



Information for Patients & Caregivers

What to do if your child has Diarrhoea?

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+ WHAT IS DIARRHOEA?

Diarrhoea is passing looser or more frequent stools than is normal for your child.

Indeed, stool frequency and consistency vary between well children but having 3 or more episodes of loose or liquid stools in one day may indicate acute diarrhoea.

There are two types of diarrhoea:

- **Acute (short duration) diarrhoea**, which lasts less than 7 and not more than 14 days. It can be either watery or bloody (dysentery).
- **Persistent (chronic) diarrhoea**, which lasts more than 14 days.

+ SYMPTOMS OF DIARRHOEA IN CHILDREN

The main symptom is frequently passing watery or loose stool.

Associated symptoms depend on the cause of diarrhoea. They may include:

- Abdominal pain.
- Nausea and vomiting.
- Headache.
- Loss of appetite.
- Poor urinary output.
- Dehydration.



In hospital, the doctor will ask you and your child questions that help to find out a possible cause of the diarrhoea.

They may check your child for signs of dehydration and possible infection.

In some cases, the doctor may request a stool test.

+ TREATMENT OPTIONS

Maintaining proper hydration is the key factor in treatment of diarrhoea.

Paracetamol or ibuprofen may be given to ease fever and headache. **Other medicines are not usually required.**

Most patients do not need antibiotics. But if antibiotics were prescribed, take them as directed.

They may be prescribed when blood or stool cultures confirm presence of certain bacterial infections.

ANTIBIOTICS MUST BE PRESCRIBED BY A HEALTHCARE PROVIDER.

TREATING YOUR CHILD WITH ANTIBIOTICS ON YOUR OWN DECISION CAN BE DANGEROUS.

Speak to your doctor if your child is allergic to antibiotics or any other medication.

+ PREVENTING SPREAD OF INFECTION TO OTHERS

Diarrhoeal infections can be easily passed from person to person. To reduce the risk, take the following measures and advise your child:

- Wash hands thoroughly with soap in warm water after toileting, before eating or preparing food.
- Dry your hands properly after washing.
- Do not share towels, flannels, and utensils.
- Regularly clean the toilet with disinfectant.
- Wash soiled clothing and linen separately from other clothes. Use the highest temperatures they will tolerate.
- Cook safely. Wash raw vegetables before you cook. Store food properly.
- Avoid direct contact with other children while symptoms are present.

DIARRHOEA AFFECTS MANY PEOPLE FROM TIME TO TIME AND IS USUALLY NOTHING TO WORRY ABOUT.

+ HOW TO RECOGNIZE DEHYDRATION?

The excessive loss of water can lead to dehydration, which can be serious if not recognised on time.

Signs of dehydration include:

- Tiredness.
- Dizziness.
- A dry mouth.
- Decreased urine output.
- Fewer tears when crying.
- Sunken eyes.
- Rapid heartbeat.

Children have a higher chance of dehydration if:

- They are younger than 1 year (especially if they are younger than 6 months of age).
- They had more than 5 diarrhoeal stools in the previous 24 hours.
- They were vomiting in the previous 24 hours.
- They have stopped feeding during the illness.
- They previously had chronic gastrointestinal or renal disease.

SEVERE DEHYDRATION IS A MEDICAL EMERGENCY.

Go to the Emergency Department or call 911 if your child becomes seriously dehydrated.

To keep your child properly hydrated encourage fluid intake. Do not offer fruit juice or carbonated drinks. Your doctor may suggest *oral rehydration solutions*.

Depending on the severity of the dehydration, your child may be treated with fluids administered into a vein and admitted to hospital.

+ CAUSES OF SHORT-TERM DIARRHOEA

Diarrhoea is rather a symptom than a diagnosis. In majority of cases, diarrhoea is caused by bowel infection (*gastroenteritis*).

Gastroenteritis can be caused by:

- A **virus** such as norovirus or adenovirus.
- **Bacteria** such as *Escherichia coli*, which are often picked up from contaminated food.
- A **parasite** such as *Giardia*, which comes from contaminated water.

These infections can sometimes be caught during travel abroad (travellers' diarrhoea).

Non-infectious causes of sudden-onset diarrhoea include:

- A food allergy or intolerance.
- Feelings of anxiety.
- Certain medications.
- Appendicitis.
- Systemic infection.

+ WHEN TO SEE A DOCTOR

In most cases, you do not need to take your child to see a doctor or seek medical advice.

Most children get better within a few days without any treatment other than drinking plenty of fluids.

However, in some circumstances, you may need to seek medical advice for your child, especially if your child is losing liquid and not getting better.

Note: Stools tend to be softer and more frequent in breastfed infants than those that are bottle fed.

Antibiotic-associated diarrhoea can develop as a side effect of treatment with broad spectrum antibiotics.



+ SUPPLEMENTARY TREATMENT

Probiotics given along with the liquids for hydration can reduce the duration and severity of symptoms. Ask your doctor if your child needs them.

Prebiotics, however, are not recommended.

THE FOLLOWING TREATMENTS ARE NOT RECOMMENDED:

- Bismuth subsalicylate.
- Folic acid.
- Gelatine tannate.
- Loperamide.

+ POSSIBLE COMPLICATIONS

Rarely, diarrhoea may lead to certain complications, including:

- Electrolyte loss.
- Lactose intolerance.
- Persistent diarrhoea.
- Spread of infection.
- Impaired consciousness.
- Convulsions.

ALWAYS TRY TO MAINTAIN HIGH STANDARDS OF HYGIENE.

+ AFTER RECOVERY

Make sure your child remains absent from school or other childcare facilities until at least 2 days after the last episode of diarrhoea or vomiting.

Avoid swimming pools for 2 weeks after the last episode of diarrhoea.

+ ADDITIONAL INFORMATION

Additional information on diagnosis and management of Acute Diarrhoea in Infants and Children can be found in the National Clinical Guideline published by The Ministry of Public Health (MOPH) Qatar.

The guideline is available to the public from the MOPH website: www.moph.gov.qa