suspected giardiasis (Dekate, Jayashree, and Singhi, 2013) (see Intestinal Parasitic Diseases, Chapter 6). Antimotility drugs such as loperamide are not recommended in children. Because of the self-limiting nature of vomiting and its tendency to improve when dehydration is corrected, the use of antiemetic agents have historically not been recommended; however, ondansetron has few side effects and may be administered if vomiting persists and interferes with ORT (Bhutta, 2016).

Nursing Care Management

The management of most cases of acute diarrhea takes place in the home with education of the caregiver. Teach caregivers to monitor for signs of dehydration (especially the number of wet diapers or voidings) and the amount of fluids taken by mouth and to assess the frequency and amount of stool losses. Education relating to ORT, including the administration of maintenance fluids and replacement of ongoing losses, is important (see Critical Thinking Case Study). ORS should be administered in small quantities at frequent intervals. Vomiting is not a contraindication to ORT unless it is severe. Information concerning the introduction of a normal diet is essential. Parents need to know that a slightly higher stool output initially occurs with continuation of a normal diet and with ongoing replacement of stool losses. The benefits of a better nutritional outcome with fewer complications and a shorter duration of illness outweigh the potential increase in stool frequency. Address parents' concerns to ensure adherence to the treatment plan.

Critical Thinking Case Study

Diarrhea

A mother brings her 8-month-old infant, Mary, to the primary care clinic. The mother reports that Mary has had a "cold" for about 2 days, and this morning she began to vomit and has had diarrhea for the past 8 hours. The mother states that Mary is still breastfeeding, but she is not taking as much fluid as usual, and she is having three times as many stools as usual (the stools are watery). When the nurse practitioner examines Mary, she notes