



# Sick All Night

*When to go to the Hospital with  
Childhood Vomiting and Diarrhea*





# *Sick All Night*

*When to go to the Hospital with  
Childhood Vomiting and Diarrhea*

This eBook was created by ECHO ([www.echo.ualberta.ca](http://www.echo.ualberta.ca)),  
ARCHE ([www.epc.ualberta.ca/index.html](http://www.epc.ualberta.ca/index.html))  
& TREKK ([www.trekk.ca](http://www.trekk.ca)).

It was made with funding from the  
Canadian Institutes of Health Research.

Thanks to the Bird Communications team,  
including Jennifer Gallivan (Project Coordinator),  
Debby Waldman (Writer) and  
Aaron Mumby (Graphic Designer).

Thank you to Sergio Drummond for the illustrations.

MAAAMMMMAAAAAA!



**I** was scrubbing dried lentils from the bottom of the soup pot when I heard the first cry.

**“Maammmaaaaaa!”**



Ali had complained about a tummy ache at dinner, but after dinner he said he felt better. He and Salima started coloring and they got so involved in their projects I could barely tear them away for bed. I guess Ali's tummy ache took a break for art and then decided to come back with a vengeance.

When I reached the twins' room, though, Ali was sound asleep. Salima was hunched at the edge of her bed, holding her stomach. Splotches of throw-up dotted her nightie, and a circle of it pooled on the floor at her feet.



"It hurts, Mama," she cried as I carried her into the bathroom.

"Where does it hurt, sweetie?" I asked.

Salima pointed to her stomach, and then to her head.

"Your tummy and your head?" I said.

I was reaching for the  **Children's Tylenol** when Salima threw up again. I wouldn't have thought she had anything left inside her: she'd eaten less dinner than Ali. At the time I hadn't worried: she doesn't really like lentils. But whatever had been bothering Ali had hit her even harder. If I gave her Tylenol now, it was clear she'd throw it right up.



After bathing Salima, I made a nest for her on the couch and went back to the bathroom for the Tylenol. It couldn't hurt to try, right? But by the time I returned to the living room, she was asleep. Rather than wake her and give her something that might make her sick again, I let her rest while I cleaned the floors in the bathroom and bedroom.

I thought about calling the  **24-hour health information line**, but I wasn't sure if Salima was sick enough? I didn't want to waste anyone's time. Besides, I couldn't go to the hospital. There was no one to watch Ali. So, I called my sister, Maryam. She lives two time zones away, but she's a night owl. She has five children. She always knows what to do.



Maryam was reassuring. "You said she only threw up twice? And now she's fallen back to sleep? Don't worry so much, Mona. I'm sure she'll be fine in the morning."

"But I feel as if I should do something. She's sick, after all."

"Did you give her a drink after she threw up?" Maryam asked. "You don't want her getting dehydrated."

"She said she wasn't thirsty," I said. "How could she be  dehydrated? She only threw up twice!"

"When Naseem had the stomach flu last year, my doctor said to give him  Pedialyte so he wouldn't get dehydrated," Mona said. "Do you have Pedialyte?"

"Why would I have Pedialyte?" I asked her. "I don't even know what that is. What is it?"



My panicky voice disturbed Salima. She stirred on the couch next to me, and before I had a chance to say another word, she threw up again.

"I have to go, Maryam," I said, pressing the off switch. Dropping the phone on the sofa, I carried my sobbing six-year-old back into the bathroom, where she promptly threw up all over the floor.

By the time I had washed, dried, and dressed Salima, it was almost 10 p.m. and she had a **i** temperature of 38.5 degrees. I carried her into my bedroom and lay her on my bed. At least that way she wouldn't awaken Ali if she got sick again. I prayed she wouldn't get sick again.



I lost track of how many times she threw up during the night. All I know is, by the time the morning sun leaked through the curtains, Salima had no clean nighties and she'd gone through four of the oversized tee-shirts that I wore when I cleaned houses. At least she was sleeping soundly, finally. I breathed a sigh of relief — and then I heard it.

“Maaammmmaaaaaa!”

Ali's cry forced me out of bed. I hurried to the children's room in time to see a replay of the scene from last night, only this time it was Ali who was hunched at the edge of his bed, holding his stomach with one hand and pointing to the mess on the floor with the other.

The rest of the morning was a nightmarish blur. Salima had stopped throwing up. Now she had diarrhea. I barely had time to clean up one child before the other erupted. In between, I ran up and down from the apartment to the laundry room.

The scariest and strangest thing was that as upset as Salima was, as hard as she cried, she barely had any tears. And even though her forehead was warm, she complained that she felt cold.



"Go to the hospital, Mona," Maryam advised when I called her during a brief lull in the chaos. "That's what hospitals are for."

When we entered the Emergency Department, I could not believe my eyes. I had never seen such a crowded waiting room. There were children of all ages, some in their parents' arms, others in strollers. All I wanted was to sit with my children and talk to a doctor, but it looked as if every chair was occupied.

"Is it always like this?" I asked the triage nurse.

She shook her head. "Sometimes it's worse," she said, and then she smiled, as if she were making a joke. I wanted to smile back — but then Ali threw up again.

"I'm so sorry!" I said.



The nurse waved her arm to indicate all the other families filling the waiting room, and also to summon a man with a mop and bucket to clean up the mess. "Don't apologize," she said. "It's not the first time I've seen someone throw up today, and it won't be the last."

"She's thrown up ten times since dinner last night," I said, on the verge of tears yet again. "Or maybe eleven. I've lost count."

"That's a lot," the nurse said. "But it's not the record, trust me.  **Gastroenteritis** brings out the worst in everyone, literally."

"Gastroenteritis?" My tongue tripped over the word. "What is that?"

"I suspect it's what your children have," the nurse said. "It's an infection of the stomach and intestines that causes vomiting and diarrhea."

"Do you think it was the lentils?"

"Oh no," the nurse said.

"I made lentils for dinner last night. Ali likes them, but Salima doesn't. I'm afraid this is my fault."



"Oh, trust me, it's not your fault," the nurse said. "Gastroenteritis isn't caused by lentils. It's caused by a **i** virus or bacteria. And based on how many kids we've had coming through here this week, I'm sure this is a virus. Have a seat, and we'll take care of you as soon as we can."

Every once in a while, a young male nurse dressed in camouflage scrubs would come out and call a name, and another family would disappear down a hallway near the nurse's station.

The dad sitting next to me was cuddling a boy who looked a little younger than Ali and Salima. He watched me intently when I sat down. "You've got your hands full," he said. "Which one's sick?"



"Both of them," I replied. "It started with my daughter. She threw up all night. Now my son's got it. I've never seen anything like this."

"My husband's a grade-three teacher," the man said. "He brings these things home all the time."

"What things?" I asked, looking around to see what he was talking about.

**i** "Bugs. Viruses. Sickness," the man said. "I never get them, but Ethan here seems to catch everything his dad brings home." He shook his head.

"How long have you been waiting here?"

"Too long," Ethan's dad said, laughing.



The camouflage nurse reappeared with his clipboard. "Ethan Browne?" The man stood up, still cradling his son. "That's us," he said, smiling down at me. "Good luck."

Salima was leaning against me on one side, Ali on the other. I closed my eyes and the next time I opened them, the nurse was calling us.

"I'm Eric," he said, as he led us back into an exam room. There was only one bed. Eric pulled in a cot so that Salima and Ali each had a place to lie down. Then he left, and a new nurse, Magaly, took the children's temperatures. Salima's was 38.7 degrees Celsius. Ali's was 38.1.

"Why would a stomach ache make them have a fever?" I asked.

"Gastro — gastroenteritis — can be caused by a virus or bacteria," Magaly said. "It's an infection, and your body often increases its temperature to help fight an infection."



I must have appeared alarmed, because a look of concern spread over Magaly's face. "Don't worry," she said. "Dr. MacInnes will be in to see you soon, and she's terrific. She knows everything there is about gastro."

The children were curled up on their beds, looking as exhausted as I felt. I was stroking their foreheads, singing quietly, when the curtain parted again and a woman walked in. She was wearing a white lab coat. Draped around her neck was a red stethoscope.

"I'm Dr. MacInnes," she said in a cheerful voice. "And who have we here?"

Salima opened her mouth to speak, and promptly threw up again, for the first time since we'd arrived at the hospital. "I'm sorry, Mama!" She was making sobbing noises, but she had even fewer tears than before. I watched as Dr. MacInnes made a note on her clipboard.

Dr. MacInnes spoke kindly to Salima, who was so tired she could barely keep her eyes open. "People throw up, especially when there's a virus going around, which is certainly the case here." She turned to me. "Now tell me, Mona, how long have your children been sick?"



As I repeated the information I'd provided to the triage nurse, the curtain to our exam room opened. In came the man who had cleaned up after Ali, armed once again with a mop and bucket.

Dr. MacInnes **i** pinched the skin on Ali and Salima's tummies and watched to see how it reacted. Ali's skin quickly returned to normal while Salima's went back slowly. **i** Dr. MacInnes looked in the children's eyes and again scribbled on her clipboard. As soon as she was finished with the exam, Salima closed her eyes and began dozing.

Dr. MacInnes explained to me that viral gastro symptoms appear between one and three days after the person is infected. She said that the symptoms usually last a day or two, although they sometimes persist for as long as 10 days. Based on the tests Dr. MacInnes had performed on the children's skin and eyes, it was clear that Salima had more severe dehydration and would need to be given a rehydration solution of water and electrolytes through an intravenous (IV) machine that would put the fluid directly into her veins



We're going to give Ali an oral rehydration solution called Pedialyte to drink," Dr. MacInnes said to me. "He's not as dehydrated as his sister, so he doesn't need the IV fluids. The electrolytes in the Pedialyte help the body absorb water better and the sugar in it provides energy."

Dr. MacInnes said that Ali would have to drink small amounts of Pedialyte frequently, until he felt better. "We call it a fluid challenge," she explained. "It's the most common way to treat gastroenteritis. Sometimes we give medication to stop the vomiting, but it's not generally recommended. We'll keep Salima and Ali here for a few hours, until we start to see that they are both hydrated."

Magaly returned, pushing an  IV machine and a tray that contained a tube of cream, cotton swabs, alcohol swabs, IV needles, and a clear bag with fluid in it.

Dr. MacInnes turned her attention from me to Salima. "Salima, we're going to give your body something to drink through this IV machine, but first we're going to put some 'magic' cream on your hand. The magic cream will make your hand feel funny."



Magaly put some of the cream on top of Salima's hand and then covered it with a clear bandage. "We'll leave this on for 30 minutes," she said. "Then we'll hook up the machine."

Salima's lower lip trembled the way it does when she is scared.

"It's okay, my sweet," I assured her, as Magaly explained that Salima would have an IV in her hand. She said that the "magic cream," called Maxilene, would help decrease the pain when the IV was inserted.

Magaly showed me how to hold Salima in a "hug hold" while she inserted the IV. She reassured me that the needle would not stay in my daughter's hand. It would be covered with a small plastic tube and then removed. Only the tube would remain.

Salima looked down at her hand. For the first time in more than a day, a smile lit up her face. "The magic cream worked!" she exclaimed.

"Now we're going to start making you better," Magaly said. "You can lie here and nap."

Magaly gave Ali a cup with a straw in it. "This is going to make you feel better," she said.

# Viral Gastroenteritis:

## How can I tell if my child is dehydrated?

Signs of dehydration include:

1. Thirst
2. No tears when crying
3. Sunken eyes
4. Dry mouth
5. Infrequent peeing
6. Cold hands and/or feet
7. Extreme tiredness

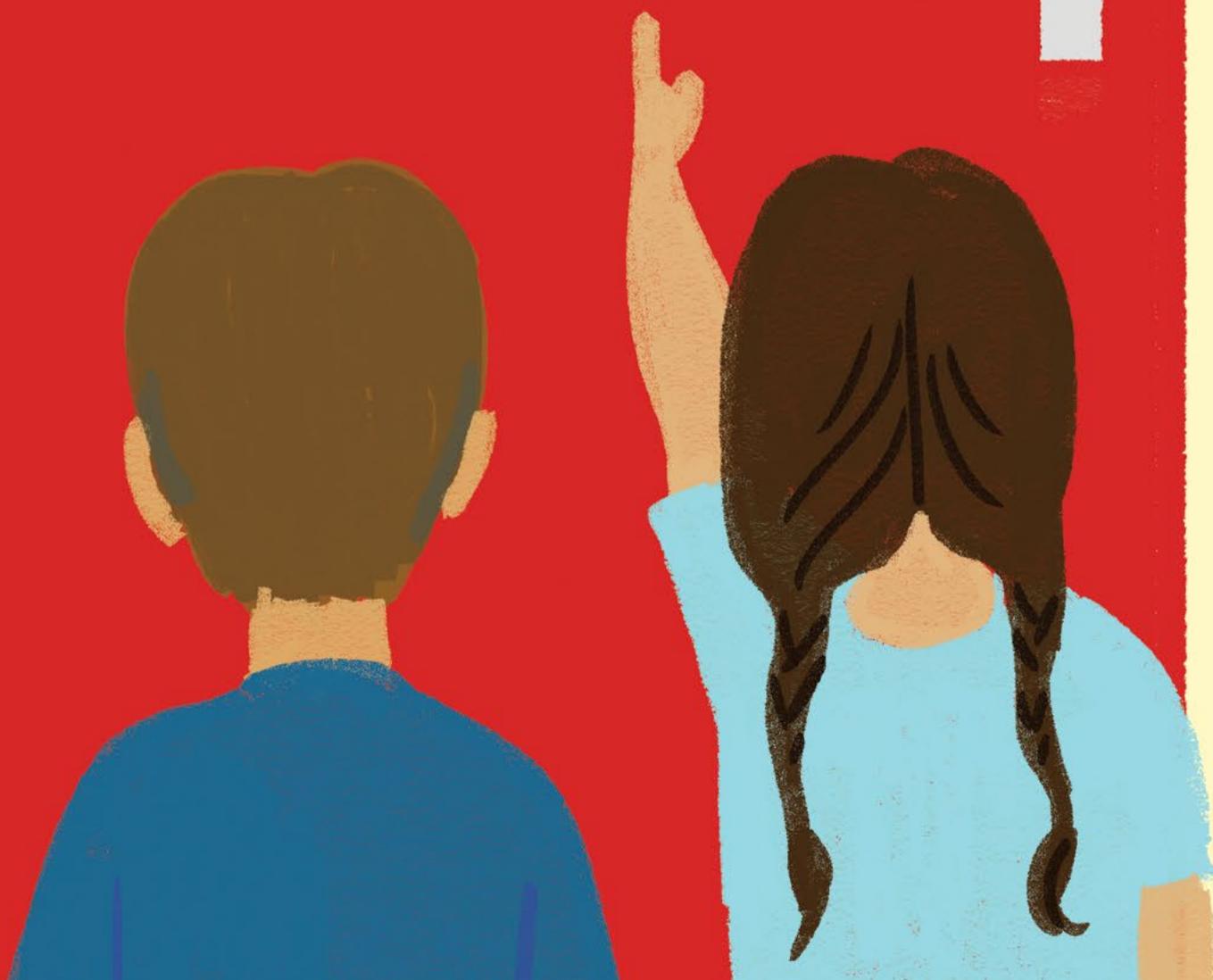
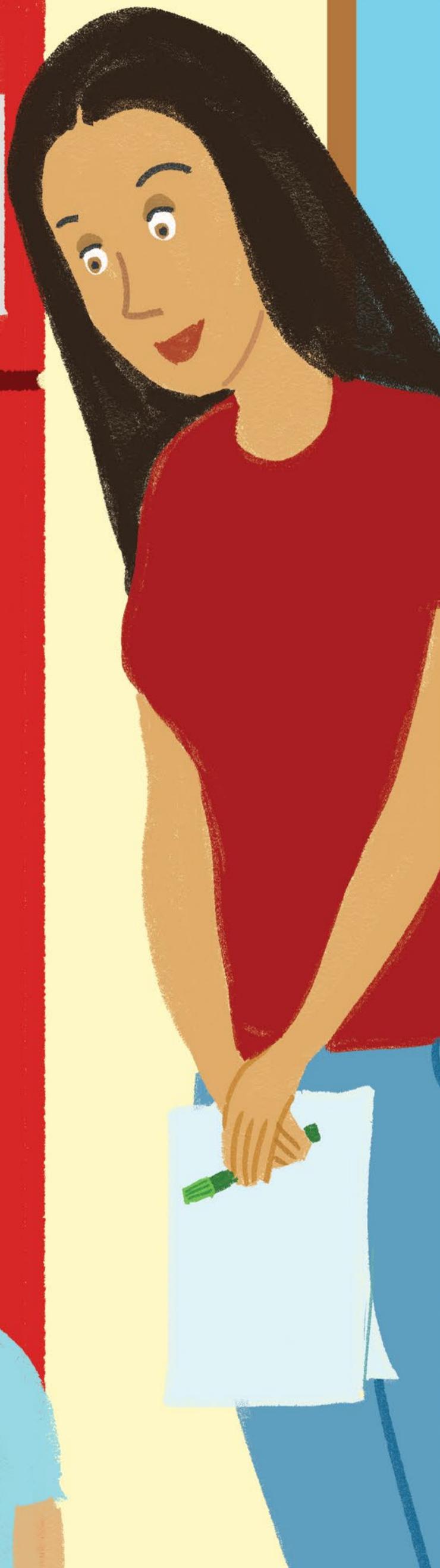
## When should I bring my child to the Emergency Department?

1. Child is extremely tired
2. There are no tears when crying
3. No pee for about 12 hours
4. Overall more fluid coming out (vomiting/diarrhea) than going in (drinking)
5. Stomach pain that is not centred around the belly button
6. Persistent dark-green throw up (vomit, puke)
7. Blood in poop (diarrhea)



As Ali began drinking the Pedialyte, Magaly turned and handed me a sheet of paper with discharge/care instructions. On the paper were a list of the signs of dehydration and information that would help me determine whether to bring the children back to the emergency room. Some of the items overlapped. Among the ones on both lists were if the children were crying but with no tears, peeing infrequently, and extremely tired.

Salima and Ali were still extremely tired, but just watching them rest after Magaly and Dr. MacInnes left the room made me feel better.



I reflected on the craziness of the last 18 hours. I was grateful to Dr. MacInnes and the nurses in the Emergency Department for taking my children's illness seriously, and even more grateful that the illness was something that was relatively easy to treat. I hoped that there would not be a next time, but if there were, at least I'd know what to try at home, and what to look for before seeking medical care.

Dr. MacInnes told me that there probably wasn't a lot I could have done to prevent the children from contracting gastro: if they and their schoolmates were better at washing their hands, there's a chance they wouldn't have gotten sick, but they're children. Hand-washing isn't foremost on their minds.

Watching Ali and Salima sleep, though, I realized that there was something I could do. I could encourage the children to start a new art project, making signs to hang around the house, and maybe even at school: "Wash your hands: it might keep you from getting sick."

# *Sick All Night*

*When to go to the Hospital with  
Childhood Vomiting and Diarrhea*

This eBook was brought to you by ECHO, ARCHE & TREKK.

Funding was provided by the  
Canadian Institutes of Health Research.