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• Home management of VOMITING: 1 - 2 Years.

Vomiting in children is usually a manifestation of a stomach viral infection known as **Viral Gastritis**, when diarrhea is also present it is called **Viral Gastroenteritis**. Sometimes, vomiting is an important clinical sign of several surgical emergencies in infants. Commonly, occult Urinary Tract Infection, especially girls, may cause vomiting. Less frequently, intestinal bacteria and parasites may produce vomiting.

Anti-emetic medications are not very effective in Pediatrics, in fact they may cause undesirable side effects. However, sometimes the pediatrician will prescribe anti-emetics after a careful evaluation of the child. The main goal is to prevent dehydration by stimulating the intake of clear liquids and oral rehydration solutions. If the child does not improve, then oral intake intolerance is diagnosed and a hospital admission for prompt IV fluid hydration is warranted.

STEPS:

- a) Stop solids and dairy products. Introduce an oral rehydration solution, PEDIALYTE or ENFALYTE, at about **4 - 6 oz every 4 hr x 12 - 24 hr**, other alternatives are apple juice, jello water and Gatorade, all diluted $\frac{1}{2}$ strength with water.
- b) If clear liquids are well tolerated for 12-24 hr, start lactose-free milk or soy milk, other options are ENFAGROW NEXT-STEP SOY or SIMILAC EXPERT CARE for diarrhea, at about **6-8 oz 3 times/day**. Use x 3 - 5 days.
- c) If formula is well tolerated after 24 hr, introduce BRAT diet:
B = banana
R = rice cereal
A = applesauce
T = toast
- d) If Brat diet is well tolerated, add the following solids: jello, yogurt, steamed potatoes, steamed rice, steamed chicken white meat, steamed noodles.