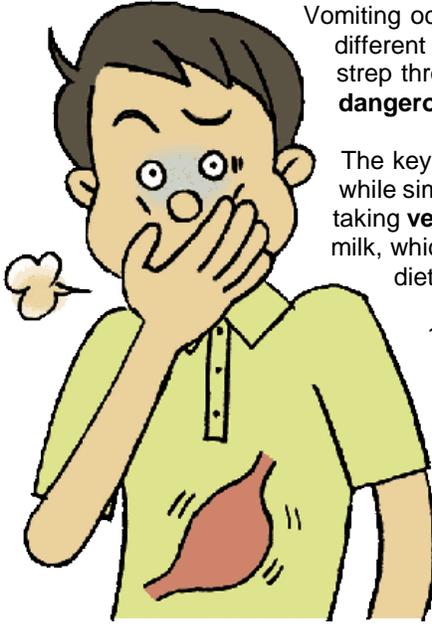


## VOMITING



Vomiting occurs commonly during infancy and childhood. It can accompany many different illnesses, some unrelated to the digestive system. Stomach flu, colds, strep throat, and pneumonia are all potential causes. **Vomiting is NOT usually dangerous.** It can, however, lead to dehydration if prolonged.

The key to vomiting management involves keeping the stomach relatively empty while simultaneously ingesting as much fluid as possible. This is accomplished by taking **very small but frequent sips of fluid.** Clear fluids are tolerated better than milk, which is tolerated better than solids. Consequently, this is the order in which diet is reintroduced as vomiting resolves.

1. Initiate vomiting therapy by resting the stomach. Wait at least thirty minutes before giving anything by mouth. Then give only **clear liquids** until your child has not vomited for at least six to eight hours. The best clear liquids are those which contain salt as well as sugar, eg, Pedialyte, Enfalyte, Ricelyte, or Kaylectrolyte. Some of these are available as (or can be made into) popsicles. Sport drinks like Gatorade are less desirable because of their lower salt content, but are generally acceptable for mild illness. Fruit juices should be avoided because of their tendency to cause or worsen loose stools.
2. Start with very small amounts; the stomach may only tolerate a teaspoon at first. Repeat this small dose of fluid every 10 minutes, gradually increasing the amount to a tablespoon and then an ounce. When vomiting recurs, rest the stomach again and restart with smaller amounts.
3. After six to eight hours without vomiting, **formula or milk** may be tried. Continue with small volumes, increasing slowly. Another 12 hours after vomiting has stopped, **solid foods** may be reintroduced. Fatty and sugary foods should be avoided at first. Starches, lean meats, and yogurt are generally well tolerated.

Most cases of vomiting can be safely handled at home. However, there are some situations which require more attention. Dehydration is the most common cause for increased concern.

**Suspect dehydration whenever your child has a dry, sticky mouth, fails to make tears with crying, does not urinate for more than eight hours, or vomits continuously for over twelve hours.**

**Bloody or bright green vomit** should also prompt a call to our office.