



St. Vincent Physician Network

Treat Child's Vomiting Seriously

A variety of illnesses can cause vomiting in children, some serious and requiring prompt medical attention. For example, extreme lethargy, headache, and stiff neck might suggest a central nervous system infection, such as meningitis. Persistent bile-stained vomitus or prolonged abdominal pain could mean appendicitis or another surgical problem. Vomiting with frequent urination and burning is a symptom of urinary tract infections. Fortunately, most episodes of vomiting are associated with self-limited infectious diseases such as upper respiratory infections and viral infections of the digestive system ("stomach flu").

In these situations, temporarily changing the child's diet speeds recovery and prevents the main complication of vomiting - dehydration (loss of significant amounts of body water). Vomiting does not usually cause dehydration in an otherwise healthy child who has been sick for less than 48 hours.

Since every physician treats the child who is vomiting in a slightly different way, consult with your youngster's doctor before beginning any therapy. The following guidelines will help:

1. **Rest the stomach.** It is a good idea to allow the child's stomach to rest for several hours, especially if the youngster does not ask for anything to drink. Never force a child to take fluids when they are nauseated since more will come back up than stays down!
2. **Go S-l-o-w-l-y** Purchase an oral electrolyte solution, such as pedialyte, lytren, or rehydralyte, at a drug store. Ask the pharmacist for a medicine dropper calibrated in "cc's." Begin giving the child frequent small feedings of electrolyte solution at room temperature. In infants, this amount is five cc's every five minutes. In older child can have five cc's every minute. It's a lot of work for parents and requires a great deal of patience. Fortunately, these low volume feedings are rarely necessary for more than four to six hours. On the other hand, this approach is certainly preferable to hospitalization and being given the solution intravenously. When the child stops vomiting, offer a tablespoon every ten minutes for children one to five years of age and one ounce every ten minutes for school age children.
3. **Only liquids at first.** Once the vomiting stops, offer older children fruit-flavored syrup drinks (Kool-Aid, Funny Face, Jell-O water, etc.) are acceptable. These should be diluted with extra water for small infants. Carbonated beverages, like ginger-ale or cola, should be stirred until no fizz remains, since bubbles inflate the stomach and increase the chances of vomiting. Fruit-flavored lollipops produce saliva and make the youngster thirsty, stimulating an interest in other liquids. Popsicles are also useful. Even sick children enjoy taking them and the melted liquid enters the stomach slowly. Since there have been grandmothers, chicken soup has also been a valuable source of fluid and electrolyte replacement.
4. **No solids for at least 12 hours.** Even if the child begs for food, wait at least 12 hours without vomiting before giving solids. Start with saltine crackers, honey on white bread, dry (no butter or jelly) toast, refined cereal, bananas, applesauce, pasta without sauce, or baked potato without butter. Hold off on fresh fruits with peels, raw vegetables, coarse cereals, fatty foods, and dairy products until recovery is complete.

5. **Special treatment for Infants.** If the bottle-fed baby has vomited only once, offer one-half strength formula. An oral electrolyte solution (Pedialyte) in small amounts should be offered if the vomiting has occurred two or more times. After eight hours without vomiting, return to formula. Infants over four months can also return to eating cereal and strained bananas eight hours after vomiting stops. Breast-fed infants should be feed smaller amounts more often. If the baby has vomited once or twice, continue breastfeeding but nurse on only one side each feeding for 10 minutes. After the baby has gone for eight hours without vomiting, return to nursing both sides. If the baby vomits three or more times, nurse for four or five minutes every 30 to 60 minutes. Put the child on water or an oral electrolyte solution if the vomiting continues. When four hours have passed without vomiting, return to nursing, but again giving smaller-than usual amounts of breast milk for eight hours.
6. **Stop any unnecessary medications.** Most oral medicines irritate the stomach and may make vomiting worse. Use acetaminophen suppositories to reduce any fever that makes the child irritable. Anti-vomiting medication is usually less effective than diet therapy in treating vomiting and can potentially be dangerous by masking other important symptoms and signs.

The child's doctor should be contacted if any of the following signs of dehydration occur: Weight loss of more than 5% over a short period, sunken or hollow appearance of the eyes, mouth dryness with stringy saliva, dry and cracked lips, strong smelling and dark urine, and children who are continually listless. A child who has perky or happy periods is not dehydrated. In addition, it is time to call the pediatrician when the vomiting child displays unusual behavior, shows no improvement in symptoms despite proper dietary management, is under two months of age with repeated vomiting, or when parental intuition says "I'm worried."