

# Fact Sheet

## Gastroenteritis



Gastroenteritis (gastro) is a common illness in infants and young children. It usually causes diarrhoea (watery or frequent motions/poo) and vomiting.

### What causes it?

Viruses cause most gastroenteritis. There are many kinds of viruses, so gastro can occur more than once. Viral gastro is more common in winter. Bacteria and food poisoning can also cause gastro.

### How do you get it?

Gastro is common and easy to catch, usually from another person. It is almost impossible to stop children coming into contact with gastro, especially at pre-school.

### Viral gastroenteritis

Viral gastro may start with vomiting or diarrhoea. The motions are watery, frequent and may be greenish-brown in colour. There is usually no blood or mucus in the motions. There may be a mild fever. Vomiting usually settles quickly, but diarrhoea can last for a week or more.

### Bacterial gastro

Symptoms of bacterial gastro may be similar to viral gastro but:

- fever tends to be higher and lasts longer
- tummy pains are often more severe
- diarrhoea often has blood and mucus in it.

### Symptoms of gastroenteritis may be:

- fever
- tummy pain
- runny nose
- cough
- sore throat
- rash.

### How to treat gastro

Medicines are usually not necessary or helpful. Sometimes vomiting, diarrhoea, fever and loss of appetite can make your child lose more fluid than he can or she can keep down. This may lead to dehydration. (See Signs of dehydration section for more information). Replacing the fluid your child has lost is most important. It is essential that your child keeps drinking. This is difficult when there is a lot of vomiting. Here are some suggestions about how to manage your child:

Encourage your child to drink. Make sure they have their regular amount of fluids and offer them extra clear fluids frequently to replace the fluid they have lost. The more diarrhoea and vomiting there is, the more fluid your child needs. The fluids will not stop the vomiting and diarrhoea, but should stop your child from becoming dehydrated.

Oral electrolyte solutions (Gastrolyte™, Gastrolyte -R™ and Repalyte™) are specially designed drinks to replace fluids and body salts lost in gastroenteritis. They are available from chemists and are generally the best early treatment for gastroenteritis. If your child refuses to drink the electrolyte solution try diluted lemonade or fruit juice (see the clear fluids table for measurements).

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Suitable Clear Fluids Table	
Fluid	Mix
Gastrolyte™, Gastrolyte -R™ or Repalyte™ available from chemists	Follow directions on the packet
Lemonade or Cola (not low cal)	1 cup lemonade mixed with 4 cups tap water to remove bubbles
Unsweetened pure fruit juice	1 cup juice mixed with 4 cups of tap water

FULL STRENGTH FRUIT JUICE OR FIZZY DRINKS eg lemonade, cordial or lucozade may increase diarrhoea and dehydration.

### What if my child keeps vomiting?

Give small amounts of fluid (30-60ml) every half-an-hour to an hour. If this is not tolerated because of vomiting see your doctor. Smaller amounts of fluid given frequently are better than large amounts given less often.

### How do I know if my child is becoming dehydrated?

Dehydration occurs when your child does not keep enough fluids in their body. It needs to be treated immediately.

### Signs of dehydration:

- passing less urine than usual
- increased thirst and dry mouth

- sunken eyes
- tiredness, irritability
- deep breathing.

If your baby is dehydrated, see your doctor.

### Feeding

If you are still breastfeeding your baby **DO NOT STOP BREASTFEEDING.**

Offer your baby more frequent breast feeds and water or oral rehydration solution between feeds. It is important that extra clear fluids (see table) are given to make up for lost fluid through diarrhoea and vomiting. See your doctor as soon as possible for advice. Young babies can become dehydrated very quickly with gastro.

If your baby is bottle-fed, formula should be stopped and babies given clear fluids (see table) for 6 to 24 hours or until diarrhoea and vomiting improves. When the vomiting and diarrhoea have improved and your child seems to be hungry, re-introduce food and milk. Aim to return to the child's usual diet as soon as possible. If your child can keep food down, give plenty of fluid and a light diet. Try cooked and mashed vegetables, stewed and pureed fruits, bread, cereals, rice, lean meat, eggs or poultry.

### How can I prevent gastro?

- Always wash your hands after changing nappies, using the toilet and before preparing food.
- Keep your child away from children who have gastro.
- Make sure your food preparation area is clean.
- Keep raw meat separate from other foods.

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- Sterilise and wash nappies of children who have gastro separately from other clothes.
- Teach your child to wash their hands after going to the toilet and before eating food.
- Cook all meat thoroughly before serving to children.

### While your child has acute diarrhoea or gastro

Keep them away from other children. Do not take them to kindergarten or day care.

Always wash your hands after playing with your child or changing nappies.

See a doctor as soon as possible if:

- your baby is less than six months old
- your child keeps vomiting, (especially if bright green or brown) and cannot keep fluids down
- your child continues to have many watery motions a day
- your child's motion contains blood
- your child has on-going tummy pains
- your child has a persistent high fever (above 38°C)
- you are concerned that your child is not getting better
- your child is passing less urine than normally.

### Remember

- If your baby is less than six months old and has gastroenteritis, see a doctor as soon as possible.
- Other members of the family may be affected.
- Young children tend to be affected most.
- Give enough fluids to cover normal requirements and to replace what is lost through vomiting and diarrhoea (see the suitable clear fluids table on this fact sheet).

**This fact sheet is for education purposes only.  
Please consult with your doctor or other health professional  
to make sure this information is right for your child.**

*This document was reviewed on Wednesday, 2 July 2003.*

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