

Gastroenteritis Advice

This leaflet is intended for the carers of children to help with your child's recovery and explain how to manage a child with gastroenteritis.

What causes gastroenteritis?

Many different bacteria and viruses (bugs) can cause this infection. Gastroenteritis may be spread through contaminated water or food and by poor hand hygiene.

Prevention

Good hygiene helps to prevent gastroenteritis. Washing hands with soap and water is more effective than using alcohol gel. However, alcohol gel is better than nothing for example on days out!

- Ensure that hands are washed after using the toilet and before preparing food.
- Teach your children to wash their hands before meals and after playing in the garden or with pets.
- For all babies under 1 year, bottles, teats, cups and bowls should be sterilised after washing.
- Prepare food in a clean area.
- Wash hands between handling raw meat and ready cooked food.
- Ensure food is used or discarded by the "use by" date. Heat food thoroughly.
 Left-over food should be cooled, then covered and stored in the fridge.
- Towels used by infected children should not be shared.

Symptoms

- Having diarrhoea, often with nausea and vomiting as well. Diarrhoea means that stools (poos) are loose and more frequent.
- Cramp type pains in the tummy are common. The pain may ease for a while each time when diarrhoea has been passed.
- Fever, with a temperature above 38°C.
- Feeling miserable, sleepy and not interested in normal activities.
- Your child may not be able to tolerate any solid food and/or fluids. This could lead to dehydration.

Dehydration

Your child may be dehydrated if s/he:

- Appears to get more unwell.
- Has pale or mottled skin.

- Produces less urine.
- Has cold limbs.

Contact your doctor if your child shows signs of dehydration

Children with diarrhoea or vomiting caused by gastroenteritis should not:

- Attend any school or other childcare facility.
- Return to school or other childcare facility until at least 48 hours after the last episode of diarrhoea and vomiting.
- Go swimming for two weeks after last episode of diarrhoea.

Treatment

The most important treatment is to avoid dehydration. Encourage your child to have any fluid that they will take in small frequent amounts. Avoid fizzy drinks.

If your child feels sick, still try to get them to drink small regular sips or offer an ice lolly. If your child is under one year of age, try cooled boiled water. Do not stop breast feeding. Older children may tolerate water, blackcurrant or flat lemonade.

Your doctor may have advised you to use rehydration drinks which can be used in addition to, or instead of, normal drinks and help to restore the body's balance of salts and sugars. This will not stop the diarrhoea but allows water to be absorbed more easily and help prevent dehydration.

To make these drinks, follow the instructions on the packet. Do not attempt to make your own sugar or salt drinks as the balance needs to be exact.

Recovery

Diarrhoea often lasts for 5–7 days and in most children it will stop within 2 weeks. Vomiting often lasts for 1–2 days and in most children it will stop within 3 days. If your child's symptoms are taking longer to get better then you should contact a healthcare professional.

Your doctor may request a specimen of your child's stool to be sent to the lab for analysis and identification of the bug but remember that it can take up to two weeks for the stools to return to normal.

Contact your doctor if your child refuses to take fluids and/or becomes lethargic (drowsy, unenergetic) or if your child continues to vomit.

As long as your child is not getting worse, there is no cause for concern.

Further guidance
Your doctor will explain any fluids to be given on discharge home.
Fluids to be given on discharge home:
Fluid:
Amount each hour:
Amount in 24 hours:

Reference: Recommendations | Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management | Guidance | NICE
Surveillance decision | Evidence | Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management | Guidance | NICE