

Diarrhoea and/or Vomiting Advice Sheet

Some useful phone numbers (You may want to add some numbers on here too)



GP Surgery (make a note of number here) NHS 111 dial 111 (available 24 hrs -7 days a week)

Health Visiting Team (make a note of number here)

Sussex and Surrey

Children & Young People's

For online advice: NHS Choices www.nhs.uk (available 24 hrs - 7 days a week) Family Information Service: Tel: 01243 777807 Website: www.westsussex.gov.uk/family

If you need language support or translation please inform the member of staff to whom you are speaking. **For more copies of this document, please email us:**

Chichester / Worthing area: contactus.coastal@nhs.net • Crawley area: CCCG.Contactus-crawleyccg@nhs.net Horsham / Mid Sussex area: HSCCG.Contactus-horshamandmidsussexccg@nhs.net.

Diarrhoea and/or Vomiting Advice Sheet

(Gastroenteritis) -Advice for parents and carers of children younger than 5 years



About Gastroenteritis

Severe diarrhoea and / or vomiting can lead to dehydration, which is when the body does not 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 increased risk of dehydration include: young babies under 1 year old (and especially the under 6 months), those born at a low birth weight, those who have stopped drinking or breastfeeding during the illness and children with malnutrition or with faltering growth.

How can I look after my child?

- Diarrhoea can often last between 5 7 days and stops within 2 weeks. Vomiting does usually not last for more than 3 days. If your child continues to be ill longer than these periods, seek advice.
- Continue to offer your child their usual feeds, including breast or other milk feeds.
- Encourage your child to drink plenty of fluids little and often. Water is not enough and ideally Oral Rehydration Solution (ORS) is best. ORS can be purchased over the counter at large supermarkets and pharmacies and can help prevent dehydration from occurring.
- Your healthcare professional may recommend that you give your child a special fluid known as Oral Rehydration Solution (ORS) eg. Dioralyte. It is also used to treat children who have become dehydrated.
- Mixing the contents of the ORS sachet in dilute squash (not "sugar-free" squash) instead of water may improve the taste.
- Do not worry if your child is not interested in solid food, but offer food if hungry. It is advisable not to give fizzy drinks and/or fruit juices as they can make diarrhoea worse.
- If your child has other symptoms like a high temperature, neck stiffness or rash please ask for advice from a health care professional.
- Vour child may have stomach cramps; if simple painkillers do not help please seek further advice.
- If your child is due routine immunisations please discuss this with your GP or practice nurse, as they may not need to be delayed.
- Hand washing is the best way to stop gastroenteritis spreading.

After Care

Based on: Diarrhoea and vomiting in children under 5 2009

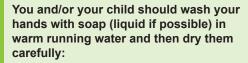
NICE clinical guideline 84

*Reference: BNF for Children Volume 1.4.2

Page 47

- Once your child is rehydrated and no longer vomiting:
- continue breastfeeding, other milk feeds and fluid intake give full strength milk straight away.
- reintroduce the child's usual food.
 - avoid giving fruit juices or fizzy drinks until the diarrhoea has stopped.
- If dehydration recurs, start giving ORS again.
 - Anti-diarrhoeal medicines (also called Antimotility drugs) should not be given to children*.

Preventing the spread of Gastroenteritis (diarrhoea and / or vomiting):



- After going to the toilet
- After changing nappies
- 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 and / or vomiting
- Swim in swimming pools until 2 weeks after the diarrhoea has stopped

This guidance is written in the following context: This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.