

Acute Diarrhea in Children



What is acute diarrhea?

Diarrhea, an increase in the number of stools per day and/or an increase in their looseness, is a common problem that generally lasts only a few days. Diarrhea that has lasted for less than one week is called “acute”.

How common is diarrhea?

Acute diarrhea is one of the most common illnesses in children and a common reason for doctor visits. Often it can occur in several members of a family or a classroom at the same time. The average child under 3 years of age will have 1 to 3 episodes of diarrhea every year, and acute diarrhea accounts for almost 10% of all childhood hospital admissions. Although diarrhea occurs year round, it is more common during the winter months.

What causes acute diarrhea?

The most common causes of acute diarrhea are:

- Viruses, bacteria and parasites
- Food poisoning
- Medications, especially antibiotics
- Food allergies
- Enzyme deficiencies (as in lactose intolerance)
- Toxic substances

How does the doctor/nurse determine the cause of my child's diarrhea?

Your description of the problem often provides the most useful clues to help determine the possible cause of your child's diarrhea. For example, has your child come in contact with other people with similar symptoms? Has he/she eaten food that was not properly cooked? Were antibiotics used?

When the history clearly suggests the cause, tests for viruses and bacteria are often not needed. Exceptions include children with bloody diarrhea or very severe diarrhea. Children with bloody diarrhea or other serious illnesses should be evaluated promptly by a health care professional.



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How is diarrhea treated?

Acute diarrhea stops when the body clears the infection or toxin causing it. Most viruses and bacteria do not require treatment with antibiotics. If the diarrhea persists for longer than one or two weeks, stool and blood tests will help determine the most likely cause of the problem and guide treatment.

Children with acute diarrhea should continue to eat their regular diet, unless the diarrhea is severe or accompanied by vomiting. Sometimes, restriction of milk and dairy products might be helpful. Excessive fluid loss can result in dehydration which can be avoided by making sure the child is drinking.

Infants under 3 months of age and those who are vomiting are at the highest risk for dehydration. High fever increases the body fluid losses and should therefore be controlled. A decrease in the number of wet diapers, lack of tears when crying, and excessive sleepiness are all signs of dehydration and require medical attention.

When the diarrhea is severe or there is vomiting, replacement fluid mineral drinks such as Pedialyte, Infalyte, Cerealyte, Naturalyte and Rehydralyte are recommended. These are also available in popsicles.

If the child cannot keep enough fluid in, hospitalization is recommended to prevent serious dehydration and to allow “bowel rest” while the infection runs its course.

Feedings by mouth will be started as soon as the condition improves and while the child's response can be watched more closely.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspgghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

SPECIFIC INSTRUCTIONS: