

The Health Corner: What you need to know about gastroenteritis

Written by Betsy Blevins

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June 2, 2011 - Gastroenteritis is a condition that causes irritation and inflammation of the stomach and intestines (the gastrointestinal tract). The most common symptoms are diarrhea, crampy abdominal pain, nausea, and vomiting.

Viral infections are the most common cause of gastroenteritis but bacteria, parasites, and food-borne illnesses (such as shellfish) can also be the offending agents. Many people who experience vomiting and diarrhea that develops from these types of infections or irritations think they have "food poisoning," when they actually may have a food-borne illness.

Travelers to foreign countries may experience "traveler's diarrhea" from contaminated food and unclean water.

The severity of infectious gastroenteritis depends on the immune system's ability to resist the infection. Electrolytes (these include essential elements of sodium and potassium) may be lost as the affected individual vomits and experiences diarrhea.

Most people recover easily from a short episode of vomiting and diarrhea by drinking fluids and gradually progressing to a normal diet. But for others, such as infants and the elderly, loss of bodily fluid with gastroenteritis can cause dehydration, which is a life-threatening illness unless the condition is treated and fluids restored.

The treatment of gastroenteritis is aimed at hydration and home remedies that address keeping fluid in the body are key to recovery.

Since most causes of gastroenteritis are due to viruses, replacing the fluid lost because of vomiting and diarrhea allows the body to recuperate and fight the infection. Dehydration can also intensify the symptoms of nausea and vomiting. The critical step is replacing fluids when the affected individual is nauseous and doesn't want to drink (hydrate). This is especially difficult with infants and children. Small frequent offerings of clear fluids, sometimes only a mouthful at a time, may be enough to replenish the body's fluid stores and prevent an admission to the hospital for intravenous (IV) fluid administration.

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In general, clear fluids (anything you can see through), may be tolerated in small amounts. Think of it as adding just an ounce or less to the saliva that the patient is already swallowing. However, giving too much fluid at one time may cause increased nausea due to a distended stomach, which causes additional irritation.

Clear fluids do not include carbonated beverages but colas or ginger ale with the fizz gone is often well tolerated. Coke syrup may also be helpful in settling the stomach.

Jell-O and popsicles may be "solid food" alternatives to clear fluids in children who aren't interested in clear fluids.

Dehydration in children

Oral rehydration therapy using balanced electrolyte solutions such as Depilate or Gatorade/PowerAde may be all that is needed to replenish the fluid supply in an infant or child. Plain water is not recommended because it can dilute the electrolytes in the body and cause complications such as seizures due to low sodium.

The key to oral rehydration is small frequent feedings. If offered free access to a bottle, infants especially may drink quickly to quench their thirst and then vomit. Instead it may be best to limit the amount of fluid given at one time. There are a variety of regimens that are used and they follow a basic format:

Offer 1/3 of an ounce (5 to 10 cc) of fluid at one time. Wait 5 to 10 minutes then repeat.

If this amount is tolerated without vomiting, increase the amount of fluid to 2/3 of an ounce (10 to 20 cc). Wait and repeat.

If tolerated, increase the fluid offered to 1 ounce (30 cc) at a time.

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If vomiting occurs, go back to the 1/3 of an ounce (5 to 10 cc) and restart.

Once the child is tolerating significant fluids by mouth, a more solid diet can be offered.

The important thing to remember is that the goal is to provide fluid to the child and not necessarily calories. In the short term, hydration is more important than nutrition.

For infants and children, fluid status can be monitored by whether they are urinating, if they have saliva in their mouths, tears in their eyes, and sweat in their armpits or groin.

If the child's baseline weight is known, dehydration can be measured by comparing weight.

Medical care should be accessed immediately, if the child is listless, floppy or does not seem to be acting like they normally do.

Dehydration in adults

Although adults and adolescents have a larger electrolyte reserve than children, electrolyte imbalance and dehydration may still occur as fluid is lost through vomiting and diarrhea. Severe symptoms and dehydration usually develop as complications of medication use or chronic diseases such as diabetes or kidney failure; however, symptoms may occur in healthy people.

Clear fluids are appropriate for the first 24 hours to maintain adequate hydration.

After 24 hours of fluid diet without vomiting, begin a soft-bland solid diet such as the BRAT diet (bananas, rice, apples, and toast) and then progress the diet to other foods as tolerated.