

INTERIM CARE

HOME CARE FOR DIARRHEA OR VOMITING

- Maintain caloric intake by continuing normal diet or early refeeding when possible
- Prevent dehydration by encouraging liberal fluid intake; or correct mild to moderate dehydration when appropriate.
- Anti-vomiting and anti-diarrheal medications are not necessary and may even be harmful.

If fever with vomiting is present, Tylenol is preferred because ibuprofen can irritate the stomach.

FEEDING GUIDELINES

(During diarrhea and when vomiting has stopped)

- Foods containing complex carbohydrates (starchy foods) such as cereal, rice, crackers, toast, oatmeal, potatoes
- Soups with rice or noodles
- Bananas and Applesauce
- Milk or formula, yogurt
- Limit: sugary foods and high fat foods, fruit juices, soda, sweetened cereal, and pudding

Home care for diarrhea/vomiting with no symptoms of dehydration:

- Diarrhea and vomiting cause children to lose fluids and minerals that need to be replaced, or they can become dehydrated. Children with diarrhea need twice as much fluid as usual.
- It's important to continue a normal diet (with a few exceptions) when your child has diarrhea. For infants, continue breastfeeding (may need to nurse more frequently for shorter periods if vomiting is present). For older children, if vomiting is present, you should still give fluids in small amounts and return to a normal diet when vomiting has stopped. There is no need to let the stomach rest after vomiting before giving fluids.
- Supplemental glucose-electrolyte solution (Pedialyte, etc.) is not required, but can be used temporarily.
- Milk is OK, if not vomiting repeatedly

Home care for diarrhea/vomiting with mild to moderate dehydration:

Signs and symptoms: slightly dry mucous membranes, increased thirst, slightly decreased urine output, slight sunken eyes, no other symptoms and the child is reasonably alert, responsive, and able to cooperate with the program.

Begin oral rehydration therapy:

Acceptable Fluids – Children under 2 years.

- Pedialyte (or generic store brand) or Pedialyte pops for older children (Note: ensure Pedialyte purchased recently contains proper sodium content (45 – 50 mmol/L) and carbohydrates (25 – 30 g/L). Parent should not use Pedialyte or generic that has been purchased several months or years ago.
- Rehydrate
- Ingalyte
- Do not give soda, jello water, Gatorade, juice, or “Nursery Water”

Acceptable Fluids – Children 2 – 5

The rehydrating fluids listed above are preferred; however, some children may refuse these because of the taste. Older children tend to do well with Pedialyte Pops, plus small bites of crackers or toast. The parent may also try to “flavor” the fluid with a small amount of Sprite (as little as possible for acceptance). Alternate fluids (Gatorade, etc.) are less satisfactory. If unable to get rehydrating fluids, milk is preferable to other fluids.

- Tell the parent at the beginning of home care instructions that ORT will be lots of work, but may avoid an ER visit or hospitalization and rehydration by IV.
- Small volumes of fluids are less irritating and will be absorbed more easily, even if the child is vomiting. Plus, very frequent administration will result in good intake.
- Give 2-3 spoonfuls (10-15 ml) of rehydrating solution every 2-3 minutes for several hours (longer if child is vomiting)
- When child is taking fluids well, slowly increase the amount of fluid and decrease the frequency
- Do not withhold fluids if vomiting
- Resume regular diet as soon as possible when the child looks/feels better, the membranes are moist, child urinates, or when vomiting stops if it was occurring in the first place.
- Give extra fluids along with regular diet to maintain hydration. If the child is improving, do not wake when sleeping, but check periodically during the night.

THE ABOVE HOME CARE GUIDELINES ARE FOR CHILDREN WHO ARE MILDLY DEHYDRATED. MODERATE TO SEVERE DEHYDRATION IS CONSIDERED PRIORITY OR EMERGENT AND SHOULD BE HANDLED IN THE EMERGENCY ROOM.