



**8945 Ridge Avenue
Suite 3 - 4 - 5
Philadelphia, PA 19128
215-483-8558
andorrapediatrics.com**

Diarrhea: When Should I Worry?

What Is Normal?

The consistency and color of your child's bowel movements may vary from day to day. Breast-fed babies have very frequent, loose, seedy, yellow stools, while formula-fed babies will have a few mushy or semi-hard stools each day. After a baby begins solid foods, it is normal to see a change in the, consistency, frequency, smell, and color (yellow, brown and green) of the stools. As new foods are introduced or new combinations of foods are offered, it is normal to see daily changes in your child's stools.

Looser bowel movements can also be caused by a food intolerance (lactose intolerance), milk allergy, teething (swallowed saliva), when child has a cold (swallowing mucus), treatment with antibiotics, a bacterial infection or most commonly, a viral infection.

How Do I Know If My Child Is Having Diarrhea?

Diarrhea refers to very loose or watery stools, occurring more than 6-8 times in 24 hours.

When Is Treatment Necessary?

Vomiting, diarrhea and decreased fluid intake may occur if your child has an intestinal virus. Most vomiting will stop after 4 hours of resting your child's stomach (no fluids, water, or solids for 4 hours). If vomiting persists, diarrhea is greater than 8-10 times per 24 hours, or your child will not drink fluids, dehydration may occur. Signs of dehydration include:

- decrease in wet diapers or urination
- inside of mouth feels like sandpaper (dry) when you place your finger in child's mouth.
- no tears present when child is crying

In most children, the change in bowel movements is not serious enough to require special treatment and may be controlled by eliminating the offending agent, such as a new food. Antibiotics may cause looser bowel movements, but usually no treatment is necessary. If diarrhea develops while on an antibiotic, either the dose may be decreased or the antibiotic may be changed. Do not stop an antibiotic without first talking to our office.

Before you call our office, please review the following list. This information will help guide us in recommending the best treatment for your child.

- Is your child active and playful, or appear sick?
- Does your child have any temperature (over 101 degrees F)?
- Is your child vomiting or complaining of abdominal pain?
- Does your child have any other symptoms (ear pain, sore throat, headache)?
- How many bowel movements has your child had in the last 24 hours compared to normal?
- What do the stools look like (color, consistency, smell)?
- Is there any mucus or blood present in the stools?
- How much is your child drinking compared to normal?
- Are there signs of dehydration?

Guidelines For Treating Diarrhea

- During the first 48 hours of diarrhea, it is important to prevent dehydration by offering adequate fluids as discussed below. Most diarrhea will improve within 5-7 days.
- If your baby is nursing, continue nursing and introduce solids as your child shows interest.
- If your baby is formula-feeding, stop formula for 24 hours and substitute with Pedialyte (or a similar electrolyte fluid replacement). Do not use Pedialyte more than 48 hours without talking with our office. Offer at room temperature. Pedialyte ice pops in various flavors are also available. Pedialyte (different flavors) is available at the same store you buy your formula. For children who refuse Pedialyte, try mixing a small amount of white grape juice for flavoring. Offer your child 1 ounce every 15 minutes (4 ounces per hour). White grape juice is the only juice that will not make diarrhea worse.
- After 24-48 hours, stop Pedialyte and offer Isomil DF (diarrhea formula) or a lactose-free formula (Similac Lactose Free or Enfamil Lactofree) until your child's bowel movements are back to normal (usually by one week).
- In children 1-2 years old, reintroduce whole milk after 24-48 hours of using Pedialyte. The fat in whole milk may lessen your child's diarrhea. However, some children with diarrhea may develop a temporary lactose intolerance, causing more diarrhea when milk is offered (does not commonly occur). If your child's diarrhea increases after milk is reintroduced, call our office for suggestions.
- In children > 2 years old, Pedialyte can be used. Remember, all juices (white grape juice is the only juice that will not make diarrhea worse). Gatorade and soda may increase your child's diarrhea. If juice/soda are all your child will drink, encourage solid foods early (as mentioned below) and decrease the juice/soda intake.

The following foods will help bind loose stools (BRATY diet):

- Bananas
- Rice cereal and cereals similar to Cheerios or cooked rice
- Apple sauce (not apples)
- Toast- starches-breads, pastas, crackers
- Yogurt (plain) -not fat free

The following foods are higher in fat and will lessen your child's diarrhea:

- chicken, hot dogs, hamburger
- french fries-baked without oil
- mayonnaise-margarine

If your child has been eating solid foods, avoid the following:

- vegetables

- fresh fruits including grapes, prunes, plums, apricots, raisins
- fried, greasy foods and any foods with sauces
- cereals and foods with fiber
- junk foods

Are Any Medicines Necessary For Treating Diarrhea?

Most children with diarrhea caused by an intestinal virus do not require treatment with any antidiarrheal medicines. Antidiarrheal medicines may only prolong your child's illness. Dietary changes are most effective (as described above) and should be used first.

Imodium A-D may be used if your child is not sick and the diarrhea is persisting greater than 4 days. Do not use in a child less than 2 years of age. Do not use during the first 72 hours of diarrhea, and only use for a maximum of 3 days.

Call Our Office If Any Of The Following Are Present:

1. Your child appears sick or signs of dehydration are present (see above).
2. Your child is having persistent vomiting or blood in the stool.
3. You feel your child is not drinking adequate fluids as described above.
4. Diarrhea is not improving with the treatments suggested above.

Our goal is to prevent dehydration. Adequate fluid intake with the proper electrolytes is necessary to prevent dehydration. Avoid plain water as the only source of fluids (no electrolytes). Weight loss is normal when your child is sick. Any lost weight will be regained once your child your child is feeling better and begins to eat again.

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.