



## **VOMITING** (without Diarrhea)

### **DEFINITION**

Vomiting is a forceful emptying of the stomach contents usually due to irritation from a virus or food substance (food poisoning or allergy).

Vomiting as a result of cough is not true vomiting, but a result of the gag reflex being triggered from mucous and phlegm in the back of the throat. Please see the article on “Cough” to assist you in assessing this condition.

Spitting up formula is also not considered vomiting if it occurs in small amounts (less than 8 teaspoons) within an hour of feeding. Please refer to the article on Spitting Up to assist you with assessing this issue in infants.

### **CAUSES**

Most true vomiting is caused by Viruses, also called “Acute Gastroenteritis” or “Stomach Flu.” This cause is usually short-lived and causes vomiting that resolves within 24 hours. This may or may not be accompanied by diarrhea.

Food poisoning can cause vomiting and typically begins within a few hours of eating a contaminated or poorly refrigerated food. Again, this usually resolves quickly once the food has been expelled. However, if diarrhea occurs, dehydration can quickly ensue.

Vomiting can occur with a variety of other illnesses including Urinary Tract Infections, Ear Infections, Strep Throat, Sinus infections, or Pneumonia.

### **ASSESSING SEVERITY of VOMITING**

#### **Vomiting Severity is Defined as:**

- The following is an arbitrary attempt to classify vomiting by risk for dehydration. Severity relates even more to the **length of time** that the particular level of vomiting has persisted.
- MILD: 1 - 2 times/day
- MODERATE: 3 - 7 times/day
- SEVERE: Vomits 8 or more times per day; vomits everything or nearly everything.
- 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. Mild vomiting with nausea may last up to 3 days. (Schmitt, 2012)
- The younger the child, the greater the risk for dehydration. (Schmitt, 2012)

## TREATMENT

1. Medicines to stop vomiting/nausea are NOT used before trying the following protocol. DO NOT use over the counter anti-nausea/vomiting medicines
2. Pushing fluids into an irritated stomach will only make vomiting persist, or even worsen and cause dehydration to occur faster.
3. Stop all eating and drinking for 2 hours after vomiting. Put the stomach to REST. This will allow the stomach to “re-boot” just like a computer.
4. Going to SLEEP is one of the best ways to help the stomach “re-boot.”
5. Once the stomach has had time to settle and rest, you may begin small sips (1 teaspoon) of Oral Rehydration Solution (ORS) every 10 minutes. See the list of ORS solutions below:
  - a. Infants LESS than 1 year of age: Pedialyte® or melted Pedialyte® popsicles;
  - b. Older children: Water, Pedialyte®, Pedialyte® popsicles, regular popsicles, ½ strength Gatorade, “flattened” 7-Up®, Sprite®, or Ginger Ale.
  - c. DO NOT GIVE DIET DRINKS. Children need a little sugar when sick to give them energy to heal and help keep metabolism balanced.
6. Use CLEAR LIQUIDS ONLY. Do not give any milk/dairy, or meat products for at least 24 hours. This may irritate the stomach and cause vomiting to return.
7. Start the “trickle” of ORS and progress very slowly. DO NOT challenge the stomach with large amounts of fluids all at once.
8. Breastfeeding babies may resume breastfeeding as tolerated; you may also give pumped breast milk via a syringe with milk dribbled into the mouth to keep track of how much the baby is getting. Formula-fed babies should slowly take small amounts after successfully holding down Pedialyte® for 4-6 hours
9. Over the next 2-4 hours older children should progress up to 1 oz of fluid at a time. Stay on this clear liquid diet until the child begins to be hungry.
10. DISCONTINUE all non-essential medicines for 8 hours.
11. When your child begins to ask for food, start with a “trickle” of dry Cheerios or cereal. Give just a few at a time and wait 15-20 minutes between offerings to see if he becomes nauseated or vomits again. If so, then stop and wait a little longer to try solids.
12. Other foods you can try besides dry cereal are:
  - a. Graham crackers or Saltines
  - b. Rice
  - c. Chicken broth with noodles
  - d. Apple sauce
  - e. Toast with a bit of jelly
  - f. Jello®
13. Over the next 24 hours, slowly progress diet. Wait until vomiting has completely resolved for 24 hours before re-introducing dairy products and meat. Absolutely avoid all fried, spicy, or fast foods for at least 2 days to allow the stomach to heal.

## **WHEN TO CALL THE DOCTOR**

1. Vomiting that persists for more than 4 hours despite following the above protocols
2. DARK GREEN vomit (bile)...this can be serious. Seek medical attention immediately
3. Vomiting associated with a stiff or hard distended abdomen
4. Recent head trauma or severe headache
5. No urine output (or wet diaper) for more than 8 hours—this can damage kidneys
6. For children older than 3 months: Fever over 102°F that does not come down with Tylenol
7. For children younger than 3 months: any RECTAL temperature over 100.4°F or persistent vomiting with weight loss (unable to hold down breast milk or formula).
8. Infants with bulging of the soft spot on top of the head.
9. Worsening condition, irritability, pain, lethargy, or unable to bend the head/chin down to the chest (stiff neck).
10. Vomiting blood or bloody diarrhea

## **WHEN TO CALL 911**

1. If your child stops breathing or turns blue
2. If your child becomes unresponsive or has difficulty breathing or staying awake
3. If your child has a seizure (uncontrolled shaking or stiffening or staring)