

# Diarrhoea and vomiting in children

Information for the public

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## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the care and treatment of children with diarrhoea and vomiting caused by gastroenteritis that is set out in NICE clinical guideline 84.

This document has been updated since the guidance was originally published in April 2010. This version enhances the advice to parents and carers relating to action required when a child has bilious (green) vomit.

## *Does this information apply to me?*

Yes, if you are the parent, family member or carer of a child younger than 5 years old who has diarrhoea lasting up to 2 weeks, with or without vomiting.

## Your child's care

If you think that your child's care does not match what is described in this information, please talk to a member of your child's healthcare team in the first instance.

Your child's treatment and care should take into account the needs and preferences of your child and your family. You have the right to be fully informed and to make decisions in partnership with your child's healthcare team. To help with this, your child's healthcare team should give you (and, if appropriate, your child) information you can understand and that is relevant to you and your child's circumstances. All healthcare professionals should treat you and your child with respect, sensitivity and understanding, and explain diarrhoea and vomiting and its management simply and clearly.

The information you get from your child's healthcare team should include details of the possible benefits and risks of particular treatments. You and your child can ask any questions you want to and you can always change your mind as your child's treatment progresses or your child's condition or your own circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible.

In an emergency, if the person with parental responsibility for a child can't be contacted, healthcare professionals may decide to provide treatment that is immediately necessary in the best interests of the child.

Your child's treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your child's healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed.

Healthcare professionals should follow the Department of Health's advice on consent ([www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from [www.nhs.uk/CarersDirect/moneyandlegal/legal](http://www.nhs.uk/CarersDirect/moneyandlegal/legal). In Wales healthcare professionals should follow advice on consent from the Welsh Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

## Diarrhoea and vomiting

Diarrhoea in young children is usually caused by an infection in the gut, known as gastroenteritis. Children with gastroenteritis usually have loose or watery stools and may also vomit. The infection can be caught from other people, and can affect children who have recently been abroad. During gastroenteritis, good hygiene is important to help stop the spread of infection (see [Preventing the spread of gastroenteritis](#)).

Most children with gastroenteritis get better quickly without treatment and can be looked after at home safely. However, severe diarrhoea and vomiting can lead to dehydration, which is when the body doesn't have enough water or the right balance of salts to carry out its normal functions. Children with dehydration often feel and look unwell, and if the dehydration becomes severe it can be dangerous. Dehydration is more likely to occur in young babies, and in children who haven't been able to drink enough during their illness or whose diarrhoea and vomiting has been severe.

Some of the symptoms of dehydration are:

- seeming unwell
- being unusually irritable or lethargic
- passing less urine than normal.

Diarrhoea usually lasts for 5–7 days and in most children it will stop within 2 weeks. Vomiting often lasts for 1–2 days and in most children it will stop within 3 days. You should seek advice from a healthcare professional if your child's symptoms are taking longer to improve, or if they develop any of the symptoms of dehydration listed above.

## Contacting a healthcare professional

If you contact a healthcare professional by phone, they should ask you questions about your child's symptoms. This will help them to decide if your child needs to see someone face to face. An ambulance may need to be called if the healthcare professional thinks your child is seriously ill, but this is rare.

If you see a healthcare professional face to face they should examine your child to check if they have become dehydrated and to rule out serious illness. For instance, they will be checking for such things as shortness of breath, neck stiffness, bulging fontanelle in an infant, non-blanching rash (that is, a rash that doesn't fade when a glass is pressed firmly against the skin), or bilious (green) vomit. If your child has any of these symptoms, you should mention them to the healthcare professional when you see them or when you are describing your child's symptoms over the telephone.

Your healthcare professional should explain how to tell if your child's illness is getting worse, and arrange for you to speak to or see them again if you need to.

Your healthcare professional will recommend the best option for treating your child based on your description, and an examination if you see them face to face. Occasionally they may ask for stool or blood samples for tests.

Medicines that ease the symptoms of diarrhoea ('antidiarrhoeals') should not be offered to your child. In rare circumstances, your healthcare professional may prescribe antibiotics for your child.

## Preventing and treating dehydration

Some treatments may not be suitable for your child, depending on the exact circumstances. If you have questions about specific treatments and options covered in this information, please talk to a member of your child's healthcare team.

If your child has gastroenteritis but is not dehydrated, keep feeding them as normal (for example, breast milk) and offer regular drinks. Fruit juice and fizzy drinks should be discouraged because they can make the diarrhoea worse. Your healthcare professional may recommend that you give your child a special fluid called oral rehydration salt solution (sometimes called ORS solution) to drink to prevent your child from becoming dehydrated. Oral rehydration salt solution is made up from a powder and is only available from pharmacies. It is made up of water, sugar and salts in specific amounts. It helps to replace the water and salts lost from the body because of diarrhoea and vomiting – this is called rehydration.

If your child is dehydrated this can usually be treated by giving them oral rehydration salt solution frequently in small amounts over a period of about 4 hours. Your healthcare professional should explain how to use the solution. During this time, if your child is breastfeeding, continue with this; otherwise, you should not give your child any other drinks unless your healthcare professional specifically tells you that it is OK to do so. Your child should not eat solid food until they are rehydrated.

Many children vomit a little when they start to drink the oral rehydration salt solution. However, if your child keeps vomiting or will not drink the solution, you should contact a healthcare professional. If your child is being treated in hospital and this happens, they may need to have the solution through a tube that passes through their nose into the stomach.

## Questions you might like to ask your child's healthcare team

- How much oral rehydration salt solution should I give my child, and how often?
- How long should I continue to give the solution to my child?
- What should I do if my child won't drink the solution?
- What should I do if my child vomits after drinking the solution?
- When and how should I seek further help for my child?

## Caring for your child after rehydration

Once your child is rehydrated, it's important that they eat well to help with their recovery. They can start to eat solid food straight away, and they should be encouraged to drink plenty of their usual fluids. This should include breast or other milk feeds, but you should avoid giving your child fruit juice or fizzy drinks until the diarrhoea has stopped. Your healthcare professional may also recommend that your child drinks oral rehydration salt solution after each bout of diarrhoea.

## Severe dehydration and shock

In rare circumstances, dehydration can be so severe that it leads to a condition known as shock. This means that there is poor blood flow to the body's tissues. If this happens, your child will appear seriously ill (for example, they may be drowsy, have pale or mottled skin, or have cold hands and feet). Usually shock can be prevented, but if it happens or a healthcare professional thinks it may happen, your child will need to go to hospital and have fluids through a drip into a vein.

## Preventing the spread of gastroenteritis

Your healthcare professional should tell you that:

- the most important way to prevent the spread of gastroenteritis is washing hands with soap (liquid if possible) in warm running water, and careful drying afterwards

- you and/or your child should wash your hands after going to the toilet, changing nappies, and before touching food
- towels used by children with gastroenteritis should not be shared
- your child should not go to school or any other childcare facility, but they can return 48 hours after the last episode of diarrhoea or vomiting
- your child should not swim in swimming pools for 2 weeks after diarrhoea has stopped.

## More information

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) is a good place to find out more.