

Diarrhea - Pediatric

WHAT IS DIARRHEA?

Diarrhea can be caused by a virus or bacteria in your child's intestines. This makes your child's stools looser and more frequent than usual. Mild diarrhea is when your child has a few loose stools. When the stools are watery, the diarrhea is severe.

When having diarrhea, it is important to make sure your child does not lose too much water. If your child has these signs, he or she could be dehydrated:

- Dry, sticky mouth.
- No tears.
- No urine in over eight hours (over 12 hours if more than one year old).
- Dark urine.

Taking care of the diarrhea and replacing fluids and electrolytes can keep your child from developing dehydration.

WHAT CAUSES DIARRHEA?

Diarrhea is usually caused by a viral infection. Sometimes it is caused by bacteria or parasites. Sometimes a food allergy or drinking too much fruit juice may cause diarrhea. Antibiotics can upset the natural balance of bacteria in the digestive tract, causing diarrhea.

WHAT SHOULD I FEED MY CHILD?

Extra fluids and diet changes work best. Note: One loose stool can mean nothing. Don't change your child's diet until your child has had several loose stools. If your child is also vomiting, follow the vomiting care advice for oral rehydration.

TREATMENT ADVICE TO TAKE CARE OF YOUR CHILD

CARE OF WATERY (SEVERE) DIARRHEA

- **If your baby is less than one year old and bottle-fed:**
 - Give your baby formula more often than you would normally and as much as s/he wants. Fluids prevent dehydration.
 - Give your baby both oral rehydration solution drinks such as Pedialyte and formula for four to six hours.
 - After four to six hours, continue the oral rehydration solution such as Pedialyte in addition to the formula feeding only if the urine becomes dark coloured or is passed infrequently.
 - If your baby is over six months old, continue rice cereal, and strained bananas.
- **If your baby is less than one year old and breast-fed:**
 - Breast-feed more often.
 - If your baby is over six months old, continue rice cereal, and strained bananas.
 - Offer an oral rehydration solution such as Pedialyte between breast-feedings only if your baby does not urinate as often as usual or has dark-colored urine.
- **If your child is over one year old:**
 - Give dried cereals, grains, bread, crackers, rice, pasta, and mashed potatoes. Yogurt is also good for diarrhea.
 - Give water or half-strength Gatorade as the main fluids for six hours if eating.
 - **Caution:** If your child does not want to eat solid food, give your child Pedialyte oral rehydration solution drink, regular milk or formula rather than water.

CARE OF MILD DIARRHEA

- You can keep giving formula to your baby. Have older children drink extra water, as well as milk.
- Avoid all fruit juices.
- Feed your child cereal, breads, crackers, rice, mashed potatoes, and pasta.
- Give 60 to 180 ml (two to six ounces) of regular yogurt twice daily to add a probiotic to the diet if over 12 months of age.

WHEN SHOULD I SEE A HEALTH-CARE PROVIDER?

SEE A HEALTH-CARE PROVIDER IMMEDIATELY if:

- Your child has not urinated in eight hours (12 hours for children over age one year) or has a very dry mouth or no tears.
- Symptoms requiring oral rehydration continue for more than four hours in an infant less than one year of age.
- There is any blood in the diarrhea.
- Your child has had more than eight stools in the last eight hours.
- The diarrhea is watery AND your child also throws up repeatedly.
- Your child starts acting very sick.

SEE A HEALTH-CARE PROVIDER DURING OFFICE HOURS if:

- There is mucus or pus in the stools.
- Your child has a fever that lasts more than three days.
- The mild diarrhea lasts more than two weeks.
- You have other concerns.

If you haven't spoken to us yet, call Health Links – Info Santé to discuss your child's symptoms with a nurse. Call back any time if your condition changes and you need assessment, or you have any questions or concerns.

Written by Barton D. Schmitt, MD, author of "My Child Is Sick," American Academy of Pediatrics Books.

Published by RelayHealth. Copyright ©1986-2017 Barton D. Schmitt, MD FAAP. All rights reserved.

Reviewed and Revised by Health Links - Info Santé of the Provincial Health Contact Centre, April, 2018

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a health-care professional.