

Vomiting in Older Children: Common Causes (and When to Worry)

Common names: Vomiting, nausea, throwing up

In school-age children and teens, vomiting is still often viral, but repeated or patterned vomiting can also be from migraines, reflux, constipation, anxiety, or other medical conditions. Pattern + red flags guide what to do next.

1) Quick “At-a-glance”

Who it affects	School-age children and teens.
What to do today	Hydrate with small frequent sips, note the pattern (morning vs after meals vs after stress), and watch for red flags.
Red flags (urgent/ER)	Green vomit, blood, severe headache with confusion, stiff neck, dehydration, severe belly pain, or vomiting that wakes a child from sleep repeatedly.
When to see a clinician	If vomiting is recurrent, associated with weight loss, headaches, belly pain, or lasts >48 hours.

2) What it is (plain language)

Vomiting is a symptom, not a diagnosis. Understanding the pattern helps identify the cause and the right treatment.

3) Why it happens (causes & triggers)

- Common: viral gastroenteritis, food poisoning, overeating, motion sickness.
- Constipation (yes — can cause nausea/vomiting).
- Reflux or gastritis (burning pain, sour taste).
- Migraine/cyclic vomiting (stereotyped episodes with wellness between).
- Anxiety/stress-related nausea (especially before school).
- Less common but important: appendicitis, bowel obstruction, increased intracranial pressure, pregnancy (teens), medication effects.

4) What parents might notice (symptoms)



- Morning vomiting with headaches → consider migraine or intracranial causes (needs assessment if persistent).
- Vomiting with right-lower belly pain → possible appendicitis.
- Repeated episodes with normal periods between → consider cyclic vomiting or migraine pattern.

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

- Hydration first: ORS or water in small sips.
- After vomiting settles: small bland meals; avoid greasy/spicy foods for 24–48 hours.
- Track triggers: sleep, stress, foods, travel, constipation.

6) What NOT to do (common mistakes)

- Do not ignore persistent morning vomiting with headaches.
- Avoid frequent NSAIDs on an empty stomach (can worsen gastritis).
- Avoid energy drinks/caffeine excess.

7) When to worry: triage guidance

- Emergency now: green/bilious vomit, blood, severe dehydration, severe headache with confusion, stiff neck, severe belly pain.
- Same-day urgent visit: cannot keep fluids down, ongoing vomiting >12–24 hours, fever with belly pain, signs of dehydration.
- Routine appointment: recurrent episodes, weight loss, chronic nausea, school avoidance, suspected reflux or constipation.
- Watch at home: mild vomiting with quick improvement and good hydration.

8) How doctors diagnose it (what to expect)

- History of pattern, triggers, stooling, headaches, stress, medications.
- Exam: hydration, belly, neurologic screening, growth.
- Tests only if needed: urine test, pregnancy test in teens, blood tests, imaging for specific concerns.

9) Treatment options

- Treat the cause: constipation plan, reflux management, migraine strategy, stress supports.
- Severe dehydration may require IV fluids.



- Some children benefit from clinician-prescribed anti-nausea medicine during acute gastroenteritis.

10) Expected course & prognosis

- Viral illness improves in 1–2 days; recurrent patterned vomiting needs a targeted plan.
- Return to school when drinking normally and energy improves.

11) Complications (brief but clear)

- Dehydration and electrolyte imbalance (rare but important).
- Tooth enamel irritation if frequent vomiting — rinse mouth with water, avoid brushing immediately.

12) Prevention and reducing future episodes

- Regular sleep, meals, and hydration (important for migraine patterns).
- Manage constipation early.
- Hand hygiene to reduce infections.

13) Special situations

- Teens: consider pregnancy, substance exposure, eating disorders — seek private, respectful care.
- Chronic illness: lower threshold to seek care.

14) Follow-up plan

- Follow up if vomiting repeats or symptoms persist >48 hours.
- Bring a symptom diary (timing, triggers, stooling, headaches).

15) Parent FAQs

- “Could this be anxiety?” Sometimes — but rule out medical red flags first.
- “Do we need tests?” Not always; pattern and exam guide decisions.
- “What if it happens again?” Build a plan with your clinician (especially for migraine/cyclic vomiting).

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 abdominal pain guidance.
- Cyclic Vomiting Syndrome Association: patient-friendly overview.
- NHS: Vomiting in children (when to seek care).
- KidsHealth: Nausea/vomiting causes and care.

Developed and reviewed

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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.

