

# Gastroenteritis (Diarrhoea and/or Vomiting) Advice Sheet (0-5 years)

Name of Child ..... Age ..... Date / Time advice given .....

Further advice / Follow up .....

Name of Professional ..... Signature of Professional .....

## How is your child? (traffic light advice)



Red

### If your child:

- becomes difficult to rouse / unresponsive
- becomes pale and floppy
- is finding it difficult to breathe
- has cold feet and hands
- has diabetes

### You need urgent help

please phone 999 or go to the nearest Hospital Emergency (A&E) Department



Amber

### If your child:

- seems dehydrated: ie. dry mouth, sunken eyes, no tears, sunken fontanelle (soft spot on baby's head), drowsy or passing less urine than normal
- has blood in the stool (poo) or constant tummy pain
- has stopped drinking or breastfeeding and / or is unable to keep down
- becomes irritable or lethargic
- their breathing is rapid or deep
- is under 3 months old

### You need to contact a doctor or nurse today

please ring your GP surgery or call NHS 111 – dial 111



Green

If none of the above features are present, most children with Diarrhoea and / or Vomiting can be safely managed at home.

*(However some children are more likely to become dehydrated including: children younger than 1 year old or if they had a low birth weight. In these cases or if you still have concerns about your child please contact your GP surgery or call NHS 111)*

### Self Care

Using the advice overleaf you can provide the care your child needs at home

Most children with diarrhoea and / or vomiting get better very quickly, but some children can get worse. You need to regularly check your child and follow the advice given to you by your healthcare professional and / or as listed on this 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)

**Gloucester Health Access Centre**

01452 336290  
(Open from 8am to 8pm, 7 days a week including bank holidays)

**GP Out of Hours Service: appointments booked via the NHS 111 service**  
(Open from 6.30pm to 8am on weekdays and bank holidays)

For online advice: NHS Choices [www.nhs.uk](http://www.nhs.uk) (available 24 hrs – 7 days a week)

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:

# Gastroenteritis (Diarrhoea and/or Vomiting) Advice Sheet (0-5 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.
- Your 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.**

Based on: Diarrhoea and vomiting in children under 5, 2009 NICE clinical guideline 84 \*Reference: BNF for Children Volume 1.4.2 (Page 47)

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## After Care

Once your child is rehydrated and no longer vomiting:

- Reintroduce the child’s usual food.
- If dehydration recurs, start giving ORS again.
- Anti-diarrhoeal medicines (also called Antimotility drugs) should not be given to children\*.

\*Reference: BNF for Children Volume 1.4.2 (Page 47)

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



**You and/or your child should wash your hands with soap (liquid if possible) in warm running water and then dry them carefully:**

- 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.