

Gastroenteritis

Information and advice for parents and carers

Paediatrics

What is gastroenteritis?

Gastroenteritis is an infection in the gut (intestines). It is common in all age groups, and many children have more than one episode a year. The illness usually lasts a few days though can last 10 days or longer. The main risk from the illness is the child becoming dehydrated because of the vomiting and diarrhoea.

What causes gastroenteritis?

Gastroenteritis is usually caused by viruses, commonly rotavirus and adenoviruses. Viruses spread from the hands of an infected person when the person touches other people or surfaces. 'Food poisoning' also causes some cases of gastroenteritis. Food poisoning is an infection caused when the child eats food that has been contaminated with bacteria such as Campylobacter, Salmonella or E. coli.

Occasionally other types of microbes (germs) can cause gastroenteritis, particularly after travel abroad, or contact with contaminated water.

What are the symptoms of gastroenteritis?

The main symptom of gastroenteritis is diarrhoea (loose or watery poo) which happens at least 3 times in 24 hours. Sometimes blood or mucus can appear in this. Other symptoms include:

- vomiting
- pains in the abdomen (tummy)
- a high temperature (fever)
- headache
- aching limbs

Diarrhoea and vomiting may cause dehydration (a lack of fluid in the body). This is more likely to occur in babies under the age of 1 and in children who are not drinking enough or who have severe diarrhoea or vomiting.

Symptoms of dehydration in children are:

- passing less urine (fewer wet nappies)
- a dry mouth and lips
- fewer tears when crying
- sunken eyes
- weakness
- being irritable or tired

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Symptoms of severe dehydration in children are:

- cold hands or feet
- drowsiness
- pale or blotchy skin
- fast breathing

If you think your child is developing dehydration you should seek medical advice. Mild dehydration is common with gastroenteritis and can usually be improved quickly by drinking plenty of fluids, however severe dehydration can be fatal unless quickly treated because the organs of the body need a certain amount of fluid to work normally. Severe dehydration is a medical emergency and needs immediate medical attention.

How is gastroenteritis diagnosed?

Most parents and carers recognise gastroenteritis in their children because of their symptoms. A doctor would also diagnose the illness in your child by asking about their symptoms. Tests are not usually needed but if your child needs treatment in hospital a stool (poo) sample may be taken to see if it is possible to identify the virus or germ causing the symptoms. Blood samples are sometimes needed if the medical team think your child is severely dehydrated to check the salt levels in the blood.

How is gastroenteritis treated?

Most children who have gastroenteritis have mild symptoms which will get better in a few days and you will not need to seek medical advice. However you should seek medical advice if your child:

- is under the age of 6 months
- has an underlying medical condition (e.g. heart or kidney problems, diabetes)
- has a fever (high temperature)
- may be developing dehydration
- appears drowsy or confused
- is vomiting and unable to keep fluids down
- has blood in their diarrhoea or vomit
- has severe tummy pain
- caught the infection abroad
- has severe symptoms, or if you feel that their condition is getting worse or not getting better after a few days (vomiting for more than 1-2 days, or diarrhoea that isn't settling after 3-4 days)

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Caring for your child at home

- Encourage your child to take plenty of fluids as this will help to prevent them becoming dehydrated.
- Your child should continue with their usual drinks and diet and breast or bottle feeds should be continued as normal. In addition, they should also be encouraged to drink extra fluids in small, frequent amounts until the diarrhoea has settled.
- Avoid fruit juices and fizzy drinks as these can make diarrhoea worse.
- Do not worry if your child does not want to eat; drinks are the most important and food can wait until their appetite returns.
- If your child vomits wait 5-10 minutes and then start giving drinks again, but more slowly (for example, a spoonful every 2-3 minutes).

Medicines for gastroenteritis

You should not give medicines to stop diarrhoea to children under 12 years old. They are unsafe to give to children due to possible serious complications.

Paracetamol (Calpol, Disprol etc) can be given if your child has 'tummy ache' or a high temperature. Please follow the dosage instructions on the packet and read the manufacturers information leaflet before giving it.

Special rehydration drinks (such as Dioralyte) may be advised by a doctor for children at increased risk of dehydration. They are made from sachets available from pharmacies and on prescription. You should be given instructions about how much to give. Do not use homemade salt/sugar drinks as the quantity of salt and sugar has to be exact.

What are the benefits of rehydration drinks?

Rehydration drinks provide a perfect balance of water, salts, and sugar to help restore what your child's body has lost through diarrhoea/vomiting. They can rehydrate your child or prevent dehydration from worsening.

What are the risks of rehydration drinks?

There are no risks from rehydration drinks if they are made up correctly.

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Treatment in hospital

If your child is not able to take sufficient fluids, is dehydrated, or has other features mentioned above they may need to be admitted to hospital for additional treatment.

If your child is reluctant to take fluids by mouth, but is not vomiting too much, it may be possible to give fluid by naso-gastric tube (a small tube passed through the nose into the stomach). If your child is vomiting a lot, or has significant dehydration they may need fluids given through a cannula (drip) into a vein.

Rarely, there may be other complications of gastroenteritis, such as the infection spreading to other parts of the body, and this would need separate treatment depending on the condition. Whilst in hospital it is important to let the nurse know when your child passes any stools (poo) and urine, vomits and the amount they have to drink so this can be recorded.

What are the benefits of giving fluids through a naso-gastric tube or cannula?

The benefit of these is that they will prevent your child becoming dehydrated.

What are the risks?

Fluids through a cannula: It can be difficult to insert the cannula and in some cases the doctors may have to try more than once. Every effort will be made to reduce pain whilst it is being inserted.

Nasogastric tube: There is a risk that the tube could be inserted into the lungs instead of the stomach, which could cause a chest infection if the fluids are given. This is very rare and to prevent this occurring, the nurses will check the tube is in the right position before it is used.

What are the risks of not having treatment?

The risk of declining treatment is that your child could become dehydrated which can be very serious.

When will my child be discharged from hospital?

Your child will be discharged when the doctors and nurses are happy that he/she can drink enough without vomiting, and diarrhoea is not too frequent. They may be discharged even if there is still some diarrhoea as this may continue for a week or two.

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How to prevent gastroenteritis spreading

Gastroenteritis can easily be passed on from person-to-person so you and your child need to take measures to try to prevent them from passing the virus on to others.

- Carefully wash your hands with liquid soap and warm water before preparing, serving, or eating food and after using the toilet. Dry your hands properly.
- Make sure your child washes their hands properly after going to the toilet.
- Do not allow your child to help prepare food for others.
- If your child wears nappies, wash your hands thoroughly after changing them.
- If your child uses a potty, wear gloves if possible when you handle it, dispose of the contents into a toilet, then wash the potty with hot water and detergent and leave to dry.
- Regularly clean the toilets used with disinfectant. Also clean the flush handle, toilet seat, sink taps, bathroom surfaces and door handles at least daily with hot water and detergent with disposable cleaning cloths.
- If clothing or bedding is soiled, first remove any faeces into the toilet. Then wash in a separate wash at as high a temperature as possible.
- Don't let your child share towels and flannels.
- Keep your child away from school, nursery or playgroup until 48 hours after the last episode of diarrhoea or vomiting. They should also avoid contact with other children, where possible, during this time.

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Further information

If your child has been treated in hospital and you need to get in touch following their discharge, please contact the ward they were treated on.

Priory Ground

0121 507 3927

Lyndon 1

0121 507 3800

Lyndon Ground

0121 507 3717

Children's Emergency Care Unit (CECU)

0121 507 4019

If your child's symptoms persist after discharge longer than you expected please contact your GP or NHS 111 for further advice. If you are worried your child has become dehydrated or is more unwell, please attend the emergency department.

National Health Service (2020). *Diarrhoea and vomiting*. Available at: <https://www.nhs.uk/conditions/diarrhoea-and-vomiting/> (Accessed 18 March 2021).

Sources used for the information in this leaflet

- National Institute for Health and Clinical Excellence (2009). *Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management*. [CG84]. Available at: <https://www.nice.org.uk/guidance/cg84> (Accessed 18 March 2021).
- Elliott, E.J., 2007. Acute gastroenteritis in children. *Bmj*, 334(7583), pp.35-40.
- Ejemot-Nwadiaro, R.I., Ehiri, J.E., Arikpo, D., Meremikwu, M.M. and Critchley, J.A., 2020. Hand washing promotion for preventing diarrhoea. *Cochrane Database of Systematic Reviews*, (12).

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