

## VOMITING

**Definition:** Vomiting is the forceful ejection of a large amount of the stomach’s contents through the mouth. By contrast, regurgitation is the effortless spitting up of one or two mouthfuls of stomach contents that is commonly seen in babies less than one year of age. Note, however, that sometimes even spitting up is forceful and “projectile”, but does not disturb the baby.

**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.

**Expected course:** The vomiting usually stops in 6 – 24 hours. Dietary changes can help speed recovery. We recommend that you begin the following protocol if your child has vomited 2– 3 time consecutively.

### Home Care

- **Newborns to two months of age:** *Don’t give anything.* Call our office.
- **Two months to one year of age:** Wait one hour after vomiting then begin clear liquids as outlined below.
- **One year and older:** Wait two hours after vomiting stops, and then begin clear liquids as outlined below.

#### Clear Liquids:

Give one teaspoon of a clear liquid (preferably an electrolyte solution such as PEDIALYTE, LYTREN, KAOLECTROLYTE or RIC-ELYTE) every 10 minutes for one hour. Do not use water.

- **If no vomiting occurs after receiving one teaspoon every 10 minutes for one hour:** Continue giving clear liquids according to the chart listed below.
- **If the child vomits:** Wait until no vomiting occurs for 1 – 2 hours depending on age, then start over from the previously tolerated level on the chart.

When	Amount to give per feed	How often to give feed
First hour	1 teaspoon	Every 10 minutes
Second hour	2 teaspoons	Every 10 minutes
Third hour	3 teaspoons	Every 15 minutes
Fourth hour	4 teaspoons	Every 20 minutes
Fifth hour	5 teaspoons	Every 25 minutes
Sixth hour	6 teaspoons	Every ½ hour (30 minutes)

After reaching six teaspoons at one feeding, the child may drink clear liquids as desired up to 2 – 3 ounces at a time, maximum. Once your child is tolerating these large amounts, you don’t need to give the fluids as frequently.

**IMPORTANT: Because dehydration may make your child sleepy, you may need to wake him/her for fluids. Giving the fluids as outlined by the chart is more important than letting your child sleep.**

**NOTE:** *If your child is over one year of age and refuses the electrolyte solution, try mixing it half-and-half with Gatorade or some other sports drink or adding part of a Popsicle to the electrolyte solution. If you are unable to get the electrolyte solution, you can use a dilute sports drink instead. Sometimes we have samples of electrolyte solutions that we can share. If you need it, please ask us. You can also make an emergency rehydration solution at home. Talk to our nurses for the recipe.*

#### Solids:

Introduce solids only if your child is tolerating 2 – 3 oz. of clear liquids at a time for at least one hour without vomiting. At this point, if the child feels like eating, try ½ piece of toast, a handful of dry cereal, or a couple of saltines or graham crackers. Wait several hours before additional solids are fed to the child to see how the child tolerates the solids already given. Continue fluids as

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you introduce the solid food. **If your child vomits** when you offer solid foods, go back to clear liquids. Do not force your child to eat solids; his/her appetite will improve. **If NO vomiting occurs**, gradually progress diet. Avoid spicy, greasy, gas producing, and hard to digest foods. it is also best to avoid dairy products until the child has been feeling fine for several days.

### Breast fed babies

*For babies older than two months old, wait 1 – 2 hours after vomiting stops, depending on age.*

- If your baby has only vomited once or twice, wait 1 – 2 hours after vomiting stops, depending on age. Continue breast-feeding, but nurse on only one side for 10 minutes, 15 minutes apart. After 8 hours have passed since your baby last vomited, return to nursing on both sides.

## Medication

Oral medications can irritate the stomach and make vomiting worse. If your child has a fever over 102 degrees Fahrenheit, use ACETAMINOPHEN SUPPOSITORIES. These do not require a prescription, but you may have to ask pharmacist for them. If your child has diarrhea, suppositories are not advised. Only treat the fever if the child is uncomfortable or not taking fluids by mouth. It is important to remember that mild dehydration can cause an increase in fever. Once the child begins taking fluids, you may see a reduction of fever, even without fever-reducing medication.

**Call our office if your child is on a prescription medication and is unable to take it.**

## Common Mistake in the Treatment of Vomiting

**Clear liquids:** A common error is to give as much clear liquids as your child wants rather than gradually increasing the amount. This almost always leads to continued vomiting. Keep in mind that there is not effective drug or suppository for vomiting, and that diet therapy is the preferred treatment. Vomiting alone rarely causes dehydration. **Too much, too soon:** Another common mistake is to increase the diet too quickly, especially introducing solids or milk too soon. This can sometimes start the process all over again, and be a real setback in progress. **Water:** Water as a clear liquid is rarely tolerated. The electrolyte solution is not only tolerated better, but it replaces electrolytes in the right proportions needed to prevent problems, and it contains calories that your child needs. If you give water to a child at risk of dehydration, in large amounts, or for extended periods of time, the child may have seizures.

## Call the office...

### Immediately if:

1. Your child does not urinate in more than 8 hours. If you are not sure if your child is urinating, you can put a tissue in the diaper to absorb the urine.
2. Crying produces no tears.
3. Any blood appears in the vomited material and is not from a recent nosebleed.
4. Constant abdominal pain develops (not intermittent cramping) and last more than four hours.
5. Your child becomes difficult to awaken or confused.
6. Poisoning with a plant, bad food, medicine, or some other chemical becomes a possibility.
7. Your child starts acting very sick.

### During regular office hours if:

1. You have attempted to follow the protocol twice and vomiting continues anyway.
2. Your child also has symptoms of sore throat, headache and/or swollen painful lymph nodes in the neck.
3. You have other concerns or questions.