Vomiting in Toddlers: What to Do (and Red Flags)

Common names: Throwing up, vomiting, stomach bug

Most toddler vomiting is from viral gastroenteritis and improves with hydration and time. The priority is preventing dehydration and spotting warning signs of something more serious.

1) Quick “At-a-glance”

Who it affects	Most common ages 1–4 years.
What to do today	Use small frequent sips of oral rehydration solution, rest, and a gentle diet once vomiting settles. Track wet diapers/urine and energy level.
Red flags (urgent/ER)	Green (bilious) vomit, blood in vomit, severe belly pain, stiff neck, persistent vomiting >24 hours, dehydration, or a very sleepy/hard-to-wake child.
When to see a clinician	If vomiting is frequent, lasts >24 hours, your child cannot keep fluids down, or you are worried about dehydration.

2) What it is (plain language)

Vomiting is a forceful emptying of stomach contents. It is different from simple spit-up or reflux, which is common in infants.

- Most toddler vomiting is from a viral infection affecting the stomach and intestines.
- The biggest risk is dehydration.

3) Why it happens (causes & triggers)

- Common: viral gastroenteritis, overeating, motion sickness, coughing fits.
- Less common but important: urinary infection, appendicitis, bowel obstruction, poisoning/ingestion, migraine, meningitis (rare).
- Triggers: strong odors, large meals, dehydration, fever.

4) What parents might notice (symptoms)

- Vomiting with diarrhea and fever → often gastroenteritis.

• Belly pain that moves to the right lower belly → consider appendicitis.
• Severe episodic pain with lethargy → consider intussusception (urgent).

5) Home care and what helps (step-by-step)

• First 4–6 hours: give small sips frequently (5–10 mL every 2–5 minutes).
• Use oral rehydration solution (better than juice/soda).
• If vomiting stops: gradually increase fluids, then add bland foods (toast, rice, yogurt) as tolerated.
• Continue breastfeeding if applicable.
• Rest; avoid heavy/fatty foods initially.

6) What NOT to do (common mistakes)

• Avoid large gulps of fluid — this often triggers more vomiting.
• Avoid sports drinks/soda as a primary rehydration method (too much sugar).
• Do not give anti-vomiting medication unless prescribed for your child.

7) When to worry: triage guidance

• Emergency now: green vomit, blood, severe belly pain, stiff neck, seizures, very sleepy/hard to wake, or signs of severe dehydration.
• Same-day urgent visit: vomiting >8–10 times, cannot keep fluids down, fewer wet diapers/urination, persistent fever, or significant belly pain.
• Routine appointment: vomiting that keeps returning over weeks, weight loss, or concerns for reflux/food intolerance.
• Watch at home: mild vomiting with good energy and hydration improving with ORS.

8) How doctors diagnose it (what to expect)

• History: timeline, exposures, urine output, stool, fever, pain location.
• Exam: hydration status, belly exam.
• Tests are often not needed for typical viral illness; may be done if dehydration, abdominal pain, or blood present.

9) Treatment options

• First-line: oral rehydration therapy.
• If not improving: clinician may consider anti-nausea medicine in select cases and assess for other causes.
• Severe dehydration: IV fluids in hospital.

10) Expected course & prognosis

- Viral vomiting often improves within 24–48 hours; diarrhea can last longer.
- Getting better: more urine, better energy, fewer vomits, able to drink.
- Return to daycare: once hydration is good and vomiting has stopped.

11) Complications (brief but clear)

- Dehydration.
- Rare: aspiration if vomiting while very sleepy.

12) Prevention and reducing future episodes

- Hand hygiene, cleaning shared surfaces.
- Rotavirus vaccine in infancy reduces severe gastroenteritis.

13) Special situations

- Kids with diabetes or metabolic disorders should seek care earlier if vomiting persists.
- Infants under 6 months need lower threshold for assessment.

14) Follow-up plan

- Follow up if vomiting persists beyond 24–48 hours, or sooner if red flags.
- Bring a hydration/urine log.

15) Parent FAQs

- “Can my child eat?” Small amounts once vomiting settles; prioritize fluids first.
- “Is it contagious?” Often yes — viral gastroenteritis spreads easily.
- “When can we stop ORS?” When drinking normally and urine output is back to normal.

16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).
- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

17) Credible sources

- American Academy of Pediatrics (HealthyChildren.org): Vomiting and gastroenteritis guidance.
- NHS: Gastroenteritis in children (hydration advice).
- CDC: Oral rehydration and dehydration signs (public guidance).
- KidsHealth: Vomiting home care advice.

Developed and reviewed

This guide was fully developed and reviewed by Dr. Hussein.

Dr. Mohammad Hussein, MD, FRCPC
ROYAL COLLEGE–CERTIFIED PEDIATRICIAN & PEDIATRIC GASTROENTEROLOGIST
Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across diverse international practice settings.

To book an online full assessment for your child’s condition:
Email Dr. Hussein’s Assistant Elizabeth Gray at Elizabeth.Gray@pedsgimind.ca
In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas. This service is not covered by OHIP.

18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.