Vomiting With Diarrhea
Office Hours Telephone Triage Protocols | Pediatric | 2017

DEFINITION

- Vomiting and diarrhea occurring together is covered by this protocol (Exception: If vomiting is resolved, use the Diarrhea protocol)
- Vomiting is the forceful emptying (throwing up) of a large portion of the stomach's contents. Nausea and abdominal discomfort usually precede each bout of vomiting.
- Diarrhea means 2 or more watery or very loose stools (Reason: 1 loose stool can be normal with changes in diet)

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now
Signs of shock (very weak, limp, not moving, unresponsive, gray skin, etc)

First Aid: Lie down with the feet elevated.

Difficult to awaken
R/O: encephalitis, intussusception, overdose

Confused when awake
R/O: meningitis, encephalitis

Sounds like a life-threatening emergency to the triager

See More Appropriate Protocol

Vomiting occurs without diarrhea
Go to Protocol: Vomiting Without Diarrhea (Pediatric)

Diarrhea is the main symptom (vomiting is resolved)
Go to Protocol: Diarrhea (Pediatric)

Go to ED/UCC Now (or to Office with PCP Approval)

Age < 12 weeks with fever 100.4° F (38.0° C) or higher rectally
R/O: sepsis

Blood (red or coffee-ground color) in the vomit that's not from a nosebleed
R/O: peptic ulcer, esophagitis, Mallory-Weiss tear

Appendicitis suspected (e.g., constant pain > 2 hours, RLQ location, walks bent over holding abdomen, jumping makes pain worse, etc)

Could be poisoning with a plant, medicine, or other chemical

High-risk child (e.g. diabetes mellitus, recent abdominal surgery)

Fever and weak immune system (sickle cell disease, HIV, chemotherapy, organ transplant, chronic steroids, etc)

Recent hospitalization and child not improved or worse
Child sounds very sick or weak to the triager

*Reason: severe acute illness or serious complication suspected*

### Go to Office Now

**Blood in the diarrhea**

*R/O: severe Shigella, Salmonella, Campylobacter or E. coli 0157*

**Signs of dehydration (e.g., very dry mouth, no tears and no urine in > 8 hours)**

**Bile (green color) in the vomit (Exception: stomach juice which is yellow)**

*R/O: GI obstruction, necrotizing enterocolitis*

**Continuous abdominal pain or crying for > 2 hours (esp. if the abdomen is swollen)**

*R/O: GI obstruction due to intussusception, volvulus, etc. (Caution: intermittent abdominal pain that comes on with vomiting and then goes away is common)*

**Age < 12 weeks with vomiting 3 or more times today (Exception: just spitting up or reflux)**

*R/O: GI obstruction, pyloric stenosis*

**Age < 12 months who has vomited ORS 3 or more times today and also has watery diarrhea**

**SEVERE vomiting (vomits everything) > 8 hours while receiving clear fluids**

**Fever > 105° F (40.6° C)**

*R/O: serious bacterial infection*

### Discuss with PCP and Callback by Nurse within 1 Hour

**Vomiting an essential medicine (e.g., seizure medications)**

**Taking Zofran, but vomits 3 or more times**

*R/O: wrong diagnosis*

### See Today in Office

**Fever present > 3 days**

**Fever returns after going away > 24 hours**

*R/O: UTI, strep pharyngitis, sinusitis*

### See Today or Tomorrow in Office

**Age < 1 year and moderate vomiting (3 or more times per day) present > 24 hours**

**Age > 1 year and moderate vomiting (3 or more times per day) present > 48 hours**

### Discuss with PCP and Callback by Nurse Today

**Taking any medicine that could cause vomiting (e.g., erythromycin, tetracycline, codeine)**

*Note: may be able to manage by phone by making some changes (e.g., checking dosage, skipping 1 dose to allow irritated stomach to heal and giving medicine after meals or snack)*

### See Within 3 Days in Office

**Mild vomiting (1-2 times per day) with diarrhea persists > 1 week**

**Triager thinks child needs to be seen for non-urgent problem**
Caller wants child seen for non-urgent problem

Home Care
Mild-moderate vomiting with diarrhea (probably viral gastroenteritis)

Home Care Advice for Vomiting With Diarrhea

1.] Reassurance and Education:
• Most vomiting with diarrhea is caused by a viral infection of the stomach and intestines or by mild food poisoning.
• Vomiting is the body's way of protecting the lower GI tract.
• When vomiting and diarrhea occur together, treat the vomiting. Don't do anything special for the diarrhea.
• The main risk of vomiting is dehydration. Dehydration means the body has lost too much fluid.

2.] For Formula Fed Infants, Offer Oral Rehydration Solution (ORS) for 8 Hours:
• ORS (eg. Pedialyte or the store brand) is a special electrolyte solution that can prevent dehydration. It's readily available in supermarkets and drug stores.
• For vomiting once, continue regular formula.
• For vomiting more than once, offer ORS for 8 hours.
• If you don't have ORS, use formula until you can get some.
• Spoon or syringe feed small amounts of ORS: 1-2 teaspoons (5-10 ml) every 5 minutes.
• After 4 hours without vomiting, double the amount.
• Formula: After 8 hours without vomiting, return to regular formula.

3.] For Breastfed Infants, Reduce the Amount Per Feeding:
• If vomits once, nurse 1 side every 1 to 2 hours.
• If vomits more than once, nurse for 5 minutes every 30 to 60 minutes.
• After 4 hours without vomiting, return to regular breastfeeding.
• If continues to vomit, switch to ORS for 4 hours.
• Spoon or syringe feed small amounts of ORS: 1-2 teaspoons (5-10 ml) every 5 minutes.
• After 4 hours without vomiting, return to regular breastfeeding. Start with small feedings of 5 minutes every 30 minutes and increase as tolerated.

4.] For Older Children (over 1 Year Old) Offer Small Amounts of Clear Fluids For 8 Hours:
• ORS: Vomiting with watery diarrhea needs ORS. If refuses ORS, use ½ strength Gatorade. Make it by mixing equal amounts of Gatorade and water.
• The key to success is giving small amounts of fluid. Offer 2-3 teaspoons (10-15 ml) every 5 minutes. Older kids can just slowly sip ORS.
• After 4 hours without vomiting, increase the amount.
• After 8 hours without vomiting, return to regular fluids. Avoid fruit juice and soft drinks. They make diarrhea worse.

5.] Stop Solid Foods:
• Avoid all solid foods (and baby foods) in kids who are vomiting.
• After 8 hours without throwing up, gradually add them back.
• Start with starchy foods that are easy to digest. Examples are cereals, crackers and bread.
• Return to completely normal diet in 24-48 hours.

6.] Avoid Medicines:
• Discontinue all nonessential medicines for 8 hours. Reason: Usually make vomiting worse.
• Fever: Fevers usually don't need any medicine. For higher fevers, consider acetaminophen (Tylenol) suppositories. Never give oral ibuprofen; it is a stomach irritant.
• Call Back If: vomiting an essential medicine.
Vomiting Severity Defined

The following is an arbitrary attempt to classify vomiting by risk for dehydration:

- **Mild:** 1 - 2 times/day
- **Moderate:** 3 - 7 times/day
- **Severe:** Vomits 8 or more times per day; vomits everything or nearly everything
- **Caution:** Multiple stomach contractions (heaves) do not count as separate episodes of vomiting. At least 10 minutes need to pass, before we consider it another episode of vomiting.
- **Severity relates even more to the length of time that the particular level of vomiting has persisted.**
- **At the beginning of a vomiting illness (especially following food poisoning), it's common for a child to vomit everything for 3 or 4 hours and then become stable with mild or moderate vomiting.**
- **Watery stools in combination with vomiting carry the greatest risk for causing dehydration.**
- **The younger the child, the greater the risk for dehydration.**

Diarrhea Severity Defined

- **Mild:** 2-5 watery stools/day
- **Moderate:** 6-10 watery stools/day
- **Severe:** Over 10 watery stools/day
- **The main risk of diarrhea is dehydration.**
- **Loose or runny stools do not cause dehydration.**
Frequent, watery stools can cause dehydration.

**Dehydration: How to Explain to Callers**

- The main risk of not drinking enough fluids is dehydration.
- Dehydration means the body has lost too much water.
- Dehydration is a reason to see a doctor right away. Your child may have dehydration if not drinking much fluid and:
  - The urine is dark yellow and has not passed any in over 8 hours.
  - Inside of the mouth and tongue are dry or very sticky.
  - There are no tears if your child cries
  - Slow blood refill test: Longer than 2 seconds. First, press on the thumbnail and make it pale. Then let go. Count the seconds it takes for the nail to turn pink again. Ask your doctor to teach you how to do this test.
  - A child with severe dehydration becomes too weak to stand. They can also be very dizzy when trying to stand.

**Causes of Vomiting with Diarrhea**

- **Viral Gastroenteritis.** GI infection from a virus is the most common cause. A common agent is the Rotavirus. The illness starts with vomiting. Watery loose stools follow within 12-24 hours. On cruise ship outbreaks, the most common viral cause is Norovirus.
- **Food Poisoning.** This causes rapid vomiting and diarrhea within hours after eating the bad food. Caused by toxins from germs growing in foods left out too long. An example is Staph toxin in egg salad.
- **Traveler’s Diarrhea.** Caused by germs in food or drink. Suspect this if it follows recent foreign travel.
- **Bacterial GI Infection.** Diarrhea can also be caused by some bacteria. Most bacterial diarrhea goes away on its own. A few can cause a severe large bowel infection (such as Shigella colitis).
- **Serious Complication: Dehydration.** (See below for more on this).

**Vomiting: Most Frequent Pediatric Call**

- Every year, vomiting comes in first in call frequency. This can be explained by the following:
  - Before vomiting, children are apprehensive and unable to participate in any normal activities.
  - During vomiting, children are miserable.
  - Parents remember how badly vomiting has made them feel in the past.
  - Parents often hope there is a medicine to stop the vomiting. Unfortunately, there is no OTC medicine for home treatment. Zofran (ondansetron) can be prescribed for children with severe vomiting, but only after they have been seen.
  - All parents want to be sure they are treating the vomiting correctly. Hence, the importance of providing helpful, detailed care advice.

**Giving Fluids Versus Nothing Per Mouth (NPO) for Vomiting with Diarrhea**

The reason that this guideline instructs callers not to use NPO for children who have vomiting with diarrhea is being NPO can contribute to dehydration. In addition, during the brief time that fluid is retained in the stomach, some of it is absorbed and this can help prevent dehydration. The literature demonstrates that we can feed most children through a vomiting with diarrhea illness.

**Return to School**

- Your child can return to day care or school after vomiting and fever are gone.

**Matching Pediatric Handouts for Callers**

Printed home care advice instructions for patients have been written for this guideline. If your software contains them, they can be sent to the caller at the end of your call. Here are the names of the
REFERENCES


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