**Common Pediatric Illnesses**

Bloody diarrhea has multiple causes that need to be established. To establish the causes, then the question of concern would have been the time of onset and its characteristics. The characteristic of onset includes if it was gradual, if the bloody diarrhea was frank. The other question would have been what factors or events were associated with bloody diarrhea like after feeding a given meal or if it always appears. The other question is the amount of blood that was noted, the caregiver should attempt to quantify. The last question should be for how long the caregiver has been observing bloody diarrhea and if they had passed hard stool before reporting to the hospital. Most of the question will remain regardless of age however with exception of feeding regime in grown up children.

In case of such presentation, then the three diagnostic presentations would have been protein intolerance (Kumar, 2012), colitis or Intussusception (McKee and Tarr, 2018). The differential diagnosis would have called for a specific investigation to refine and confirm the diagnosis. Urine culture needed to be done to determine if there are amino acids in urine due to failure to be reabsorbed in the plasma membrane of the renal tubular cells (Westerberg and Hagbom, 2018). Imaging could have established if there is intussusception of intestines while stool culture would have determined if there are bacteria that caused the inflammation of the enterocytes.

There are several causes of vomiting. One of the cause can be indigestion which in most of the cases is non-bilious. The other cause is duodenal atresia, necrotizing enterocolitis, meconium ileus (McKee and Tarr, 2018). This kind of diseases causes bilious vomiting because most of the reflexes begin just below the stomach where there bile content. The other cause of the vomiting can be caused on the higher centers and include meningitis. Such causes are usually associated with projectile vomiting.

**Reference**

Westerberg S, Hagbom M, Svensson L, et al. (2018). Interaction of Human Enterocromaffin Cells with Human Enteric Adenovirus 41 Leads to Serotonin Release and Subsequent Activation of Enteric Glia Cells. Journal of Virology [serial online]. April 2018; 92(7):1-14.

McKee, R. S., Tarr, P. I., Dietzen, D. J., Chawla, R., & Schnadower, D. (2018). Clinical and Laboratory Predictors of Shiga Toxin-Producing Escherichia coli Infection in Children With Bloody Diarrhea. Journal of the Pediatric Infectious Diseases Society.

Kumar, G. K. (2012). Gastric Duplication Cyst in an Infant Presenting with Non-Bilious Vomiting. Malaysian Journal of Medical Sciences, 19(1), 76-78.