

Associates in Pediatrics

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VOMITING AND DIARRHEA

While there are many possible causes for diarrhea and /or vomiting, by far the most common is “stomach flu” or gastroenteritis. Since in the majority of children it is caused by a virus, no medication is available to eliminate the causative germ. In children who have frequent vomiting, frequent diarrhea and/or large volumes of watery stools, the level of hydration is the most important consideration. Treatment is directed toward preventing or treating dehydration and making the child as comfortable as possible.

Medicines used to ease symptoms in adults can be dangerous to young children. Therefore, Lomotil, paregoric, loperamide, (e.g. Imodium), and other “anti-diarrhea” medicines containing loperamide should be avoided. Anti-vomiting suppositories tend to be ineffective and can cause significant complications and are also not to be used. In very selective and rare instances there may be an indication for a doctor directed use of these therapies.

Most children will not have an appetite for their regular diet but will take fluids while having **DIARRHEA**. Pediatric hydration fluids, e.g. Pedialyte, Ricelyte, Infalyte, Hydrelte, are the most absorbable fluids. Adding a bit of powered, unsweetened Kool-aid may make the fluids acceptable to children who refuse it. Avoid red colored solutions as they may be mistaken for blood in the stool or vomit. If a child absolutely refuses a hydrating fluid, sports drinks is a second choice, preferably. These should be given exclusively in the infant if there is dryness of the mouth, marked decrease in urination, and/or decreased activity. Breast-fed babies should nurse more frequently and may use hydration solutions as a supplement. For the older child, sport drinks or popsicles may be used. Apple juice and other juices should be avoided. Juices may worsen and prolong the diarrhea. Continue these fluids to improve hydration until the child’s urination, mouth wetness, and activity improves.

Reinstate a regular diet, including milk, as soon as the child is willing to take it. Calories provided by milk and other foods are required to heal the bowel. Although the diarrhea may increase somewhat, necessary nutrients, not provided by clear fluids, will still be absorbed. Milk should be given in smaller more frequent portions and when possible together with cereals and other foods. By 24 hours to a few days in to the course, foods should be increased as tolerated.

For **VOMITING**, sometimes giving heavy syrup from canned fruits or Emetrol (available at pharmacies) will settle the stomach. Give 1 or 2 teaspoons every 15 minutes for 2 or 3 times. Thereafter, give teaspoon amounts of hydration fluids as described in the paragraph above. Initially administer the fluid at 5 to 10 minute intervals. Then give at 2 to 3 minute intervals. As the child shows he tolerates a teaspoon amount, you can increase the numbers of teaspoons given at a time but give at less frequent intervals. If vomiting recurs, return to fewer teaspoon quantities and work up again. If breastfeeding, feed for brief moments with rest intervals and progress to gradually longer feeds with longer rest periods. Pediatric hydration fluids can be used in addition if the baby's increased thirst exceeds the current milk supply, the infant is not acting well, urination is decreased, or the inside of the mouth is dry. As described in the above paragraph, continue these fluids until hydration improves. Milk and a regular diet should be given as soon as the child is willing to take it.

If the diarrhea obviously worsens when milk or formula is added, discontinue milk. For infants use Isomil, Prosobee or Lacto-Free formula or for the child use 100% Lactose reduced milk. These should be continued for approximately two weeks. Then return to the child's regular formula or milk.

Be sure to call if the following occurs:

1. Lack of thirst.
2. Excessive dryness of the inside of the mouth, especially dryness underneath to tongue.
3. Significant decrease or absence of urination.
4. Significant weight loss.
5. Persistent vomiting or diarrhea.
6. A marked loss of activity and an apathetic or drowsy child.
7. Blood in the stool other than small flecks or minimal streaking.
8. Rapid, labored, or deep breathing pattern.
9. Sunken or hollow appearance of the eyes.
10. Diarrhea persisting 10 or more days.