Isolated vomiting in Children

**Infectious/Inflammatory**
- Urinary Tract Infection
- Appendicitis
- Meningitis/sepsis (irritable, lethargic, poor feeding, fever, petechial rash)
  - Workup:
    - CBC
    - Urinalysis
    - Urine culture
    - CRP, ESR
    - Blood cultures
    - LP (if needed)

**Gastroenteric (r/o overfeeding)**
- Gastroenteritis (usually vomiting + diarrhea +/- headache, myalgias)
  - Workup:
    - CBC
    - Urinalysis
    - Urine culture
    - CRP, ESR
    - Blood cultures
    - LP (if needed)

**Food Allergy** (i.e. milk protein allergy)

**Inborn errors of metabolism (r/o uremia)**

**Diabetes** (DKA, T1DM)

**Endocrine/Metabolic**
- Adrenal insufficiency (n/v + abdo pain + tanned skin; ↓Na+, ↑K+)

**Neurological**
- Seizure dx
  - Labyrinthine dx (r/o vertigo: motion sickness, Meniere dx, etc)
  - Migraine (fam hx may be +; can trigger cyclic vomiting syndrome)
  - ↑ICP
    - Malignancy, hemorrhage, infarction, abscess, meningitis, congenital malformation, hydrocephalus, pseudomotor cerebri

**GI tract**
- GERD
  - Bowel obstruction
    - +/- colicky pain precedes vomiting, pain relieved w/ vomit. Pyloric stenosis \(\rightarrow\) “olive” mass in abdo.
  - Hiatus hernia
  - Crohn’s disease
  - Cholecystitis
  - Pancreatitis
  - Hepatitis

**Non-GI tract**
- Intussusception
  - NEC (bilious vomiting)

**Malignancy**

**Hypothyroid**

**Hypo/hyperparathyroid**

**Adrenal insufficiency**

**Psychiatric**
- Anxiety/depression
- Eating disorder – anorexia, bulimia, NOS
- Psychogenic vomiting
- Factitious disorder; Munchausen syndrome by proxy

**Workup:**
- Abdo x-ray
- GI follow-through (for GERD)
- Surgical exploration

**Medications:**
- Antibiotics, antivirals, analgesics (aspirin, NSAIDs, narcotics), chemotherapy drugs, cardiovasc drugs (CCBs, BBs, anti-hypertensives), anticonvulsants, diuretics, hormonal agents (i.e. OCPs), GI tract tx (sulfasalazine, azathioprine), nicotine, theophylline \(\rightarrow\) consider doing drug levels

**Treatment:**
- Rehydrate: oral, NG, or IV
- Diet: continue oral feedings, including breastfeeding, whenever possible. (frequent small meals, reduce fat intake, eliminate carbonated liquids)
- Antiemetics (oral, rectal, parenteral)