



Diarrhoea & Vomiting (Gastroenteritis) Pathway

Guidance for parents and carers

Is my child unwell?

When young children suddenly begin to have diarrhoea and vomiting this is usually caused by an infection in the gut. This illness is known as gastroenteritis.

What causes gastroenteritis?

The most common cause of gastroenteritis in children is a virus called the rotavirus. This virus is passed out in the stools (faeces) of someone with the infection. It can be transferred to food, objects and surfaces if the infected person doesn't wash their hands after going to the toilet.

The infection is usually then passed to someone else when they either eat contaminated food or touch a contaminated object or surface and then touch their mouth.

Young children are particularly vulnerable to this infection because they often forget to wash their hands after going

to the toilet or before eating, and they have not yet built up a resistance to the rotavirus

It's estimated that almost every child will have at least one rotavirus infection before the age of five and many children will have several episodes a year. Most infections occur among children under four years old.

When should I seek help?

Most children with Gastroenteritis get better without treatment. You will normally be able to look after them at home.

Signs and symptoms to look out for are¹:

Green

- Playing, eating and drinking normally.

[Monitor at home]

Amber

- Passing urine less often than usual.
- Sunken soft spot (fontanelle) on their head.
- Have few or no tears when they cry.
- Have fewer wet nappies.
- Drowsiness.

¹ Please note this is not an exhaustive list for further information please consult the 'When Should I Worry Booklet'.

- Tiredness.
- Dark coloured, strong smelling urine.
- Becomes ill after foreign travel.

[Contact a Health Professional]

Red

- Temperature of 38°C (100.4°F) or higher in children younger than three months.
- Temperature of 39°C (102.2°F) or higher in children older than three months.
- Shortness of breath.
- Abnormally rapid breathing.
- Stiff neck.
- Swelling in the soft part of their head (fontanelle) in babies, 0-18months only.
- Blotchy red rash, which, unlike most other rashes, does not fade when you put a glass against it.

[Continues...]

- Blood or mucus in their stools (faeces).
- Green vomit or vomiting for longer than three days.
- Severe pain or swelling of their stomach.
- Change in their normal mental state, such as appearing confused.
- Diarrhoea that lasts longer than a week.
- Symptoms of dehydration that persist or get worse, despite treatment with fluids and oral rehydration solutions.
- Extreme thirst.
- Feeling unusually tired (lethargic) or confused.
- Not passing urine for eight hours.
- Rapid heartbeat dizziness when you stand up that doesn't go away after a few seconds.

[Urgently Contact GP/A&E]

People I can turn to for help

The information provided in this pathway is for parents or carers of children under 5's with diarrhoea and vomiting. It gives advice on how to look after your child, the symptoms to look out for and what to do if your child's symptoms get worse. It is not meant to be a substitute for advice from a doctor or nurse, or CHoC.

The following people can be contacted to get advice and guidance:

- Your Family & Friends
- Community Pharmacist
- Health Visitor
- School Nurse
- GPs
- NHS 111
- Out of Hours (Cumbria Health on Call, CHoC)

Contact with a health professional will not necessarily be face to face. An initial consultation may be given over the phone, following this discussion the health professional may well ask to see your child.

4.

What the health professional will do

With you they will reach a clear understanding of your child's needs by:

- Listening to you and your child's concerns.
- Making an assessment of your child's needs either on the phone or face to face.

The plan will depend on:

- The age of your child.
- If there are signs of illness that need treatment.

Treatment might include:

- Fluids to help rehydrate your child.
- Paracetamol to aid in pain relief.
- The need for further assessment.
- As most infections are viral it is extremely unlikely that your child will need antibiotics.

5.

The plan

The plan will include:

- Where to look after your child – most will stay at home.
- Advice on home care – including when to ask for help again.
- Expected length of illness and likely outcomes.
- If and when a review of your child is necessary this may be by your GP or in hospital.

For some, the plan will include advice on:

- Further assessment or tests.
- Attending nursery or school.
- Referral to hospital may be for assessment in the first place, but may lead to admission.

You will always receive:

- A copy of this Health Builders Diarrhoea & Vomiting pathway.

6.

How will I know my child is better?

Diarrhoea often lasts for 5-7 days and in most children it will stop within 2 weeks.

Vomiting often lasts 1-2 days and in most children it will stop within 3 days.

When your child is feeling better and is starting to eat and drink more normally and is managing to keep fluids down and not have to go to the toilet, this is a good indication that the episode of D&V has finished.

Be aware that your child may still be infectious, even after they are feeling better (see page E for further information).

A.

About hydration

Severe diarrhoea and vomiting can lead to dehydration, which is when the body doesn't have enough water or the right balance of salts to carry out its normal functions. If the dehydration becomes severe it can be dangerous.

Children at risk of dehydration include; young babies, children who haven't been able to drink enough during their illness and children whose diarrhoea and vomiting has been severe.

Contact your healthcare professional, for instance your doctor, if your child develops any of the symptoms of dehydration listed below. Some of the symptoms of dehydration are:

- Seeming unwell.
- Pale or mottled skin.
- Unusually irritable/lethargic.
- Lack of Tears.
- Dry mouth.
- Cold hands and feet.
- Passing less urine than normal.

B.

How to prevent dehydration

If your child has gastroenteritis but is not dehydrated:

- Keep feeding them as normal (for example, breast milk) and offer plenty of drinks
- Your healthcare professional, for instance your doctor, may recommend that you give your child a special fluid known as ORS (Oral Rehydration Salt Solution). ORS (e.g. Dioralyte/Electrolade) can help prevent dehydration from occurring. It is also used to treat children who have become dehydrated (see page C)
- If you do not have any ORS, you can use sugary cordial or iced lollies to aid in rehydration
- Fresh fruit juice and fizzy drinks should be discouraged, because these can make diarrhoea worse.

Treating dehydration

How to treat dehydration at home:

- Most children who are dehydrated can be rehydrated by giving them ORS to drink.
- Make up the ORS according to the instructions on the packet. Your healthcare professional can tell you how much your child should drink.
- Give your child frequent, small drinks of ORS.
- Your child may vomit a little when they start to drink the ORS.
- Contact a healthcare professional if your child keeps vomiting or will not drink the solution.
- If you are breastfeeding your child, continue to breastfeed in addition to giving the ORS.
- If you do not have any ORS available or your child will not drink ORS you can use sugary cordial or iced lollies to aid in rehydration.
- Fluids should be given 'little and often'.

Your child should not eat any solid food until they are rehydrated.

It usually takes about four hours to complete rehydration.

Going to hospital

Your child may need to go to hospital if they won't drink the ORS, or keep being sick, or if the dehydration is severe, or if the healthcare professional is concerned.

Treatment in hospital will include:

- Assessment.
- Possible treatment with ORS.
- Observation for a period of time.
- A small number of children may need blood tests or other interventions.

D.

Caring for your child after rehydration

- It's important your child eats well after they are rehydrated, to help with recovery.
- Your child can start to eat solid food straight away.
- Your child should drink plenty of their usual fluids. This should include breast or other milk feeds (full fat).
- You should avoid giving your child fresh fruit juice or fizzy drinks until the diarrhoea has stopped.
- Your healthcare professional, for instance your doctor, may also recommend that your child drinks rehydration solution after each bout of diarrhoea.
- Simple foods should be given to your child after they have been rehydrated e.g. a plain biscuit or dry toast.

E.

Preventing the spread of gastroenteritis

- Everyone in your household should wash their hands regularly; this is the best way to help stop other people getting gastroenteritis.
- You and/or your child should wash your hands with soap (liquid if possible) in warm running water and then dry them carefully:
 - After going to the toilet;
 - After changing nappies; and
 - Before touching food.
- Your child should not:
 - Share his or her towels with anyone.
 - Go to school or any other childcare facility until 48 hours after the last episode of diarrhoea or vomiting.
 - Swim in swimming pools until 2 weeks after the diarrhoea has stopped.
 - If your child is at nursery/school please inform them that your child has had diarrhoea and vomiting.