

## **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. The BRAT diet mentioned in some resources is not effective in young children.

Juices and soft drinks 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 often benefits from changing the diet. 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:** When your child is losing fluids through vomiting and diarrhea, there is risk of dehydration. 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. **Small amounts given frequently are key.** 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. Other fluids can worsen diarrhea or cause serious salt or sugar imbalances in a child's bloodstream.

If your child is **breast-fed**, breast milk is preferred. After one episode of vomiting, nurse on one side every 1-2 hours. After repeated episodes, nurse for 5 minutes every 30-60 minutes. After 4 hours of no vomiting, return to your regular nursing schedule. If your baby continues to vomit, switch to pumped milk and spoon feed 1-2 teaspoons every 5 minutes. After 4 hours of no vomiting, return to 5 minute feedings every 30 minutes and increase as tolerated.

If your child is **formula-fed** and vomits more than once, switch to Pedialyte 1-2 teaspoons every 5 minutes by spoon or dropper. If Pedialyte is refused or not available, formula may be continued. After 4 hours without vomiting, double the amount. After 8 hours without vomiting, return to regular formula.

If your child is **over age one**, offer 2-3 teaspoons of Pedialyte every 5 minutes. If Pedialyte is refused, Gatorade mixed with equal amounts of water may be substituted. After 4 hours without vomiting, increase the amount. After 8 hours without vomiting, return to regular fluids.

Discontinue all solid foods including baby food until vomiting has stopped for 8 hours. Start back with starchy simple foods such as crackers, cereals and bread. Resume regular diet in 24-48 hours.

If the child has blood in vomit or stool, is getting sicker or 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 lasts 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.