

Vomiting

Many common childhood illness can cause vomiting. Most often these are minor viral illness which will pass quickly, but it is always distressing to watch and sometimes it can be a symptom of a more significant problem. It is a good idea to know more about what is going on and when to worry.

First, let's separate vomiting from "spitting up". Vomiting is a forceful, reflexive contraction of the abdominal muscles which causes the stomach to empty through the mouth. Spitting up is much less dramatic. It reflects the passive, easy flow of stomach contents up the esophagus and commonly occurs in children less than one year old. Spitting up will often occur with burping and is usually not distressing to a child, although the passing of stomach acid can afterwards cause pain. In contrast, vomiting children typically appear quite distressed during the event and afterward will often seem pale, sweaty, and wiped out.

Sometimes people refer to episodes of vomiting as "projectile vomiting". Usually this describes an episode of vomiting that is unusually forceful or even one that travels a distance of several feet. While more forceful vomiting can be concerning for a number of reasons, the distinction is usually imprecise and not that helpful in determining the cause or management of a vomiting episode.

Babies

There are some special considerations that apply to children under one year of age. As we already discussed, it is important to distinguish vomiting from simple spit up. Usually, spitting up is not a big problem for children, but some do it a lot more than others. If your baby spits up with nearly every feeding, seems to be in pain, or is not gaining weight properly, your child may have GERD (gastroesophageal reflux disease) and may need treatment. Milk allergy can also be a problem. Please call us to make an appointment so we can help.

Persistent and frequent vomiting in babies between 2 weeks and 4 months of age can be a symptom of pyloric stenosis. This means that the muscle around the stomach outlet has become unusually thick, preventing the stomach from emptying normally. Babies with pyloric stenosis usually require surgery, so please call us as soon as possible if you see significant and persistent vomiting in a child of this age.

The biggest problem with babies, of course, is that they are small. They will not tolerate long episodes of vomiting as well as a larger child or adult. You should call us if you see:

- blood or bile (green colored material) in the vomit
- no urine produced in the last 8 hours, although this can sometimes be difficult to tell in the presence of diarrhea
- severe pain or lethargy
- swollen or distended abdomen
- vomiting for more than 24 hours

Fevers, with or without vomiting, present different considerations in young children. Please see the separate discussion on Fevers.

Children Older than One Year

The most common cause of vomiting in older children is an infection of the gastrointestinal tract. These illnesses are mostly viral and will pass in a few days. Sometimes the children will have fever, and usually they develop diarrhea eventually. Diarrhea is discussed in detail elsewhere.

Food borne illnesses (often unfortunately called food poisoning) can also cause vomiting. Certain bacteria, when they contaminate foods, will produce chemicals, or toxins, which make you sick. These illnesses usually come on fast, within a few hours of the meal and are typically shared among the people who shared the meal.

There are, though, many possible causes for vomiting so you may want to give us a call if your child has symptoms which are not consistent with a simple gastrointestinal infection. Be especially aware of vomiting in the presence of a head injury, which may require immediate medical evaluation. See also the discussion about “When To Worry” below for a variety of symptoms which may indicate a more serious illness.

Dehydration

Our biggest challenge in vomiting illnesses is usually dehydration. This occurs when the body loses so much fluid that it cannot perform essential functions. Most vomiting children will do just fine if we keep them hydrated. There are certain basic rules to keep in mind.

- Focus on liquids. Solid food can wait.
- Clear liquids are usually the easiest to tolerate.
- Small amounts usually work better in the beginning.

So we begin usually with small sips of clear liquids. Pedialyte (or a similar rehydration solution) works best. If your child refuses, you may also try a sports drink (like Gatorade) diluted 50% with water, clear broth, or gelatin water (mix a teaspoon of flavored gelatin with 4 ounces of water). Popsicles are nice because they are often attractive to children and they are necessarily consumed slowly. Often, when an illness first begins, it is best to wait a few hours and allow the initial burst of vomiting to pass before pushing fluids in earnest. Let the stomach settle a bit and allow the reflexive spasms to space themselves out (at least 30 minutes). Ice chips can be used in the meantime to help keep the mouth and throat moist.

You will hopefully find, sometimes by hard experience, a small amount that your child can tolerate without vomiting. It may be just an ounce, or a teaspoon, or even a dropper. Start gradually and increase the amount slowly as tolerated. Try not to be discouraged by further episodes of vomiting. Some liquids will likely get through anyway. After 8 to 24 hours, depending on the severity of the illness, you should try to reintroduce solid (bland) foods. The presence of diarrhea makes the reintroduction of solid food especially important.

There are anti-nausea medications which can sometimes be used for vomiting children, although, since they can also have significant side effects, they are not always used. Home remedies that may be helpful include small spoonfuls of either flat cola or the syrup from canned peaches.

Ultimately, if nothing else works, we will bring children to the nearest appropriate medical facility for intravenous rehydration (IV fluids). While not ideal, sometimes it is the only way to improve the situation and it can be a tremendous relief to the children.

When to Worry

Most of the time, with patience and fluid, vomiting illnesses will resolve themselves. Still, there are some things we want you to watch for.

- Dehydration: In a young child, look for a lack of tears and absence of urine output for more than 8 hours. In older children, look for a very dry mouth and extreme weakness.
- Severe abdominal pain, particularly if it is not relieved (perhaps briefly) by the episodes of vomiting.
- Severe lethargy, making your child difficult to arouse or unable to walk.
- Inability to tolerate any oral fluids for more than 12 hours (8 hours in a baby).
- Vomiting more than once a day for over 24 hours.
- Any history of recent head injury.
- Headaches, a stiff or painful neck, and a bulging fontanelle (soft spot).
- Confusion or uncharacteristic behavior.
- Blurred vision.
- Recent history of increased thirst, or urine output, or weight loss.
- Fever over 104 degrees which do not respond to anti-fever medicines.
- Fever which lasts more than 3 days.

You should call us when any of these symptoms are present. Your child will need to be seen, in some cases immediately. If your child seems very sick and cannot (in your opinion) wait for medical attention, you should call 9-1-1 immediately and go to the nearest appropriate medical facility.