

Gastroenteritis

Information for parents

What is it?

Gastroenteritis is a common illness in infants and young children. It usually causes frequent loose/watery bowel motions (diarrhoea) and often vomiting. Most children with gastroenteritis can be safely managed at home, with advice and support from a healthcare professional if necessary. Viruses cause most gastroenteritis and there are many kinds, so gastroenteritis can occur more than once and is more common in the winter. Bacteria and food-poisoning can also cause gastroenteritis.

Gastroenteritis is easy to catch and spreads quickly, usually from person to person. It is almost impossible to stop children coming into contact with gastroenteritis, especially at pre-school/nursery.

Viral gastroenteritis

This is the most common. This may start with vomiting or diarrhoea. The motions are watery, frequent and may be greenish-brown in colour. There is not normally blood or mucus in the motions and your child may have a mild fever. Vomiting usually settles quickly, but the diarrhoea can last for a week or more.

Bacterial gastroenteritis

Symptoms of bacterial gastroenteritis may be similar to viral but:

- Fever tends to be higher and lasts longer
- Tummy pains are often more severe
- Diarrhoea often has blood and mucus in it.

How long will my child be unwell?

The usual duration of diarrhoea is 5-7 days and in most children it stops within 2 weeks. The usual duration of vomiting is 1 or 2 days and in most children it stops within 3 days.

Helping your child get better

Medicine is usually not necessary or helpful; the illness just has to run its course. Sometimes vomiting, diarrhoea, fever and loss of appetite can make your child lose more fluid than they can take in, which may lead to dehydration (see signs of dehydration below for more information). Replacing the fluid your child has lost is most important, so it is essential that your child keeps drinking. The more vomiting and loose stools, the more fluid your child is losing so the more fluid they need to replace this.

Your child will be more likely to keep fluids down if:

- You give **small amounts but often** – don't let them gulp large amounts as this will increase the likelihood of them feeling or being sick. You could give them fluids from a syringe or from a teaspoon.
- Do not expect them to eat meals – try to replace the meals with fluids. Aim to reintroduce food slowly as soon as possible once your child's vomiting and diarrhoea has stopped or after 12-24 hours. If vomiting reoccurs go back to just giving your child fluids. Avoid fizzy drinks.

Signs of dehydration

- Passing less urine than usual- e.g. dry nappies – you should seek medical attention if dry for 12 hours
- Increased thirst, dry mouth, no tears
- Sunken eyes, sunken fontanelle (soft spot on a baby's head)
- Changing responsiveness e.g. irritable, tiredness, drowsy
- Pale or mottled skin

- Cold extremities (note that cool hands and feet can be normal whilst your child has a fever).

Oral electrolyte solutions (ORS)

Dioralyte (other brands available) is a specially designed drink to replace fluids and body salts lost during vomiting or diarrhoea. They are available from chemists and off the shelf at supermarkets, and they are generally the best early treatment for gastroenteritis. Different flavours are available or diluting juice could be added to them to make them taste better.

- Child younger than 6 years: Give **0.5ml per kg** of your child's weight every 5 minutes for an hour at a time.
- Children aged 6 and older: Give **200 ml ORS solution after each loose stool** (in addition to the child's normal fluid intake).

****Avoid plain water or sugar-free diluting juice** as your child needs sugar/calories, especially if they are not eating.**

Feeding babies

Breast feeding: If you are breast feeding your baby **do not stop breastfeeding**. Offer your baby more frequent feeds and water or oral electrolyte solution between feeds. Breast fed babies require extra clear fluids.

Bottle feeding: Formula milk should be stopped and clear fluids should be given until the vomiting and diarrhoea has improved or for 12-24 hours. When these have settled and your infant seems hungry, reintroduce milk.

When should you seek medical attention?

Your child should be seen in the Emergency Department (A & E) if they:

- Have signs of dehydration (page 2-3)
- Become unresponsive (**phone 999**)
- Have unusually pale or mottled skin with cold arms and legs
- Are breathing significantly faster than normal
- Have blood or mucus in their stools
- Have dark green (colour like 'Fairy Liquid') vomit or blood in their vomit
- Are consistently very lethargic or irritable.

Contact your GP or phone NHS24 on 111 if your child:

- Is starting to get signs of dehydration
- Is seeming unwell
- Is passing less urine than normal
- Is not drinking and has had 6 or more episodes of diarrhoea in 24 hours, or 3 or more vomits in 24 hours
- Or if you have any other concerns about your baby or child.

Preventing the spread

Regular thorough handwashing with soap and water is the best way to prevent the spread of gastroenteritis, especially after going to the toilet or changing a nappy, and before touching food.

Your child must not go back to school or nursery until **48 hours after the last episode of vomiting or diarrhoea**.

They should not share a towel with anyone and they should not go swimming in a swimming pool until 2 weeks after the diarrhoea has stopped.

For more information: <https://www.what0-18.nhs.uk>