



Research Article

THE EFFECTIVE WAYS OF PREVENTING DIARRHEA AND VOMITING

Submission Date: February 19, 2022, **Accepted Date:** March 04, 2022,

Published Date: March 14, 2022

Crossref doi: <https://doi.org/10.37547/medical-fmospj-02-03-01>

Journal Website:
<https://frontlinejournal.s.org/journals/index.php/fmospj>

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ABSTRACT

This research project is aimed at assessing the knowledge of Diarrhea and Vomiting is a major cause of malnutrition and death among children below the age of five (5) years .Diarrhea and Vomiting is now a threat to public health indeed. It is still a major cause of death among children especially those between the ages of 6months and 3years.The significance of the study is to highlight what is diarrhea and vomiting, what causes it, how does it cause dehydration and malnutrition which lead to death. Diarrhea and Vomiting is a condition of frequent loose bowel movement due to the insufficient absorption of water in the rectal region. It is usually caused by micro-organism in badly cooked food (p.s.sameletal, 1971).

KEYWORDS

Dehydration, Malnutrition, Diarrhea And Vomiting, Who, Therapy, Salt-Sugar Solution.



INTRODUCTION

Diarrhea and vomiting is a major cause of malnutrition and death among children below the age of five (5) years.

Vomiting is the throwing up of the contents of stomach through the mouth and some time the nose. The common causes of vomiting are gastro-enteritis, gastro esophageal reflux disease, Bowel obstruction, over eating, Acute abdomen, peritonitis, food poisoning, ear infection, liver disease, in children, it can be cause by an allergic reaction to cow's milk protein (milk allergy or lactose intolerance).

Diarrhea is the condition of having at least three or more loose or liquid bowel movements each day. It often last for a few days and can result in dehydration due to fluid loss. Acute watery diarrhea is one that begin acutely and last less than 14 days, without visible blood.

Acute diarrhea causes death by loss of water and essential salt from the body, and it kills children more easily than adults. Therefore, replacement of fluid is the most important treatment.

Research conducted by WHO shows diarrhea is usually caused by an infection in the gut, this may be due to species of bacteria, virus, or parasite.

METHOD OF PREVENTING DIARRHEA AND VOMITING

1. The patient (child) must be in good ventilation of housing.
2. Provision of good drinking water and adequate nutrition.
3. Boiling all drinking water and observing strict hygiene and good sanitation to prevent diarrhea and vomiting.
4. Wash your hand with soapy water after going to the toilet, and before preparing or eating food.
5. Clean contaminated surface with detergent, warm water.
6. Towel used by children with gastroenteritis should not be share.
7. Children should not attend any school or other child care facility while they have diarrhea or vomiting caused by gastroenteritis and should not go back to school or other child care facility until at



least 48hours after the last episode of diarrhea or vomiting.

8. Try to keep affected children separate from healthy children as much as possible.
9. Prepare food on clean surface and with clean equipment, make sure food is cooked thoroughly and kept hot or refrigerate as soon as possible.
10. Try to cover vomit (close the toilet lid immediately after) to avoid the spread of particles through the air.
11. A bag of O.R.T solution is prepared every morning in the hospital or clinic, in the O.R.T unit depending on the estimated number of patient with diarrhea and vomiting.
12. Immediately a child is brought to the hospital or clinic he/she is referred to the O.R.T unit if it is diarrhea and vomiting infection.

THERAPY

This is one of the methods of dehydration of children. The method of intravenous therapy has to be used for the following condition in about 3.5% of dehydrated children.

- i. Persistent vomiting and diarrhea
- ii. Severe abdominal distension

iii. Severe leading of failure to respond

iv. severe diaphoresis

CLINICAL FEATURE OF DIARRHEA AND VOMITING

1. The kidney gives rise to scanty urine.
2. The brain gives rise to let way drowsiness and coma.
3. The heart gives rise to feeble pulse and low blood pressure.
4. In-adequate contain of water in the hallow part of brain give rise to sunken fontanel.
5. Inadequate contain of water give rise to tissue behind the eye give rise to sunken eyes.
6. Inadequate contain of water give rise to dry mouth.
7. The sensation of nausea prior to the vomiting, these include feeling of wooziness, queasiness, retching, sea-sickness and vertigo.
8. Profuse watery stool and fever.
9. Skin pinch goes back slowly, lethargic, drink poorly or not able to drink and irritable.

PREVENTION OF DIARRHEA AND VOMITING

An infant or a child with diarrhea and vomiting needs extra fluids. This should prevent early the onset of dehydration in order to obtain a standard



formula for salt, sugar solution with safe and easily prepared even by illiterate mothers in rural areas, she should taste it before giving to her child. The correct solution should not be too salty. It should be taste like coconut water or tear.

As soon as diarrhea and vomiting starts, continue feeding the child. Let the child drink more, make a standard of salt, sugar solution and taste it before giving to a child. The use of the home made salt-sugar solution for diarrhea and vomiting can be successfully treated.

PREPARATION OF SALT-SUGAR SOLUTION

This solution can be used to correct the electrolyte imbalance caused by diarrhea and sometime vomiting, it prevent dehydration and also correct dehydration in individual. Every mother or member of the families should learn how prepare salt, sugar solution correctively and hygienic.

A clean bear bottle or two fanta or coca-cola bottle with a clean bowel container.

Wash your hand and dry them with a clean towel.

Measure out ten (10) level of teaspoon of granulated sugar or five (5) cube of sugar; make a level with flat object like knife or finger.

Add one bear or two coca-cola bottles with clean or boiled water into the bowel. Containing the solution.

Mix with big clean spoon the solution properly and taste like coconut water or tear, mother should taste the solution in order to know it well prepare.

Important to give to a child slowly with cup or spoon.

Give frequent small sip for a cup or spoon. If he/she vomit wait ten (10) minutes, then continue, but more slowly.

Continue giving the solution until the diarrhea stops.

Throw away the remaining solution at the end of 24hours. If the child is still stooling and vomiting prepare a fresh solution every 24hours, don't give the remaining one.

EPIDEMIOLOGY OF DIARRHEA

Diarrhea and Vomiting is common with children between the age of zero (0) to five (5) years. Easily introduction of infant formulae has been implicating infantile diarrhea. Diarrhea and vomiting is common among the poor families

especially those with problem of inadequate housing. Vesikari,1981 reported that certain predisposing factors to diarrhea and vomiting are environmentally induced such factor include environmental sanitation, inadequate water supply, poor personal hygiene, utilization of contaminated water, overcrowding and malnutrition, season variation in prevalence. In other West Africa countries and Nigeria, diarrhea and vomiting epidemic occur during the dry month of October through and April to May. This is due to the contamination of water, food by dust that containing viral particles.

Diarrhea and Vomiting is also known to feature in systematic disease of infancy and children. This disease include, measles, respiratory infection, malaria, poliomyelitis e.t.c. Keating and frank (1974) reported that inadequate use of drugs especially antibiotic include, Ampicillin and tetracycline present acrogenic disorder attributable to diarrhea and vomiting are due to pseudo membranous enter colitis.

Management of diarrhea and vomiting, the patient must be managing in a warm and well ventilated room. Initial period of starvation that set in all case if illness can be manage by giving boiled glucose water or some of such solution. It

helps that in feature home base O.R.T which reduces the volume and duration of diarrhea will produce the large scale to meet expectation of mother's.

Prompt replacement to build the electrolytes lost during diarrhea and vomiting is the primary important, formerly patients were treated with intravenous (IV) drip. The first place for the treatment start at home where the mother is the first person to start the administration of either SSS or O.R.T the case become severe, the mother will then take the child to hospital or clinic for more management. Who recommends that families with infants and young children keep a supply of ORT at home at all time, and uses the solution when diarrhea first occurs in the child.

CONCLUSION

The using of Oral Rehydration Therapy (ORS) as control for diarrhea and vomiting is still at its lowest level, in the area of my study (mafa local government area in IDPS camp), poor environmental sanitation and water supply, unsafe storage of food for later use and infrequent cleaning/emptying of storage container before refilling it with fresh water were significantly



associated with the risk of diarrhea and vomiting among children less than five years age.

The present study indicates that maternal education bears a significant impact on morbidity caused by diarrhea and vomiting. Educated mother are more aware about the importance of hygiene, better childcare and feeding practices, and are more aware of disease causation factors and preventive measures. There is an urgent need for effective intervention measures to curtail the incidence of diarrhea and vomiting among children. In addition, health intervention programs, including exclusive breast feeding which enhances children's physiological resistance against disease and maternal hygiene education, should be strengthened in order to reduce the incidence of diarrhea and vomiting.

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