



# Clinical Update

## *For Telephone Triage Nurses*

March - April 2009

Page 1 of 2

### In this Issue:

- Pediatric Vomiting

## **Pediatric Vomiting**

### ***Dear Nursing Colleague:***

Every year, vomiting comes in first in pediatric call frequency. It accounts for 7-8% of our total calls. This can be explained by the following:

- ◆ Before vomiting, children are apprehensive and unable to participate in normal activities.
- ◆ During vomiting, children are miserable.
- ◆ Parents remember how badly vomiting has made them feel in the past.
- ◆ Parents often hope there is a medicine to stop the vomiting. Unfortunately, there is no over-the-counter medicine for home treatment.

Vomiting generates lots of parental anxiety because their child is afraid, doesn't want to eat anything and looks terrible.

Providing detailed, clear care advice can empower parents to overcome their sense of helplessness.

### **Common Causes of Vomiting**

Most vomiting occurs in association with diarrhea and is due to viral gastroenteritis. In these children the main concern is ruling out and preventing dehydration. Caution: diarrhea has to be more than a few loose stools to justify this diagnosis.

Isolated vomiting without diarrhea is a different story:

- ◆ Some of it is caused by food poisoning from toxins produced by bacteria growing in poorly refrigerated foods (e.g. Staphylococcus toxin in egg salad or Bacillus cereus toxin in rice dishes).
- ◆ Isolated vomiting should always make the triage nurse worry and carefully assess the child for serious etiologies.
- ◆ Keep in mind that isolated vomiting without diarrhea is a symptom, not a diagnosis.

# Clinical Update

## For Telephone Triage Nurses

Page 2 of 2

March - April 2009



### Serious Causes of Isolated Vomiting

- ◆ Neurological diseases such as meningitis, encephalitis, Reye's syndrome, blocked V-P shunt, head trauma and other causes of increased intracranial pressure.
- ◆ Bowel obstruction (e.g. malrotation and volvulus)
- ◆ Intussusception
- ◆ Appendicitis
- ◆ Hepatitis
- ◆ Pyelonephritis
- ◆ Poisoning
- ◆ Abdominal trauma
- ◆ Diabetes Mellitus - new onset
- ◆ Drug overdose

### Clues to Serious GI Causes of Isolated Vomiting

- ◆ Abdominal pain that is continuous and present > 2 hours
- ◆ Intussusception pain pattern (brief attacks of severe abdominal pain/crying suddenly switching to 2-10 minute periods of being quiet)
- ◆ Vomiting bile and < 6 mo
- ◆ Vomiting bile associated with abdominal pain or swollen abdomen
- ◆ Age < 12 weeks and vomits 3 or more times
- ◆ Age < 2 yo and isolated vomiting > 24 hours
- ◆ Age > 2 yo and isolated vomiting > 48 hours

**Summary:** If a child has vomiting and it persists as the only symptom, don't assume the child has a self-limited, benign illness.

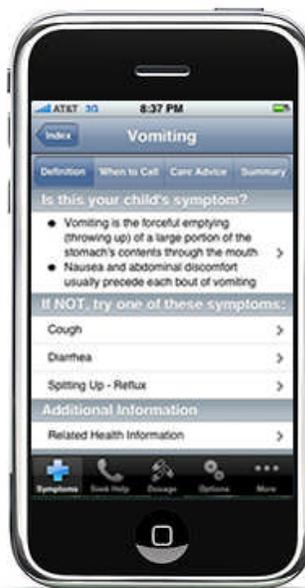
Regards, Bart Schmitt MD

PS. We've just finished an iPhone (and iTouch) "App" containing self-care guidelines for use by consumers. You can get a sneak preview at [www.symptommd.com](http://www.symptommd.com).

**Schmitt-Thompson**  
Clinical Content

### Clues to Serious Neurological Causes of Isolated Vomiting

- Delirium (confusion) or lethargy
- Headache
- Stiff neck
- Bulging soft spot
- Recent head trauma



Copyright 2009.  
Barton Schmitt, M.D.  
David Thompson, M.D.  
[www.stcc-triage.com](http://www.stcc-triage.com)