

Vomiting

I. **Definition:** vomiting is the forceful ejection of a large portion of the stomach's contents through the mouth. The mechanism is strong stomach contractions against a closed stomach outlet. By contrast, regurgitation is the effortless spitting up of 1 or 2 mouthfuls of stomach contents that is commonly seen in babies less than 1 year of age.

- a. **Cause:** most vomiting is caused by a viral infection of the stomach or eating something that disagrees with your child. Often, the viral type is associated with diarrhea, occurring within 48 hours of the vomiting.
- b. **Expected course:** the vomiting usually stops in 6 to 24 hours. Dietary changes usually speed recovery.

II. Home Care:

a. Special diet for vomiting: 3 step process

1st Nothing by mouth for 4 hours.

2nd If your child is no longer vomiting, begin oral rehydration. If your child continues to vomit, call the office. Depending on your child's age and likes, the following liquids may be used: pedialyte, crystal light, water, iced tea, watered down Gatorade. Your child's rehydration schedule is: _____

DO NOT USE: milk, fruit juice, and high sugar containing drinks.

3rd Bland foods in small amounts can be given after 8 hours without vomiting. After 8 hours without vomiting and with no diarrhea, your child can gradually return to a normal diet, with caution. Avoid milk products for 48 hours.

a. For older children: start with starchy foods like saltine crackers, white bread, pasta, potatoes, bland soups like "chicken with stars", rice, mashed potatoes, etc. Bananas and cooked carrots may also be given.

b. For babies: start with foods like applesauce, cooked carrots, strained bananas, and rice cereal. If your baby only takes formula, give 1 or 2 ounces less per feeding than usual, diluted with half water. If the baby tolerates the diluted formula for 8 hours, then give full strength formula. Give formula only, if diarrhea is not present. If diarrhea is present, see diarrhea handout.

c. For breastfed babies: the key to treatment is providing breast milk in smaller amounts than usual. If your baby has only vomited once or twice, continue breast-feeding but nurse on only one side, each time for 5 minutes. After 8 hours have passed since your baby last vomited, return to both sides. If vomiting occurs 3 or more times, put your baby on water or an oral rehydration solution (such as Pedialyte or Lytren). As soon as 4 hours elapse without vomiting, return to nursing but with smaller amounts for 8 hours.

b. Medicines

Discontinue all medications for 8 hours. Oral medicines can irritate the stomach and make vomiting worse. If your child has a fever, treat it with cool compresses to the forehead. If necessary, use acetaminophen suppositories. Call our office if your child needs to take a prescription medicine.

c. Common mistakes in the treatment of vomiting:

A common error is to give as much clear fluid as your child wants rather than gradually increasing the amount. This almost always leads to continued vomiting. Keep in mind that there is no effective drug or suppository for vomiting in diet therapy is the answer. Vomiting alone rarely causes dehydration unless you give drugs by mouth, milk, or too much clear fluid.

III. Call our office if:

- a. Despite the above recommendations your child continues to vomit or does not urinate in more than 8 hours.
- b. Crying produces no tears.
- c. The inside of your child's mouth is tacky to the touch.
- d. Any blood appears in the vomited material AND it's not from a recent nosebleed.
- e. Abdominal pain develops and lasts for more than 4 hours.
- f. Your child becomes difficult to awaken or confused.
- g. Poisoning with a plant, bad food, medicine, or other chemical becomes a possibility.
- h. Your child starts acting very sick.