



What to do when your child has the “Tummy flu”?

How can I take care of my child?

Vomiting:

1. Diet for breast-fed babies

The key to treatment is providing breast milk in smaller amounts than usual. If your baby vomits once, make no changes. If your baby vomits twice, continue breast feeding but nurse on only one side for 10 minutes every 1 to 2 hours. If your baby vomits 3 or more times, nurse for 4 to 5 minutes every 30 to 60 minutes. As soon as 8 have passed without vomiting, return to normal nursing on both sides.

Pedialyte is rarely needed for breast-fed babies. If vomiting continues, switch to Pedialyte for 4 hours. Spoon or syringe feed 1 to 2 teaspoons (5 to 10 ml) of Pedialyte every 5 minutes. If your baby is urinating less than normal, you can offer the baby an electrolyte solution between breast-feedings for a short time (6 to 24 hours).

2. Diet for formula-fed babies

For infants less than 1 year old, always use an oral electrolyte solution (such as Pedialyte). Spoon or syringe feed your baby 1 teaspoon (5 ml) every 5 minutes. Until you get some Pedialyte, give formula by teaspoon in the same way.

3. If the child is vomiting offer small amount of clear fluids for 8 hours (no solid food)

Offer clear fluids (no milk) in small amounts until 8 hours have passed without vomiting. Preferably Pedialyte and/or other oral rehydration formulas. Pedialyte popsicles, Jell-O are other ways to get fluids into the child. Toddlers can drink Gatorade in this circumstance if they refuse Pedialyte. Start with 1 teaspoon to tablespoon of the clear fluid depending on your child's age, every 5 minutes. After 4 hours without vomiting, double the amount each hour. If your child vomits using this treatment, rest the stomach completely for 1 hour and then start over but with smaller amounts. This one-swallow-at-a-time spoon-fed approach rarely fails.

4. Offer bland foods after 8 hours without vomiting

After 8 hours without vomiting, your child can gradually return to a normal diet. Infants can start with bland foods such as cereal. If your baby only takes formula, give 1 or 2 ounces less per feeding than usual. Older children can start with such foods as the **BRATY** diet: bananas, rice, apples, toast, and yogurt (with live cultures and/or lactobacillus acidophilus). **AVOID:** butter, oily, fried foods, **NO** juice.

5. Medicines

Do not give your child any medicines by mouth for 8 hours. Oral medicines can irritate the stomach and make vomiting worse. If your child has a fever over 102 degrees F (39 degrees C), use acetaminophen suppositories. Call your physician if your child needs to continue taking a prescription medicine.

Diarrhea:

1. Breast-feeding

If your breast-fed baby has diarrhea, treatment is straightforward. Continue breast-feeding but at more frequent intervals. Don't stop breast feeding your baby because your baby has diarrhea. For severe (watery and frequent) diarrhea, offer Pedialyte between breast-feeding for 6 to 24 hours only if your baby is urinating less frequently than normal.

2. Mother's diet

Remember to something in the mother's diet may cause a breast-fed baby to have more frequent or looser bowel movements – for example, coffee, cola or herbal teas. If you suspect this, take it out of your diet and see what happens.

3. Bottle feeding

Continue full strength formula when the diarrhea is mild. For frequent, watery diarrhea buy Pedialyte at your pharmacy or supermarket. (These special solutions are not needed for diarrhea that is not severe). Give as much of the special liquid as your baby wants (at least 10 ml for every pound your child weighs each hour). Diarrhea makes children thirsty, and your job is to satisfy that thirst and prevent dehydration. Never restrict fluids when your child has diarrhea. But give **SMALL AMOUNTS FREQUENTLY**. If you aren't able to get an oral glucose-electrolyte solution, ask your doctor about making a homemade solution as follows: Mix ½ cup of dry infant rice cereal with 2 cups of water and ¼ level teaspoon of salt. Be careful not to add too much salt (to avoid the risk of salt poisoning).

4. Continuing solids when the child does not have severe diarrhea.

If your baby is over 6 months old, continue with solid foods. Good choices are: any cereal, applesauce, strained bananas, strained carrots, mashed potatoes, and other high-fiber foods. Avoid all fruit juices because they make diarrhea worse. Older children can start with such foods as the **BRATY** diet: bananas, rice apples, toast, and yogurt (with live cultures and/or lactobacillus acidophilus). **AVOID**: butter, oily, fried foods, NO juice. Eat or drink less milk and milk products for a few days.

5. Common Mistakes

A common error is to give as much fluid at one time as your child wants rather than gradually increasing the amount. This almost always leads to continued vomiting. Using boiled skim milk or any concentrated solution can cause serious complications for babies with diarrhea because it contains too much salt. KOOL-Aid, soda pop, or water should not be used as the only food because they contain little or no salt. Use only the fluids suggested here. Clear fluids alone should be used for only 4 to 6 hours because the body needs more calories than clear fluids can provide. Likewise, a diluted formula is not needed because regular formula contains enough water. The most dangerous myth is that the intestine should be "put to rest." Restricting fluids can cause dehydration.

6. Probiotics 2-3 times per day. (Garden of Life, Florajen4kids, Culturelle)

6. The "Simple Solution" - Home made Oral Rehydration Recipe

Preparing 1 (one) Liter solution using Salt, Sugar and Water at Home
Mix an oral rehydration solution using the following recipe. Ingredients:

Six (6) level teaspoons of Sugar

Half (1/2) level teaspoon of Salt

One Liter of water and then cooled – 4 cups (8oz/cup) + 1 oz

Preparation Method:

Stir the mixture till the salt and sugar dissolve.

When should I call my child's health care provider?

1. Call IMMEDIATELY if:

- There are signs of dehydration (no urine in more than 8 hours, very dry mouth, no tears).
- Your child vomits up blood.
- Any blood appears in the diarrhea.
- The diarrhea is severe (more than 8 BM in the last 8 hours).
- The diarrhea is watery AND your child vomits repeatedly.
- Your child starts acting very sick.

2. Call during office hours if:

- Mucus or pus appears in the BMs.
- A fever lasts more than 3 days.
- Mild diarrhea lasts more than 2 weeks ('stomach flu' can last 7-10 days)
- You have other concerns or questions.
- The vomiting continues for more than 24 hours if your child is under age 2 years or 48 hours if over the age of 2.
- You have other concerns or questions.

Resources: Schmitt M.D., author of "Your Child's Health," Bantam Books.

<http://www.cdc.gov/ncidod/dvrd/revb/gastro/faq.htm>