

Diarrhea

Your child has been having diarrhea. Diarrhea is the sudden increase in the frequency and looseness of stools. Diarrhea means 3 or more watery stools. 1 or 2 loose stools can be normal with changes in diet. Diarrhea severity is classified as the following:

- Mild: 3-5 watery stools/day
- Moderate: 6-10 watery stools/day
- Severe: Over 10 watery stools/day
- The main risk of diarrhea is dehydration.
- Loose or runny stools do not cause dehydration. Frequent, watery stools can cause dehydration.

Causes

- Most diarrhea is caused by a viral infection of the intestines.
- Bacterial infections as a cause of diarrhea are uncommon.
- Diarrhea is the body's way of getting rid of the germs.
- The main risk of diarrhea is dehydration. Dehydration means the body has lost too much fluid.

Expected Course

- Viral diarrhea lasts 5-14 days.
- Severe diarrhea only occurs on the first 1 or 2 days, but loose stools can persist for 1 to 2 weeks.

Care & Treatment

- Most kids with diarrhea can eat a normal diet.
- Fluids: Formula and/or milk are good choices for diarrhea. Drink some extra water. Reason: to prevent dehydration.
- Solid foods: Continue their regular diet. Also offer more starchy foods (such as cereal, crackers, bread, rice, pasta). Reason: They are easy to digest.
- Electrolyte Solution (such as Pedialyte) to Prevent Dehydration
 - When to use: Start an electrolyte solution (such as Pedialyte) for frequent, watery diarrhea if you think your child is getting dehydrated. That means passing less urine than normal. Increase fluids by adding Pedialyte.
 - Amount for babies: Give 2-4 ounces (60-120 ml) after every large watery stool.
 - Amount for children over 1 year old: Give 4-8 ounces (120-240 ml) after every large watery stool. Children rarely need electrolyte solutions after age 3.

Return to Childcare/School

- Your child can return to day care or school after the stools are formed and the fever is gone.
- The toilet-trained child can return if the diarrhea is mild and the child has good control over loose stools.

When to Call

Continue Self-Care at Home

- Mild to moderate diarrhea (multiple loose or watery stools per day), probably viral gastroenteritis
- 1 or 2 loose or watery stools and new onset and child acts normal

Call Office to be Seen Within 24-72 Hours

- Fever present > 3 days
- Acute diarrhea persists > 2 weeks
- Loose stools are a chronic problem (present over 4 weeks)

Call Office to be Urgently Seen

- Blood in the stool (Bring in a sample)
- Fever > 105° F (40.6° C)
- Abdominal pain present > 2 hours (Exception: pain clears with passage of each diarrhea stool)
- Very watery diarrhea combined with vomiting clear liquids 3 or more times
- Age < 1 year with > 8 watery diarrhea stools in the last 8 hours
- Loss of bowel control in child toilet-trained for > 1 year and occurs 3 or more times
- Close contact with person or animal who has bacterial diarrhea and diarrhea is bad
- Travel to country at risk for bacterial diarrhea within past month
- All higher-acuity triage questions were negative.

Go to ER now

- Too dizzy to stand or has fainted
- Fever and weak immune system (sickle cell disease, HIV, chemotherapy, organ transplant, adrenal insufficiency, chronic steroids, etc)
- Dehydration suspected (e.g., no urine in > 8 hours, no tears with crying, very dry mouth, tired appearing, etc)
- High-risk child (e.g., Crohn disease, UC, short bowel syndrome, recent abdominal surgery) with new-onset or worse diarrhea
- Age < 1 month with 3 or more diarrhea stools (mucus, bad odor, increased looseness) in past 24 hours
- Age < 3 months with severe watery diarrhea (more than 10 per day)
- Rehydration therapy (IV or oral) needed recently in medical setting and looks worse or like they did then
- Appendicitis suspected (constant pain > 2 hours, RLQ location, walks bent over holding abdomen, jumping makes pain worse, etc)

Call 911 now

- Signs of shock (very weak, limp, not moving, unresponsive, gray skin, etc)