

PEDIATRIC ASSOCIATES OF SPRINGFIELD, INC

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HOME CARE OF VOMITING AND DIARRHEA

Diarrhea and vomiting are the usual responses of your child's intestinal tract to some types of viral infections. Although this type of infection is self-limited and will run a natural course, it can cause a great deal of distress with cramping, frequent stools, vomiting, and fever. Management with proper diet changes can prevent dehydration and worsening symptoms as well as correct mild dehydration.

DIARRHEA: Infants over six months of age and children with diarrhea alone may be fed their usual milk (breast milk, formula or cow's milk) as well as most of their normal food. "Starchy" foods (bread, rice, pasta) are frequently well tolerated. Juices, Sprite, Gatorade, Jell-O, and flavored water products all tend to make diarrhea worse and should be avoided. Any food with high sugar content such as sweetened fruit, jellies and syrup should also be avoided. Artificial sweeteners often worsen diarrhea and may be a hidden ingredient in food and drink. Water, tea, and diluted milk are not adequate sources of minerals or nutrition for the body. They may result in an imbalance of salt and sugar in the body and cause serious harm. Balanced-electrolyte solutions such as Pedialyte will not lead to this type of imbalance. They are not adequate nutrition on their own, but supplementing the diet with these solutions at the onset of diarrhea alone may be beneficial. Lactobacillus probiotic preparations, such as Lactinex, may decrease the frequency of stools. Other over-the-counter medications for diarrhea, such as Imodium, are not recommended.

Diarrhea from viral infections may persist for 1-2 weeks. If your child can eat a normal diet, remain active, and does not lose weight, then continue to feed him as described above until the diarrhea resolves. If he refuses fluids, becomes lethargic, loses weight, or shows other signs of dehydration (dry mouth and eyes, sunken eyes or soft spot, or marked decrease in urine output), please call our office. It can be hard to tell if a child in diapers with frequent diarrhea is urinating adequately. If the child is active and drinks well, then the child is probably not dehydrated.

Fever is a common symptom of viral infections and can be treated with acetaminophen or ibuprofen. Dosage charts are included under the Parent Resources tab of this website.

Bloody or very mucousy diarrhea may represent a more significant infection. Please contact the office to report these findings. If the diarrhea does not seem to be resolving in a reasonable period of time or you have other concerns about your child, please let us know.

VOMITING: A child who experiences vomiting and diarrhea would benefit from changing the diet to **only** oral rehydration fluids such as Pedialyte. An infant under six months of age experiencing vomiting and diarrhea or only diarrhea would benefit from limiting the diet to breast milk, if available, or oral rehydration fluids if not. Diligent application of the oral rehydration technique described here is very effective in preventing dehydration and avoiding the need for an emergency visit.

Oral Rehydration: If your child has repeated vomiting, along with diarrhea, the risk of dehydration is much greater. Using oral rehydration with easily absorbed salt and sugar solutions such as Pedialyte can prevent and correct dehydration. Feed the solution from a bowl using a spoon or dropper rather than a cup or bottle. Try different flavors or brands until you find one your child will accept. Sometimes freezing the fluid into slushy texture will make it more palatable. Breast milk has some advantages over Pedialyte if available. Formula or milk may be substituted if your child refuses electrolyte solution. Other fluids can worsen diarrhea or cause serious salt or sugar imbalances in a child's bloodstream.

Feeding small amounts frequently is key. Give 1-2 teaspoons every 10 minutes until 2-3 hours have passed without vomiting. Continue the spoon feedings even if your child continues to vomit. This is a tedious process but often successful. **It is absolutely necessary to spoon-feed almost continuously,** rather than wait for the child to ask for more fluid. Otherwise, adequate amounts of fluid may not be given. This technique works because spoonfuls of fluid are less irritating to the stomach than larger quantities. Also, even if the child still vomits intermittently, feeding very frequent spoonfuls of fluid will usually result in enough absorption of fluid between vomiting episodes to prevent dehydration. If frequent small feedings of Pedialyte are administered successfully and no vomiting has occurred for 2-3 hours, the amount may be slowly increased. Then milk

may be introduced, and as that is tolerated, more normal foods. Keep the feedings small and frequent. Avoid juice and sweet foods to prevent worsening diarrhea.

If the child does not respond to these measures within 48 hours, please call the office. He should appear better hydrated, be more active, urinate several times a day, and tolerate small feedings as he improves. Diarrhea often last longer than vomiting but will not usually lead to dehydration if vomiting has stopped and liberal fluids and feedings continue.

If at any time, you have questions about your child's illness or concerns about his condition, please call our office.

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