

Gastroenteritis in children

What is gastroenteritis?

Gastroenteritis is an infection of the bowel that causes diarrhoea and sometimes vomiting. It is very common in young children and is mainly caused by viruses particularly rotavirus and norovirus. Immunisation against rotavirus is given at 2, 4 and 6 months.

How is it caught?

The viruses can be easily picked up from other people who may have immunity but pass on the infection. Bacteria, usually on contaminated food and often spread by flies, can also cause the problem.

What are the symptoms?

- Diarrhoea—frequent, loose, watery, greenish motions
- Vomiting—usually early on
- Abdominal pain—colicky pain may be present
- Crying—due to pain, hunger, thirst or nausea
- Bleeding—uncommon but sometimes seen in motions
- Fever—sometimes present
- Anal soreness

What is the outcome?

The vomiting usually settles in a day or so. The diarrhoea may last for up to 10 days, but usually only 2 or 3 days.

What are the problems?

The serious problems are loss of water (dehydration) and loss of minerals such as sodium chloride and potassium. The younger the child, the greater the danger. The main cause is persistent vomiting.

What are the danger signs?

The danger signs are listlessness, difficulty in waking up, sunken eyes, very dry skin and tongue, pallor, and passing scanty or no urine. If these signs are present, contact your doctor without delay. Your child may need admission to hospital.

What is the treatment?

There is no special drug treatment for this problem. The inflamed bowel needs rest, and the body must have water and glucose. Medications to stop diarrhoea and vomiting should not be given.

Day 1

Give fluids a little at a time and often (e.g. 50 mL every 15 minutes if vomiting a lot). A good method is to give 200 mL (about 1 cup) of fluid every time a watery stool is passed or a big vomit occurs.

The ideal fluid is Gastrolyte, New Repalyte or World Health Organization-recommended oral rehydration

preparations. These are all glucose and mineral powders that you can obtain from your pharmacist and make up according to the directions on the packet. Alternative fluids are:

- lemonade (not low-calorie) 1 part to 6 parts water
- sucrose (table sugar) 1 teaspoon to 120 mL water
- glucose 1 teaspoon to 120 mL water
- cordials (not low-calorie) 1 part to 16 parts water
- fruit juice 1 part to 4 parts water

Note: Children can suck suitable iceblocks. One preparation is Hydralyte, which is available at your pharmacy.

Warning: Do *not* use straight lemonade or mix up Gastrolyte with lemonade or fluids other than water.

Days 2 and 3

Reintroduce your baby's usual milk or formula diluted to half strength (i.e. mix equal quantities of milk or formula and water).

Do not worry that your child is not eating food. Solids can be commenced after 24 hours. Start with bread, plain biscuits, jelly, stewed apple, rice, porridge or non-fat potato chips. Avoid fatty foods, fried foods, raw vegetables and fruit, and wholegrain bread.

Day 4

Increase milk to normal strength and gradually reintroduce the usual diet.

Breastfeeding

If your baby is not vomiting, continue breastfeeding but offer extra fluids (preferably Gastrolyte) between feeds. If vomiting is a problem, express breast milk for the time being while you follow the oral fluid program.

Exclusion

Gastroenteritis is very infective so children should be excluded from others until 24 hours from the last bout of diarrhoea or vomiting.

Rules to follow for diarrhoea and vomiting

- Loss of fluids must be corrected first.
- Give small amounts of fluid often.
- Start bottle feeds after 24 hours.
- Continue breastfeeding.
- Start solids after 24 hours.
- Maintain good hygiene—the problem is infectious.

Consult your doctor if:

- diarrhoea is profuse (e.g. 8 to 10 watery stools)
- vomiting persists
- any of the danger signs are present
- severe abdominal pain develops
- diarrhoea persists or recurs with the introduction of milk.