



Patient Education:

Vomiting and Diarrhea, Child

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Vomiting and Diarrhea, Child

Throwing up (*vomiting*) is a reflex where stomach contents come out of the mouth. Diarrhea is frequent loose and watery bowel movements. Vomiting and diarrhea are symptoms of a condition or disease, usually in the stomach and intestines. In children, vomiting and diarrhea can quickly cause severe loss of body fluids (*dehydration*).

CAUSES

Vomiting and diarrhea in children are usually caused by viruses, bacteria, or parasites. The most common cause is a virus called the stomach flu (*gastroenteritis*). Other causes include:

- Medicines.
- Eating foods that are difficult to digest or undercooked.
- Food poisoning.
- An intestinal blockage.

DIAGNOSIS

Your child's caregiver will perform a physical exam. Your child may need to take tests if the vomiting and diarrhea are severe or do not improve after a few days. Tests may also be done if the reason for the vomiting is not clear. Tests may include:

- Urine tests.
- Blood tests.
- Stool tests.
- Cultures (to look for evidence of infection).
- X-rays or other imaging studies.

Test results can help the caregiver make decisions about treatment or the need for additional tests.

TREATMENT

Vomiting and diarrhea often stop without treatment. If your child is dehydrated, fluid replacement may be given. If your child is severely dehydrated, he or she may have to stay at the hospital.

HOME CARE INSTRUCTIONS

- Make sure your child drinks enough fluids to keep his or her urine clear or pale yellow. Your child should drink frequently in small amounts. If there is frequent vomiting or diarrhea, your child's caregiver may suggest an oral rehydration solution (ORS). ORSs can be purchased in grocery stores and pharmacies.
- Record fluid intake and urine output. Dry diapers for longer than usual or poor urine output may indicate dehydration.
- If your child is dehydrated, ask your caregiver for specific rehydration instructions. Signs of dehydration may include:
 - Thirst.

- Dry lips and mouth.
- Sunken eyes.
- Sunken soft spot on the head in younger children.
- Dark urine and decreased urine production.
- Decreased tear production.
- Headache.
- A feeling of dizziness or being off balance when standing.
- Ask the caregiver for the diarrhea diet instruction sheet.
- If your child does not have an appetite, **do not** force your child to eat. However, your child must continue to drink fluids.
- If your child has started solid foods, **do not** introduce new solids at this time.
- Give your child antibiotic medicine as directed. Make sure your child finishes it even if he or she starts to feel better.
- Only give your child over-the-counter or prescription medicines as directed by the caregiver. **Do not** give aspirin to children.
- Keep all follow-up appointments as directed by your child's caregiver.
- Prevent diaper rash by:
 - Changing diapers frequently.
 - Cleaning the diaper area with warm water on a soft cloth.
 - Making sure your child's skin is dry before putting on a diaper.
 - Applying a diaper ointment.

SEEK MEDICAL CARE IF:

- Your child refuses fluids.
- Your child's symptoms of dehydration do not improve in 24–48 hours.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child is unable to keep fluids down, or your child gets worse despite treatment.
- Your child's vomiting gets worse or is not better in 12 hours.
- Your child has blood or green matter (*bile*) in his or her vomit or the vomit looks like coffee grounds.
- Your child has severe diarrhea or has diarrhea for more than 48 hours.
- Your child has blood in his or her stool or the stool looks black and tarry.
- Your child has a hard or bloated stomach.
- Your child has severe stomach pain.
- Your child has not urinated in 6–8 hours, or your child has only urinated a small amount of very dark urine.
- Your child shows any symptoms of severe dehydration. These include:
 - Extreme thirst.
 - Cold hands and feet.
 - Not able to sweat in spite of heat.
 - Rapid breathing or pulse.

- Blue lips.
- Extreme fussiness or sleepiness.
- Difficulty being awakened.
- Minimal urine production.
- No tears.
- Your child who is younger than 3 months has a fever.
- Your child who is older than 3 months has a fever and persistent symptoms.
- Your child who is older than 3 months has a fever and symptoms suddenly get worse.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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