

Tummy bugs are very common in young children and are almost always caused by a virus. They are easily spread around nurseries, schools and in families.

## When should you worry?

### If your child has any of the following:

- Has dark green or blood stained vomit
- Breathing very fast, too breathless to talk, eat or drink
- Working hard to breathe, [drawing in of the muscles below the rib](#) or noisy breathing ([grunting](#))
- Is pale, blue, mottled or feels unusually cold to touch
- Difficult to wake up, very sleepy or confused
- Weak, high-pitched cry or can't be settled
- Has a fit (seizure)
- Has a rash that does not disappear with pressure (see the '[Glass Test](#)')



RED

### Your child needs urgent help

please phone 999 or go to the nearest hospital emergency (A+E) department

### If your child has any of the following:

- Has blood in the poo or wee
- Has tummy pain that doesn't go away for more than 1 day even after paracetamol or ibuprofen
- Is vomiting and unable to keep down any fluids
- Is drinking or breastfeeding much less than normal
- Breathing a bit faster than normal or working a bit harder to breathe
- Dry skin, lips or tongue
- Not had a wee or wet nappy in last 8 hours
- Poor feeding in babies (less than half of their usual amount)
- Irritable (unable to settle them with toys, TV, food or hugs even after their fever has come down)
- Is 3-6 months old with temperature 39°C or above (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Temperature of 38°C or above for more than 5 days or shivering with fever (rigors) Temperature less than 36°C in those over 3 months
- Getting worse or you are worried about them



AMBER

### You need to contact a doctor or nurse today

Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit [111.nhs.uk](https://www.nhs.uk) If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any red features

### If none of the above features are present

- Watch them closely for any change and look out for any red or amber symptoms
- If your child has a long term condition or disability and you are worried please contact your regular team or follow any plans that they have given you.



### Self care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 –

- Make sure your child is drinking plenty of fluid. Small amounts often are best.
- Water is not enough and you need to make sure that your child is getting some sugar. This could be using diluted apple juice, squash containing sugar or Oral Rehydration Solution (ORS). ORS can be purchased over the counter at large supermarkets and pharmacies and can help prevent dehydration from occurring.
- If using ORS, it is helpful add dilute squash (not “sugar-free” squash) to improve the taste
- Continue to offer your child their usual feeds, including breast and other milk feeds
- Do not worry if your child is not interested in solid food. If they are hungry, offer them plain food such as biscuits, bread, pasta or rice. Do not give them fizzy drinks.
- Your child may have tummy pain and you can use [Paracetamol](#). For more information please look at our [tummy pain](#) page.
- Please do not use anti diarrhoea medicines in children.
- Your child cannot return to nursery or school until 48 hours after the last episode of diarrhoea and vomiting.
- You and your child should wash your hands with soap and then dry them carefully:
  - After going to the toilet
  - After changing nappies
  - Before touching food
- Your child should not share their towels with anyone
- Your child should not swim in a swimming pool until 2 weeks after the diarrhoea has stopped