

INTERIM CARE

HOME CARE FOR DIARRHEA OR VOMITING

- Maintain caloric intake by continuing normal diet or early refeeding when possible
- Prevent dehydration by encouraging liberal fluid intake; or correct mild to moderate dehydration when appropriate
- Educate parent that anti-vomiting and anti-diarrheal medications are not necessary and may even be harmful.

If fever with vomiting is present, Tylenol is preferred because ibuprofen can irritate the stomach.

FEEDING GUIDELINES

- Foods containing complex carbohydrates (starchy foods) such as cereal, rice, crackers, toast, oatmeal, potatoes
- Soups with rice or noodles, meat and vegetables
- Any kind of vegetable, but avoid buttering them
- Fresh fruits, especially bananas (canned fruit should be drained and rinsed)
- Milk or formula, yogurt
- Limit: sugary foods and high fat foods, fruit juices, soda, sweetened cereal, jello, pudding, popsicles

Home care for diarrhea/vomiting with no symptoms of dehydration:

- Diarrhea and vomiting cause children to lose fluids and minerals that need to be replaced, or they can become dehydrated. Children with diarrhea need twice as much fluid as usual.
- It's important to continue a normal diet (with a few exceptions) when your child has diarrhea. For infants, continue breastfeeding (may need to nurse more frequently for shorter periods if vomiting is present.) For older children, if vomiting is present, you should still give fluids in small amounts and return to a normal diet when vomiting has stopped. There is no need to let the stomach rest after vomiting before giving fluids.
- Supplemental glucose-electrolyte solution (Pedialite etc.) is not required
- Milk is OK, if not vomiting repeatedly

Home care for diarrhea/vomiting with mild to moderate dehydration;

Signs & symptoms : slightly dry mucous membranes, increased thirst, slightly decreased urine output, slight sunken eyes, no other symptoms and the child is reasonably alert, responsive and able to cooperate with the program.

Instruct parent to begin oral rehydration therapy:

- Acceptable Fluids – Children under 2 yrs.
- Pedialyte (or generic store brand) or Pedialyte pops for older children (Note for nurse: must recommend Pedialyte purchased recently to ensure that it contains proper sodium content (45 – 50 mmol/L) and carbohydrate (25 – 30 g/L) Parent should not use Pedialyte or generic that has been purchased several months or years age.
- Rehydrate
- Ingalyte
- Do not give soda, jello water, Gatorade, juice or “Nursery Water”

Acceptable Fluids – Children 2 – 5

The rehydrating fluids listed above are preferred; however some children may refuse these because of the taste. Older children tend to do well with Pedialyte Pops, plus small bites of crackers or toast. The parent may also try to “flavor” the fluid with small amount of Sprite (as little as possible for acceptance). Alternate fluids (Gatorade, etc,) are less satisfactory. If unable to get rehydrating fluids, mild is preferable to other fluids.

- Tell the parent at the beginning of home care instructions that ORT will be lots of work, but may avoid an ER visit or hospitalization and rehydration by IV.
- Small volumes of fluids are less irritating and will be absorbed more easily, even if the child is vomiting. Plus, very frequent administration will result in good intake.
- Give 2 – 3 spoonfuls (10 – 15 ml) of rehydrating solution every 2 – 3 minutes for several hours (longer if child is vomiting)
- When child is taking fluids well, slowly increase the amount of fluid and decrease the frequency
- Do not withhold fluids if vomiting
- Resume regular diet as soon as possible when the child looks/feels better, the membranes are moist, child urinates: or if vomiting, when vomiting stops.
- Give extra fluids along with regular diet to maintain hydration. If the child is improving, do not wake if sleeping, but check periodically during the night (use nurse’s judgment to advise parent)

Note for Nurse: review signs of improvement with parent, as well as worsening signs & symptoms and when to call back. It is especially important to tell the parent to call back if the child is refusing fluids or becomes increasingly lethargic.

THE ABOVE HOME CARE GUIDELINES ARE FOR CHILDREN WHO ARE MILDLY DEHYDRATED. MODERATE TO SEVERE DEHYDRATION IS CONSIDERED PRIORITY OR EMERGENT AND SHOULD BE HANDLED IN THE EMERGENCY ROOM