VOMITING AND DIARRHEA

Vomiting and diarrhea are common occurrences and are most commonly caused by viruses. Diarrhea is the sudden increase in the looseness and number of stools, usually exceeding 5 or 6 stools daily. Intestinal symptoms will typically run their course in a few days without significant consequences, although occasionally symptoms may last 10-14 days. If your child is having a few loose stools per day and appetite is not significantly decreased, there is no need to change or restrict the diet.

Guidelines for management of diarrhea and vomiting.

VOMITING

After an episode of vomiting, wait 15-30 minutes before offering fluids, allowing your child’s stomach a brief rest. If vomiting does not recur within 15-30 minutes, begin offering fluids by using a replacement solution as follows:

< 6 months: 1/2 strength Pedialyte or comparable store brand (mix 1/2 water, 1/2 replacement solution)
> 6 months: Gatorade G2 or Pedialyte

Start by offering 1 tsp every 5 minutes for 20-30 minutes. If your child is able to keep down, increase the amount to 2-3 teaspoons every 10-15 minutes. If your child keeps the fluids down, gradually increase the amount, doubling the amount each hour until your child is taking as much as he/she wants. If your child continues to vomit, continue offering 1 tsp every 5 minutes. After your child is able to keep down clear liquids for 6-8 hours, gradually give foods that your child likes, avoiding fatty and spicy foods.

For breastfed babies:
If your baby has vomited only once or twice, continue breast feeding, but limit nursing time to one breast each feeding. If vomiting occurs three or more times, pump your breasts for up to 24 hours and give your baby controlled amounts of fluids as indicated above. After 4 hours without vomiting, you may return to your regular nursing schedule.

DIARRHEA

Infants who are breast fed and/or taking formula may continue to do so if they are alert, comfortable, have a reasonable appetite, no vomiting, low grade or no fever, normal urine output, and less than 10 nonbloody stools per day. This optimum nutrition encourages restoration of bowel function. If appetite for breast milk or formula is decreased, you may supplement with an oral rehydrating solution. If refusal continues, then switch to an oral rehydrating solution for 12 hours prior to resuming breast milk or formula.

Toddlers and older children may continue to eat a normal diet. Avoid full strength juices which can increase the water content of stool and produce unwanted laxative effects. Stools will likely remain unformed for 7-14 days regardless of dietary changes. Toddlers and older children with significant loss of appetite and nausea associated with frequent diarrhea should discontinue milk products for the first 24 hours. Lactose reintroduced into the diet prematurely can increase diarrhea. Good nutrition during diarrheal illness is important because nutrients help repair the intestinal lining. Probiotics are another way to help intestinal recovery. Probiotics are “friendly or good bacteria” found in yogurt or as a dietary supplement (eg. Florastor, Culturelle, Lactinex, Bio Gaia).

PLEASE CALL THE OFFICE IF:

- Your child is less than 6 months of age.
- After 24 hours of the above regimen, there is NO decrease in the number of loose stools or the stools are more frequent than 10 per day.
- Your child’s stools have not returned to their previous normal condition after 2-3 weeks on a normal diet.
- Your child starts to vomit blood or passes blood in the stools.
- Your child develops excessive irritability, crying or fussiness.
- Your child develops significant lethargy, drowsiness, sunken eyes, no tears when crying, dry mouth (absent saliva on the tongue) or does not urinate in 8 hours.
- Your child develops a fever more than or equal to 100.4 if less than 3 months of age.
- Your child has a fever of 100.4 or more over 48 hours.
- Your child continues to vomit despite treatment.
- New symptoms appear that you don’t understand.