid foods, begin with rice cereal, applesauce, bananas and carrots. For older children, continue clear liquids 18-24 hours and then begin bland easily digested low fat foods such as starches, toast, bananas, rice cereal, lean meats, carrots and squash. Gradually resume a normal diet over 2-3 days, avoiding milk products (with the exception of breast milk) until diarrhea has completely stopped for 3-4 days. Occasionally, diarrhea may last longer than 3-4 days, but consult your pediatrician if this happens in case your child may need additional intervention. If your child is on clear liquids exclusively for more than three days, he or she will have clear liquid stools.

**MEDICATIONS:**

Medications are rarely needed and not usually of benefit in the treatment of vomiting or diarrhea. Of course, Tylenol may be given orally or by suppository for fever or discomfort.

*Please do not feed plain water only; serious problems may result.*

**REMEMBER:** *If your child appears to be getting worse, if signs of dehydration occur or if you feel uncomfortable with treating him or her on your own, please call your pediatrician. Be especially careful with children under one year of age. They can quickly become severely dehydrated.*