

VOMITING/ GASTROENTERITIS

What is vomiting?

Vomiting is the forceful emptying (“throwing up”) of a large portion of the stomach's contents through the mouth. Strong stomach contractions against a closed stomach outlet result in vomiting. In contrast, regurgitation is the effortless spitting up of one or two mouthfuls of stomach contents (which you may often see babies less than 1 year old do).

What is the cause?

Most vomiting is caused by a **viral infection** of the lining of the stomach (**Rotavirus** and **Adenovirus** are two of the most common) or if your child eats something that disagrees with him. Often, a child whose vomiting is caused by a virus also has diarrhea.

How long does it last?

The vomiting usually stops in 6 to 24 hours. Changes in the diet usually speed recovery. If your child has diarrhea, it will usually continue for several days and for even up to 2 weeks.

How can I take care of my child?

- **Offer small amounts of clear fluids for 8 hours (no solid food)**

Offer clear fluids (not milk) in small amounts until 8 hours have passed without vomiting. For infants less than 1 year old, use an oral electrolyte solution (such as Pedialyte or Kao Lectrolyte). Spoon feed your baby 1 teaspoon (5 ml) every 5 minutes. Until you get some Pedialyte, give formula by teaspoonful in the same way. For a child over 1 year old, water, ice chips, non-dairy Popsicles, half-strength, and lemon-lime soda without fizz are useful (stir the soda until no fizz remains as the bubbles inflate the stomach and increase the chances of continued vomiting).

Gatorade (use half-strength by mixing with an equal amount of water) comes in many flavors and is also an effective fluid and electrolyte replacement for the child older than 1 year old.

Start with 1 teaspoon to 1 tablespoon of the clear fluid, depending on your child's age, every 5 minutes. After 4 hours without vomiting, double the amount each hour. If your child vomits using this treatment, rest the stomach completely for 1 hour and then start over but with smaller amounts. This one-swallow-at-a-time spoon-fed approach rarely fails. When older children are tolerating clear fluids, may then progress to a bland diet as below. When younger children less than 1 year are tolerating clear fluids, first try ½ strength formula for 1-2 bottles. If this is tolerated well then progress to full strength formula. Remember, when resuming full strength formula that an increased amount of diarrhea may be noticed- make sure to protect the diaper area against diaper rash.

- **Offer bland foods after 8 hours without vomiting**

After 8 hours without vomiting, your child can gradually return to a normal diet.

Infants can start with bland foods such as cereal. If your baby only takes formula, give 1 or 2 ounces less per feeding than usual.

Older children can start with such foods as saltine crackers, cereals, white bread, bland soups like “chicken with stars,” rice, and mashed potatoes. The easily remembered “BRAT diet” refers to bananas, rice, applesauce, and toast which are also considered bland foods.

Usually your child can be back on a normal diet within 24 hours after recovery from vomiting.

- **Diet for breast-fed babies**

The key to treatment is providing breast milk in smaller amounts than usual. If your baby vomits once, make no changes. If your baby vomits twice, continue breast-feeding but nurse only on one side for 10 minutes every 1 to 2 hours.

If your baby vomits 3 or more times, nurse for 4 to 5 minutes every 30 to 60 minutes. As soon as 8 hours have passed without vomiting, return to normal nursing on both sides.

Pedialyte and Kao Lectrolyte are rarely needed for breast-fed babies. If vomiting continues, switch to Pedialyte for 4 hours. Spoonfeed 1 to 2 teaspoons (5 to 10 ml) of Pedialyte every 5 minutes. If your baby is urinating less frequently than normal, you can offer the baby an electrolyte solution between breast-feedings for a short time (6 to 24 hours).

- **Medicines**

Avoid medicines by mouth for 8 hours. Oral medicines can sometimes irritate the stomach and make vomiting worse. If your child has a fever or crampy abdominal pain, Tylenol works best. Avoid Motrin as it can upset the stomach, particularly when empty. Avoid GI medications such as PeptoBismol or Lomotil which, although helpful in adults, can prolong symptoms and cause dangerous side effects in children. Call your doctor if your child needs to continue taking a prescription medicine.

- **Common mistakes in the treatment of vomiting**

A common error is to give as much clear fluid as your child wants rather than gradually increasing the amount. This almost always leads to continued vomiting. **Small, frequent amounts of fluid are the key to treating vomiting and preventing dehydration.**

Using adult GI medicines which can be harmful in children

When should I call my child's health care provider?

Call IMMEDIATELY if:

- Your child shows any signs of dehydration (such as no urine over a prolonged period, very dry mouth, no tears when crying)
- Your child vomits up blood
- Your child starts acting very sick

Call during office hours if:

- The vomiting continues for more than 24 hours if your child is under age 2 years or 48 hours if over age 2
- You have other concerns or questions