Diarrhea and Vomiting
Vomiting and diarrhea are two of the most common reasons parents bring their children to a hospital Emergency Room.

At The Montreal Children’s Hospital of the McGill University Health Centre, approximately 10 percent of patients seen in our ER have these symptoms. Vomiting and diarrhea lead to dehydration which can cause serious health consequences.

Vomiting is a normal reaction of the stomach as it tries to eliminate contents that irritate it. It can occur suddenly and may be accompanied by diarrhea and fever. Vomiting is usually caused by a viral infection that will go away on its own. Diarrhea is an increase in the frequency and change the consistency of stools (liquid stools).

Most children with vomiting and diarrhea can be successfully treated at home. The goal of treatment is to keep the child well hydrated until the viral infection clears. In exceptional cases, your child may become dehydrated. He then needs more intensive treatment and needs to see a doctor. Children under two years of age are at greater risk of dehydration. Therefore, it is important that you be aware of the signs of dehydration to make sure your child receives the appropriate care.
When should you see a doctor?

You should see a doctor if your child shows signs of dehydration such as:

- Decreased frequency of urination (no urine in eight hours);
- No tears when crying;
- Dry mouth (coated tongue, no saliva);
- Drowsiness, lethargy (child is unusually quiet and does not want to be moved);
- If there is blood in the stool; or if the vomit is green/yellow in colour.

You should also see a doctor when other symptoms accompany the vomiting and diarrhea such as:

- Your child has a persistent fever (for more than 48 hours);
- Your child is screaming and drawing up his legs to his abdomen;
- Your child is extremely irritable;
- Your child has a very tense abdomen.
Most simple cases of diarrhea/vomiting can be treated at home

Recent advances in oral rehydration solutions sold at your pharmacy mean most cases of vomiting and diarrhea can be treated successfully at home.

If you are breastfeeding your child: continue to do so. Breast milk has protective immune factors which help the infant fight the intestinal infection. In addition, one can offer oral rehydration solution in between nursings.

For the bottle-fed infant as well as an older child, give small amounts of oral rehydration fluids (approximately one teaspoon every three to five minutes or one ounce every five to 10 minutes for older children) for the first 6 to 12 hours after the onset of the vomiting and diarrhea.

The best rehydrating fluids are the oral rehydration solutions (ORS) commercially available (e.g. Pedialyte, Lytren, Gastrolyte) since these are made with precise amounts of sugar and minerals (electrolytes). Do not make your own oral rehydration solution since it is difficult to obtain the right balance between the sugars and minerals. Oral rehydration solutions are available flavoured or unflavoured in any pharmacy. It is also available in popsicle format.

A guide to how well your child is doing is to watch the urine output: if the urine is diluted and in the usual amounts for your child, you are achieving your goal. Studies have shown that even when a child is vomiting, one can successfully rehydrate the child with oral rehydration solutions.
After the first 12 to 24 hours, if the vomiting and diarrhea begin to decrease you can begin other fluids including milk, soups and water. The one fluid you should not give is juice, particularly apple juice which may cause an increase in diarrhea and fluid loss because of its high sugar and sorbitol content. As the illness clears up, your child can resume eating regular foods. It is important to realize stools do not become “normal” immediately; this may often take a week or more.

To avoid spreading germs to other members of the family, wash your hands carefully and frequently especially after changing your child’s diaper.

You can view a video on how to wash your hands properly on The Montreal Children’s Hospital website: www.thechildrenmediaportal.com/?cat=5