

SOUTHDAL PEDIATRIC ASSOCIATES, LTD.

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DIARRHEA & VOMITING

Patient Information

Diarrhea and vomiting are common childhood symptoms often caused by intestinal infections. Most of these are viral infections, which cannot be cured by antibiotics. A child's own immune system will fight viral infections. However, important fluids and electrolytes are lost with vomiting and diarrhea. This may lead to dehydration and electrolyte imbalance which is harmful. You should treat the symptoms with diet changes as described below.

Special solutions should be used in treating diarrhea and vomiting in children. These are called Oral Electrolyte Solutions (OES). These are mixtures of water, salts, and sugar in proper amounts. Oral Electrolyte Solutions are offered by various trade names including Pedialyte and Replenish. These can be purchased at major grocery stores or pharmacies.

Traditionally recommended clear liquids such as flat pop, juices, tea and broth are NOT ADEQUATE for treating dehydration and/or electrolyte imbalance. Furthermore, Gatorade and sport drinks are usually not adequate and may worsen diarrhea due to their high sugar content. These fluids can be used in older children only if diarrhea is mild and there is no dehydration.

FOR DIARRHEA USE THE FOLLOWING GUIDELINES FOR DIET TREATMENT:

I. Children less than 6 months

- A. Mild to moderate diarrhea (<8 loose stools a day)
 - 1. If breast-fed, continue to nurse.
 - 2. If formula-fed, continue usual formula.
 - 3. Avoid fruit juices.
 - 4. Supplement with OES if the baby seems thirsty. If formula-fed, continue formula but offer OES supplements.
- B. Severe diarrhea (≥ 8 stools a day)
Call the office so that we may help you assess for possible dehydration or electrolyte imbalance.

II. Children greater than 6 months

- A. Mild to moderate diarrhea (<8 loose stools a day)
 - 1. If breast-fed, continue to nurse.
 - 2. If formula-fed, continue formula.
 - 3. Give OES and/or clear liquids as supplemental fluids.
 - 4. Avoid fruit juices.
 - 5. Give regular diet of solids, avoiding fatty and sugary foods. High fiber foods and yogurt with probiotics may be helpful.
- B. Severe diarrhea (≥ 8 stools a day)
As above, but watch closely for signs of dehydration.

Call your doctor's office for the following:

1. Mild diarrhea persisting more than 4 days if the child is <6 months old.
2. Mild diarrhea persisting more than 7 days if the child is >6 months old.
3. Moderate or severe diarrhea persisting more than 24 hours.

FOR VOMITING USE THE FOLLOWING GUIDELINES FOR DIET TREATMENT:

Give your child 1-2 teaspoons of OES by spoon or dropper every 15 minutes. If the child tolerates this volume, then proceed to double the amount every other time until he/she is taking his/her usual amount. It is very important to give small amounts frequently. Syringe/spoon feeding will work well. After an episode of vomiting, give your child at least 30-60 minutes before offering fluids again. Do not be concerned about solids. Fluids are most important! Once a child is tolerating his/her usual amount of OES, you can try breast feeding or formula (for infants) or thicker liquids (for older children) like soup, etc. If hungry, you can slowly add in bland solid foods such as bananas, rice/pasta, applesauce, or toast/bread. Avoid greasy/spicy foods.

Some children with significant vomiting /diarrhea illnesses may develop short term lactose intolerance. You may be advised to switch to a lactose free or soy formula/milk as the gut mucosa heals.

Before treating your child, check for the following symptoms and call your doctor if present:

1. Severe, persistent stomach pain.
2. Severe headache or stiff neck.
3. Recent abdominal or head injury.
4. Confusion, delirium or extreme lethargy.
5. Possibility of poisoning.
6. Bloody stools.
7. Bloody or bilious (green) vomit.
8. Frequent vomiting despite treatment or persisting longer than 12-24 hours.
9. Signs of dehydration (see below).

Signs of Dehydration -- Serious Illness (needs to be seen immediately):

1. No urination for more than 8 hours in a child < 1 year old.
2. No urination for more than 12 hours in a child > 1 year old.
3. No tearing with crying.
4. Dry, parched mouth.
5. Sunken eyes or sunken soft-spot (fontanelle).
6. Refusal to drink for longer than 8 hours.
7. Excessive thirst or lethargy.

The following should be noted if you need to call:

1. Amount of fluid intake.
2. Frequency of diarrhea, vomiting, and urination.
3. Check for fever by taking your child's temperature.