

Vomiting

Your child has been vomiting. Vomiting (throwing up) is the forceful emptying of a large portion of the stomach's contents. Nausea and abdominal discomfort usually precede each bout of vomiting. Vomiting severity is classified as the following :

- Mild: 1 - 2 times/day
- Moderate: 3 - 7 times/day
- Severe: Vomits 8 or more times per day OR vomits everything or nearly everything for more than 8 hours while receiving sips of clear fluid and using correct hydration technique
- Multiple stomach contractions (dry heaves) do not count as separate episodes of vomiting. At least 10 minutes need to pass, before we consider it another episode of vomiting.
- Severity relates even more to the length of time that the particular level of vomiting has persisted.
- 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.
- The younger the child, the greater the risk for dehydration.

Causes

- Most vomiting is caused by a viral infection of the stomach or mild food poisoning.
- Vomiting is the body's way of protecting the lower GI tract.
- The main risk of vomiting is dehydration. Dehydration means the body has lost too much fluid.

Expected Course

- For the first 3 or 4 hours, your child may vomit everything. Then the stomach settles down.
- Vomiting from viral gastritis usually stops in 12 to 24 hours.
- Mild vomiting with nausea may last 3 days.

Care & Treatment

- Offer Sips of Clear Fluids Frequently. Offer clear fluids in small amounts for 8 hours.
- Water or ice chips are best for vomiting in older children (Reason: Water is directly absorbed across the stomach wall). Electrolyte solutions (such as Pedialyte) are usually not needed in older children, but can also be used. Popsicles work great for some kids.
- The key to success is giving small amounts of fluid. Offer 2-3 teaspoons (10-15 ml) every 5 minutes. Older kids can just slowly sip a clear fluid. After 4 hours without vomiting, double the amount. After 8 hours without vomiting, return to regular fluids.
- If vomiting continues over 8 hours, switch to an electrolyte solution or half-strength Gatorade (Reason: needs some sugar and electrolytes).
- Avoid all solid foods (and baby foods) in kids who are vomiting. After 8 hours without throwing up, gradually add them back. Start with starchy foods that are easy to digest. Examples are cereals, crackers and bread.
- Help your child go to sleep for a few hours (Reason: Sleep often empties the stomach and relieves the need to vomit).

Return to Childcare/School

- Your child can return to day care or school after vomiting and fever are gone.

When to Call

Continue Self-Care at Home

- Mild-moderate vomiting

Call Office to be Seen Within 24-72 Hours

- Fever present > 3 days
- Age > 1 year and vomiting > 48 hours

Call Office to Speak to Triage Nurse

- Vomiting an essential medicine (e.g., antibiotic, seizure medications)
- Taking Zofran, but vomits 3 or more times
- Fever returns after going away > 24 hours
- Age < 1 year and vomiting > 12 hours

Go to ER now

- Age < 12 weeks with fever 100.4° F or higher by any route (rectal reading preferred)
- Age < 12 weeks with vomiting 3 or more times within the last 24 hours and ILL-appearing (not acting normal)
- Newborn (< 1 month old) and vomited 2 or more times in last 24 hours (Exception: normal reflux or spitting up)
- Can't move neck normally and fever
- Could be poisoning with a plant, medicine, or other chemical
- Too weak to stand or has fainted
- Fever > 105° F
- Fever and weakened immune system due to preexisting condition or surgery
- Blood (red or coffee-ground color) in the vomit that's not from a nosebleed
- Bile (green color) in the vomit and 2 or more times (Exception: stomach juice which is yellow)
- SEVERE or CONSTANT abdominal pain
- Dehydration suspected (e.g., very dry mouth, no tears, no urine in > 8 hours, tired appearing)
- SEVERE vomiting (8 or more times/day OR vomits everything for > 8 hours)
- High-risk child (e.g., diabetes mellitus, CNS disease, recent GI surgery)
- Recent abdominal injury within the last 3 days
- Rehydration therapy (IV or oral) needed recently in medical setting, and looks worse or like they did then
- Recent hospitalization and child not improved or worse
- Severe headache persists > 2 hours

Call 911 now

- Signs of shock (very weak, limp, not moving, unresponsive, gray skin, etc)
- Difficult to awaken
- Confused talking or behavior