



Emergency Department

Gastroenteritis

Information for Parents/ Carers

What is gastroenteritis?

- It is the medical word for a 'tummy bug' or 'D&V'
- Very common in young children
- Almost always caused by a virus – this means antibiotics won't help and can sometimes make some symptoms (diarrhoea) worse
- Very easily spread between infected people eg. at nursery or school

What does it cause?

- Vomiting - this should usually last 2-3 days
- Diarrhoea - this can last for up to 5-7 days and may take up to 2 weeks to return to normal
- High temperature/fever
- Tummy pain
- Less interested in eating and drinking
- Weeing less often than normal

Your child may also have other general symptoms of a viral illness such as a runny nose, cough, sore throat, rash or tiredness.

The main worry for children with gastroenteritis is the risk of **dehydration** – this can develop due to severe vomiting and/or diarrhoea. Reduced water and salt levels in the body can affect how well the body does its normal job.

Children at particularly high risk of dehydration include babies under 6 months of age.

How is gastroenteritis treated?

There is no specific medicine for gastroenteritis as the body will fight the infection by itself.

It is important to ensure your child keeps drinking/breastfeeding to replace the fluid (water) that is lost by vomiting and diarrhoea. The next section gives some ways that you can help with this.

Anti-diarrhoeal (anti-motility) medicines should not be used for treatment in children.

How can I look after my child?

Encourage fluid intake

- Ensure your child continues to have oral fluids – little and often
- Giving fluids in an oral syringe can be helpful
- Oral rehydration solution (ORS) / 'Diarolyte' is the best fluid to give
 - It helps to replace lost water/sugar/salt to prevent dehydration
 - Can be bought over the counter in supermarkets or pharmacies
 - Sachets can be mixed in dilute squash to improve the taste if needed
 - This can be restarted if vomiting and/or diarrhoea recurs
- Continue to offer your child their usual breast or formula milk feeds if they are exclusively milk fed
- Lolly ices or jellies are a useful way to give your child extra fluids when they are older
- Avoid fizzy drinks as this can make diarrhoea worse

Try simple painkillers

- Paracetamol (Calpol) or ibuprofen (Nurofen) can be used
- These can be helpful for high temperatures or tummy pain/cramps – these are both common in gastroenteritis

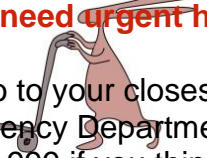
Do not worry if they aren't very interested in eating their usual meals whilst they are unwell. Offer plain food eg. bread, toast or biscuits if your child seems hungry and keen to eat.

Management is the same if your child has vomiting, diarrhoea or both symptoms.

Is there anything else I need to know?

Things to do	Things to avoid
Regular hand washing with soap and water for you and/or your child (if possible) <i>particularly after using the toilet/changing nappies or before touching food</i>	Shared use of your child's towels
Encourage small regular sips of fluids rather than large volumes of fluids that might make them vomit more	Going to school/nursery until <u>at least 48 hours</u> after the last episode of vomiting and/or diarrhoea
	Going into a swimming pool for at least 2 weeks after the last episode of diarrhoea

When do I need to get help?

<p>RED</p>	<p>If your child:</p> <ul style="list-style-type: none"> • Is pale, mottled and feels abnormally cold to touch • Has blue lips and/or is too breathless to talk/eat/drink • Is extremely agitated, confused or very lethargic (difficult to wake) • Has dark green or blood stained vomit • Has a rash that does not disappear with pressure (the 'Glass Test') • Is under 3 months of age with a temperature above 38 degrees (unless within 48 hours of vaccination with no other red or amber features) 	<p>You need urgent help</p>  <p>Go to your closest Emergency Department or phone 999 if you think it is life threatening</p>
<p>AMBER</p>	<p>If your child:</p> <ul style="list-style-type: none"> • Seems dehydrated eg. sunken eyes, drowsy, sunken fontanelle (soft spot on baby's head), very dry tongue, not passed urine for 12 hours • Has blood in their stools (poo) • Has constant tummy pain • Has completely stopped drinking or breastfeeding • Is unable to keep down any fluids • Is drowsy (excessively sleepy) or irritable (unable to settle them with toys, food or picking up) – especially if they remain like this despite their fever coming down • If your child has diabetes, monitor their blood sugar levels closely 	<p>You need to contact a doctor or nurse today</p> <p>Please ring your GP surgery or contact NHS 111 via telephone or website</p> <p>Monitor your child closely to ensure they don't develop any red features</p>
<p>GREEN</p>	<p>If none of the above features are present, most children with diarrhoea and/or vomiting can be safely managed at home and will get better by themselves.</p> <p><i>(Please note that children younger than 1 year may become dehydrated more quickly and should be watched closely in case they develop any red or amber features).</i></p>	<p>Self care</p> <p>Continue providing your child's care at home using the information provided</p> <p>If you are still concerned contact NHS 111 or a pharmacy for advice</p>

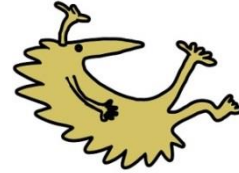


This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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