

CHILDREN
WITH

gastrointestinal infections



Children with **gastro- intestinal infections**

General information:

The most common stomach infections are caused by a range of viruses, although in rare cases they can be caused by bacteria such as the well-known salmonella bacterium. Gastrointestinal infections involve symptoms such as stomach ache, vomiting and diarrhea and often last 3-5 days. The child may also run a fever.

Gastrointestinal infections are unpleasant but they are rarely dangerous. The main danger is dehydration – in other words that the child loses more liquids than it drinks.

How is it contracted?

Stomach infections are caused by e.g. physical contact. Usually via the hands, but infection can also occur by touching things that the infected person has touched, e.g. toys, door handles, etc. The infection may also be transmitted by eating food contaminated with bacteria.

Symptoms:

- Frequent, thin stools often accompanied by vomiting
- Loss of appetite/nausea
- Stomach ache
- Possibly fever
- The child rarely pees.

Dehydration may show in the following ways: The child pees less than normally, is apathetic and pale, has a dry mouth, sunken eyes and dark circles around the eyes.

Good advice:

- Breastfed children may continue with breast milk, but should be breastfed more often. You may supplement with small amounts of boiled water with sugar added
- If there are signs of dehydration you may give your child fluid with revolyt (available at the Danish pharmacies), which is a sachet that contains undissolved salts. Or you can dissolve ½ teaspoon of salt in 1 litre of cold boiled water, and mix it with sweet cordial (it should not taste salty).
- Diluted apple juice can also be used
- Older children can usually eat and drink what they like. Offer your child small amounts of liquids frequently

- You can also try to offer your child crisps, pretzels and popcorn, together with lots of liquids in small amounts
- Ice-cold drinks can upset the stomach
- Avoid coarse food and foods with a high fibre content as long as your child has diarrhoea, because it only upsets the stomach and prolongs the diarrhea
- Change your child's nappy often
- Let the child's bottom air-dry. Rub a thin layer of water-repellent ointment on its bottom, e.g. soft zinc ointment or Inotylol
- Give your child its own towel and use disposable wash cloths
- Only let your child play with toys that can be washed and do not let other children play with them until they have been cleaned.

When to see a doctor?

Contact a doctor if the child:

- is less than 3 months old and vomits frequently, and often violently
- has a stomach ache which gets worse and worse
- has diarrhea that contains blood
- stops peeing
- has a high temperature which does not fall after 4-5 days
- has a pale or greyish complexion, is apathetic and weak, and shows signs of dehydration
- is ill for more than 1-2 weeks
- makes you worry and you feel insecure.

Contact your general practitioner first because he/she knows your child better than the doctor on call. You can also get good advice and guidance from your health visitor. '

Treatment:

Gastrointestinal infections – whether caused by a virus or bacteria – often heal themselves, and it is rarely necessary to give the child medicine. Therefore, the best treatment is to relieve the symptoms and avoid dehydration.

If your child is dehydrated and does not drink or eat, it may be necessary to admit the child to hospital.

Prevention:

Infection takes place from the hands to the mouth, so it is important to wash your hands after changing nappies, after going to the toilet, helping your child going to the toilet and before preparing food and eating. Remember to wash the child's hands too.

Childcare:

The child can return to childcare or school when the vomiting and diarrhea have stopped and the child is eating, drinking and playing as usual.

Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners family doctors, doctors on call, and the staff at paediatric admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site www.fv.rm.dk

You may order additional copies from Rikke Dalsgaard,
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