

Diarrhea and Your Child

When a child's bowel pattern changes suddenly to a loose and watery bowel movement (BM, stool, or poop) and occurs more often than usual, he or she has diarrhea. Diarrhea is a common symptom of illness in young children. In the United States, children younger than 4 years may have diarrhea 1 or 2 times each year.

Diarrhea can be acute (lasts a short time) or chronic (lasting more than 2 weeks). Here is information from the American Academy of Pediatrics (AAP) about acute diarrhea, as well as how to manage the symptoms, and how to help reduce your child's chances of getting diarrhea.

What causes diarrhea?

Most diarrhea in children is caused by viruses. Diarrhea can also be caused by bacteria, parasites, changes in diet (such as drinking too much fruit juice), problems with the intestines (such as allergy to foods), and the use of some medicines.

How long will diarrhea last?

Most of the time mild diarrhea lasts from 3 to 6 days. Sometimes a child will have loose stools for several days more. As long as the child acts well and is drinking and eating enough, parents do not need to worry about loose stools.

When do I need to call the doctor?

Children with viral diarrhea have a fever and may vomit. Soon after these symptoms appear, children get diarrhea. Often children with viral diarrhea "feel bad" but do not act ill.

The most important part of treating diarrhea is to prevent your child from becoming dehydrated. Call your child's doctor right away if your child has any of the following symptoms:

Mild to moderate dehydration

- Plays less than usual.
- Urinates less often (for infants, less than 6 wet diapers per day).
- Has a dry mouth.
- Becomes very thirsty.
- Produces fewer tears when crying.
- Is an infant or toddler with a sunken soft spot on the head.
- Stools will be loose if dehydration is caused by diarrhea. If dehydration is due to fluid loss (vomiting, lack of fluid intake), a child's usual bowel movements will decrease.

Severe dehydration

- See signs and symptoms of mild to moderate dehydration.
- Very fussy.
- Very sleepy.
- Sunken eyes.
- Cool, discolored hands and feet.
- Wrinkled skin.
- Urinates only 1 to 2 times per day.

Also, call your child's doctor if your child has diarrhea and

- Fever that lasts longer than 24 to 48 hours
- Bloody stools
- Vomiting that lasts more than 12 to 24 hours
- Vomit that looks green, tinged with blood, or like coffee grounds
- Abdomen (stomach, belly) that looks swollen
- Will not eat or drink
- Severe abdominal (stomach, belly) pain
- Rash or jaundice (yellow color of skin and eyes)

How is diarrhea managed?

- **Mild diarrhea without vomiting.** Diarrhea often goes away in a couple of days on its own. Most children with mild diarrhea do not need to change their diet and electrolyte solutions are usually not needed. You can keep giving human (breast) milk, formula, or cow's milk. However, if your child seems bloated or gassy after drinking formula or cow's milk, ask your child's doctor if these should be avoided.
- **Mild diarrhea with vomiting.** Children who have diarrhea and are vomiting will need to stop their usual diets. Electrolyte solutions should be given in small amounts, often until the vomiting stops. In most cases, they're needed for only 1 to 2 days. Once the vomiting has lessened, slowly return to your child's usual diet. Some children are not able to tolerate cow's milk when they have diarrhea and it may briefly be removed from the diet by your child's doctor. Breastfeeding should continue.
- **Severe diarrhea.** Call your child's doctor for severe diarrhea. Children who have a watery bowel movement every 1 to 2 hours, or more often, and signs of dehydration may need to stop eating for a short period (such as 1 day or less) to focus on drinking to replenish fluid lost in those stools. They need to avoid liquids that are high in sugar, high in salt, or very low in salt (ie, water and tea). For severe dehydration, children may need to be given fluids through the vein (IV) in the emergency department.

How do I reduce my child's chances of getting diarrhea?

Here are ways to help reduce your child's chances of getting diarrhea.

- **Stop germs from spreading.** Frequent handwashing with soap or using a hand sanitizer is the best way to prevent these germs from spreading.
- **Avoid germs.** Try to keep your child away from children who have diarrhea or are vomiting.
- **Do not give your child raw (unpasteurized) milk or foods that may be contaminated.**

What are electrolyte solutions?

Most children with mild diarrhea do not need electrolyte solutions. Electrolyte solutions are very helpful for the home management of moderately severe diarrhea.

Electrolyte solutions are special fluids that have been designed to replace water and salts lost during diarrhea. Soft drinks (soda, pop), soups, juices, sports drinks, and boiled milk have the wrong amounts of sugar and salt and may make your child sicker.

Do not try to prepare your own electrolyte solutions at home. Use only commercially available fluids—store brand and name brand work the same. Your child's doctor or pharmacist can tell you what products are available.

- **Avoid medicines, especially antibiotics, if they are not needed.**
- **Breastfeed your baby.** Breast milk has many substances that formulas don't have that help protect your baby from many diseases and infections. *The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.*
- **Limit the amount of juice and sweetened drinks.**
- **Make sure your child has received the rotavirus vaccine.** The rotavirus vaccine protects against the most common cause of diarrhea and vomiting in infants and young children.

Common Questions

Q: Should a child with diarrhea fast (not eat)?

A: Fasting is not a treatment for diarrhea. However, some children may benefit from reducing their intake of solid food if they are vomiting. It is appropriate to continue to offer small amounts of fluids, particularly electrolyte solutions, in these cases. As children recover from their illness, it is fine to let them eat as much or as little of their usual diet as they want.

Q: What about the BRAT diet?

A: The bananas, rice, applesauce, toast (BRAT) diet, once recommended while recovering from diarrhea, is no longer considered useful. Because BRAT diet foods are low in fiber, protein, and fat, the diet lacks enough nutrition to help a child's gastrointestinal tract recover. Some pediatricians believe that it may actually make symptoms last longer. The AAP now recommends that children resume eating a normal, well-balanced diet appropriate for their age within 24 hours of getting sick. That diet should include a mix of fruits, vegetables, meat, yogurt, and complex carbohydrates.

Q: What about antidiarrheal medicines?

A: Over-the-counter antidiarrheal medicines are not recommended for children younger than 2 years. They can also be harmful in older children. Always check with your child's doctor before giving your child any medicine for diarrhea.

Also, do not give your child homemade remedies. Because diarrhea is so common, many different home remedies have been tried through the years. Some of these homemade remedies may not be effective and some may actually make things worse.

Q: Do probiotics help diarrhea?

A: Probiotics are types of "good" bacteria that live in the intestines. They may have beneficial health effects, although more studies are needed. Some studies have shown that foods or infant formula containing probiotics can prevent or even treat diarrhea in children, whether this condition is chronic or acute, or associated with the use of antibiotics. To date, the strongest evidence suggests that probiotics may help prevent or improve viral gastroenteritis; they may also strengthen a child's disease-fighting immune system and thus help fight off a number of infections that could lead to diarrhea.

Remember

If you have any questions or concerns about your child's health, contact your child's doctor.

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