The cause of the vomiting determines the nursing interventions. When the vomiting is a manifestation of improper feeding methods, establishing proper techniques through teaching and example ordinarily corrects the situation. If vomiting is a probable sign of GI obstruction, food is usually withheld or special feeding techniques are implemented. The nurse should direct efforts toward maintaining hydration and preventing dehydration in a vomiting child.

The thirst mechanism is the most sensitive guide to fluid needs, and *ad libitum* administration of a glucose-electrolyte solution to an alert child restores water and electrolytes satisfactorily. It is important to include carbohydrate to spare body protein and to avoid ketosis resulting from exhaustion of glycogen stores. Small, frequent feedings of fluids or foods are preferred and more effective. After vomiting has stopped, offer more liberal amounts of fluids followed by gradual resumption of the regular diet.

Position the vomiting infant or child on the side or semi-reclining to prevent aspiration and observed for evidence of dehydration. It is important to emphasize the need for the child to brush the teeth or rinse the mouth after vomiting to dilute hydrochloric acid that comes in contact with the teeth. Carefully monitor fluid and electrolyte status to prevent an electrolyte disturbance.

Gastroesophageal Reflux

Gastroesophageal reflux (GER) is defined as the transfer of gastric contents into the esophagus. This phenomenon is physiologic, occurring throughout the day, most frequently after meals and at night; therefore, it is important to differentiate GER from **gastroesophageal reflux disease (GERD)**. GERD represents symptoms or tissue damage that result from GER. The peak incidence of GER occurs at 4 months old and generally resolves spontaneously in most infants before 12 months old (Khan and Orenstein, 2016a). GER becomes a disease when complications (such as failure to thrive, respiratory problems, or dysphagia) develop.

Certain conditions predispose children to a high prevalence of GERD, including neurologic impairment, hiatal hernia, and morbid obesity (Singhal and Khaitan, 2014). Sandifer syndrome is an uncommon condition, usually occurring in young children, that is