



Vomiting and Diarrhea

Vomiting and diarrhea (watery stool) are very common symptoms in children. Vomiting and diarrhea can happen at any time of year. Although they often happen together, you can have either one or the other alone. The most common cause of vomiting and diarrhea is an infection caused by a virus (it is also called viral gastroenteritis).

The virus spreads easily. Washing your hands often is the best way to prevent spreading the virus. Wash your hands carefully after using the bathroom, changing diapers, and before handling food. Soap and water is the best way to clean your hands. You can use an alcohol-based hand sanitizer if there isn't any soap and water. The information below will help you manage your child's vomiting and/or diarrhea.

How to Manage

It is important to make sure your child is getting enough fluids (staying hydrated). See the **GREEN**, **YELLOW**, and **RED ZONE** signs. Keep giving children their normal diet even while they are vomiting or having diarrhea. This is because children who are fed normally get better faster than those who are given only liquids while they are sick. If your child has either vomiting and/or diarrhea that is not stopping, give 5–60 mL of fluids every 5–60 minutes. See "What to Feed Your Child" for age-appropriate food and fluid choices. See the **GREEN**, **YELLOW**, and **RED ZONE** signs and symptoms for help managing symptoms.



What to Feed Your Child

Infants 3 to 6 months	Keep offering breastmilk or formula even if your baby is vomiting. You can also offer Pedialyte® or Gastrolyte®.
Infants 6 to 12 months	Keep offering breastmilk or formula even if your baby is vomiting. You can also offer Pedialyte® or Gastrolyte®.

Examples of foods for children 6 to 12 months

Offer foods your child normally eats: infant cereal, bread, toast, cereals, rice, pasta, potatoes, crackers, lean meat, egg yolk, yogurt, fruit (such as applesauce, bananas, etc.) and vegetables. Your child will get better sooner if eating as well as drinking breastmilk and formula.

If your baby is drinking from a cup, you can offer 60–90 mL (2–3 ounces) of water with meals. Make sure that water does not replace the amount of milk your baby usually drinks.

Examples of fluids for children over 12 months

Water or milk, soup, or fruit juice diluted 1 part juice with 2 parts water. You can also offer Pedialyte® or Gastrolyte® if your child is not drinking other fluids.

Note: Because of the high sugar content, no more than 125 mL (1/2 cup) of full strength juice (diluted as directed above) should be given.

Examples of foods for children over 12 months

Offer foods your child normally eats: soup, bread, toast, cereals, rice, pasta, crackers, potatoes, lean meat, milk, eggs, cheese, yogurt, fruit (such as applesauce, bananas, etc.) and vegetables. You do not have to limit how much of these foods you offer your child.

Offer your child 60–90 mL (2–3 ounces) of water along with fluids.

Foods not to give children

High sugar foods and drinks (e.g., candy, Jell-O®, pop, undiluted fruit drinks, sweetened tea, Gatorade®, Powerade®).

Fatty or greasy foods (e.g., French fries, gravy), especially if your child is vomiting.

* Do not dilute Pedialyte® or Gastrolyte® as they work better when full strength.

Frequently Asked Questions

Are there any medications that can help?

You can give your child acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®) if your child has a fever. Note: Acetaminophen also comes in suppository form if your child is not able to keep anything down.

Keep giving other medication that your child normally takes. Speak with your doctor if your child is not able to keep down these prescription medicines.

Probiotics you can buy in Canada have not been shown to shorten how long the diarrhea lasts.

Since most vomiting and diarrhea is caused by a virus, antibiotics are not needed. Antibiotics will not help your child get better faster. The antibiotics may actually harm your child.

Do not give over-the-counter medicines like Gravol® or Imodium®. These medicines do not help and may actually harm your child.

How long will my child be sick?

The symptoms of vomiting and diarrhea usually go away in 5 to 7 days. Sometimes they can take up to 2 weeks or more. Vomiting usually starts first, followed within hours to a few days by diarrhea. Children often have a fever when they have vomiting and diarrhea.

Vomiting and fever usually stops before diarrhea, but not always. All symptoms can seem to improve for a day or two and then come back. If diarrhea improves but then gets worse, speak with your doctor or call Health Link Alberta.

This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.



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Caring for a Child with Vomiting and/or Diarrhea

Children 3 months–10 years
If your child is less than 3 months, speak with your doctor.



What to Watch For



Green Zone LOW RISK Keeping Your Child Hydrated

- Skin colour is normal (may be flushed with fever).
- Activity level is normal. May sleep more but is easy to wake up.
- Normal activity level between the vomiting or diarrhea.
- Acts normally.
- Moist mucous membranes (inner cheek). Lips or tongue may be dry.
- Tears with crying.
- If your child has passed water (urinated) during these time periods, they are well hydrated.
 - 3–5 months – wet diaper at least every 3 hours (may have less volume)
 - 6–23 months – wet diaper at least every 6 hours (may have less volume)
 - 2 years and older – some urine at least every 8 hours



Yellow Zone INTERMEDIATE RISK Monitoring Your Child's Hydration

- Skin colour is pale (may be flushed with fever).
- Activity level decreased (e.g., can't be distracted with play between the vomiting or diarrhea).
- Not as responsive. Wanting to sleep more than be awake. Wakes only with stimulation.
- Will not smile.
- Moist mucous membranes (inner cheek). Lips dry or tongue coated.
- Few tears with crying.
- If your child has not passed water (urinated) within these time periods, they **might** be dehydrated.
 - 3–5 months – dry diaper for more than 3 hours
 - 6–23 months – dry diaper for more than 6 hours
 - 2 years and older – no urine for more than 8 hours



Red Zone HIGH RISK Your Child is Dehydrated

- Skin is pale and may be mottled (marble-look to skin).
- Eyes are sunken.
- Very weak. Hard to wake up or will not wake up.
- Not responding normally (e.g., does not recognize you or is very irritable and can't be settled).
- Dry mucous membranes (inner cheek), lips, and/or tongue.
- No tears with crying.
- If your child has not passed water (urinated) within these time periods, they **might** be dehydrated:
 - 3–5 months – dry diaper for more than 3 hours
 - 6–23 months – dry diaper for more than 6 hours
 - 2 years and older – no urine for more than 8 hours

How to Manage

- Handwashing is the best way to prevent the spread of illness. Wash hands after using the bathroom, changing diapers, and before handling food.
- Offer small amounts of your child's regular diet.
 - See "What to Feed Your Child" for examples of age-appropriate food and fluid choices.
 - Do not need to add oral rehydration solutions like Pedialyte® or Gastrolyte® for **GREEN ZONE** signs of hydration.
 - Gradually increase the amount of fluid. Re-introduce foods as tolerated.
 - Keep offering food and fluids even if your child is vomiting.
 - If your child vomits, wait no more than 3 or 4 minutes then offer fluids again. If your child keeps vomiting, gradually cut back the amount you give and increase how often you give it. You may need to give as little as 5 mL (1 tsp.) every few minutes for your child to keep down fluids.
 - Watch for **YELLOW ZONE** or **RED ZONE** signs.

- Handwashing is the best way to prevent the spread of illness. Wash hands after using the bathroom, changing diapers, and before handling food.
- Offer small amounts of your child's regular diet.
 - See "What to Feed Your Child" for examples of age-appropriate food and fluid choices.
 - Give oral rehydration solutions like Pedialyte® or Gastrolyte® along with your child's regular diet.
 - Gradually increase the amount of fluid. Re-introduce foods as tolerated.
 - Keep offering food and fluids even if your child is vomiting.
 - If your child vomits, wait no more than 3 or 4 minutes then offer fluids again. If your child keeps vomiting, gradually cut back the amount you give and increase how often you give it. You may need to give as little as 5 mL (1 tsp.) every few minutes for your child to keep down fluids.
 - Even if your child keeps vomiting the fluids, do not stop giving them. Give oral rehydration solution in the small, frequent amounts described above. Children can be rehydrated by giving them small amounts often, even if they are vomiting.
 - Watch closely for **RED ZONE** signs.

- Go to an Emergency Department or Urgent Care Centre or call 911 right away.

- Keep offering small sips of oral rehydration solutions (e.g., Pedialyte® or Gastrolyte®) often.

For 24-hour health information or nurse advice, call Health Link Alberta at

1-866-408-LINK (54665) toll-free

or

403-943-LINK (54665)
(Calgary area)

or

780-408-LINK (54665)
(Edmonton area)

When to Get Help

- Call your family doctor, pediatrician, or Health Link Alberta if your child has:
- blood in the diarrhea
 - vomiting and/or diarrhea for more than 10 days
 - a fever (if your child is less than 3 months old)
 - other abdominal signs: swollen abdomen or stomach pain that does not go away or is getting worse

- Call your family doctor, pediatrician, or Health Link Alberta if your child has:
- blood in the diarrhea
 - vomiting and/or diarrhea for more than 10 days
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 - other abdominal signs: swollen abdomen or stomach pain that does not go away or is getting worse