How is your child?

**Red**
- If your child has any of the following:
  - Becomes pale, mottled and feels abnormally cold to touch
  - Going blue around the lips or too breathless to talk / eat or drink
  - Becomes extremely agitated, confused or very lethargic (difficult to wake)
  - Develops a rash that does not disappear with pressure (the ‘Glass Test’)

  **You need urgent help**
  - please phone 999 or go to the nearest Hospital Emergency (A&E) Department

**Amber**
- If your child has any of the following:
  - Seems dehydrated: ie. dry mouth, sunken eyes, no tears, sunken fontanelle (soft spot on baby’s head) or passing less urine than normal
  - Has blood in the stool (poo)
  - Has constant tummy pain
  - Has completely stopped drinking or breastfeeding
  - Is unable to keep down any fluids during this illness
  - Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down
  - Is under 3 months of age with a temperature above 38°C / 100.4°F or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)
  - If your child has diabetes, monitor their blood sugars closely

  **You need to contact a doctor or nurse today**
  - Please ring your GP surgery or call NHS 111 - dial 111

**Green**
- If none of the above features is present, most children with diarrhoea and / or vomiting can be safely managed at home.

(Please note that children younger than 1 year may become dehydrated more quickly. If your child appears otherwise well but you still have concerns, please contact your GP surgery or call NHS 111).

**Self Care**
- Using the advice below you can provide the care your child needs at home

How can I look after my child?

- Encourage your child to drink plenty of fluids – little and often. Water is not enough and ideally oral rehydration solution (ORS) is best. ORS can be purchased over the counter at large supermarkets and pharmacies and can help prevent dehydration from occurring.
- Mixing the contents of the ORS sachet in dilute squash (not “sugar-free” squash) instead of water may improve the taste.
- Continue to offer your child their usual feeds, including breast and other milk feeds.
- Do not worry if your child is not interested in solid food. If they are hungry, offer them plain food such as biscuits, bread, pasta or rice. It is advisable not to give them fizzy drinks as this can make diarrhoea worse.
- Your child may have stomach cramps; if simple painkillers such as paracetamol and ibuprofen do not help please seek further advice.
- Most children with diarrhoea and / or vomiting get better very quickly, but some children can get worse. You need to regularly check your child and follow the advice given to you by your healthcare professional and / or as listed on this sheet.

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This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight
Once your child is rehydrated and no longer vomiting:

- Continue breastfeeding, other milk feeds and fluid intake - give full strength milk straight away.
- Reintroduce the child's usual food.
- Avoid giving fizzy drinks until the diarrhoea has stopped.
- If dehydration recurs, start giving ORS again.
- Anti-diarrhoeal medicines (also called antimotility drugs) should not be given to children.
- Your child cannot return to nursery / school until 48 hours after the last episode of diarrhoea and / or vomiting.

Preventing the spread of Gastroenteritis (diarrhoea and / or vomiting):

You and/or your child should wash your hands with soap (liquid if possible) in warm running water and then dry them carefully:
- After going to the toilet
- After changing nappies
- Before touching food

Your child should not:
- Share his or her towels with anyone
- Go to school or any other childcare facility until 48 hours after the last episode of diarrhoea and / or vomiting
- Swim in swimming pools until 2 weeks after the diarrhoea has stopped

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