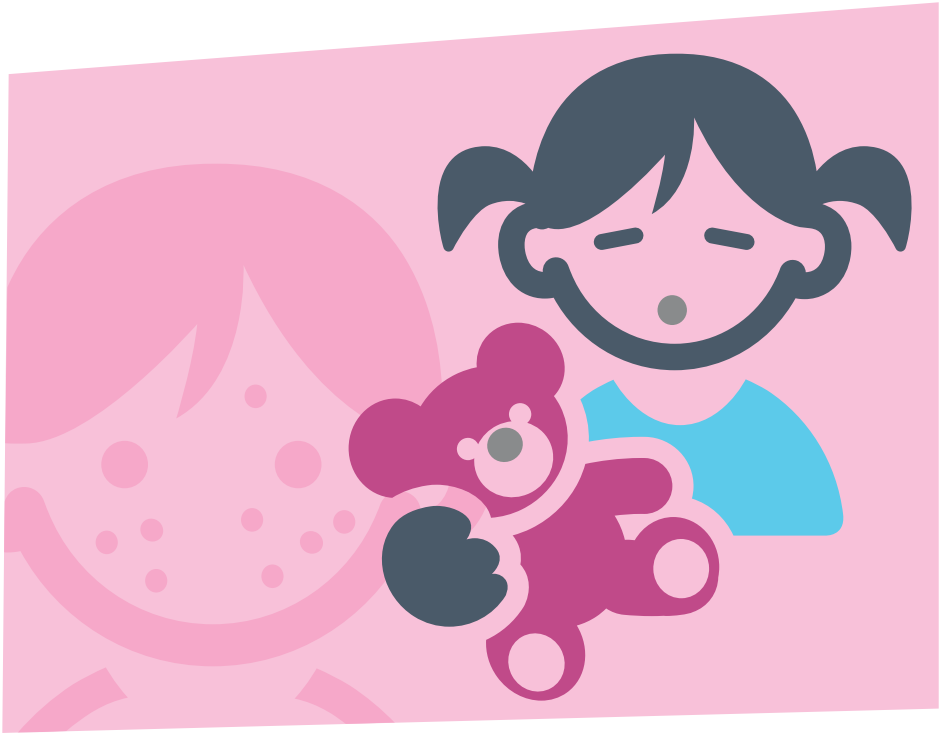
NHS
Sunderland
Clinical Commissioning Group

Common childhood illnesses

A guide to NHS services



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Common Childhood Illness App

Produced by NHS Sunderland Clinical Commissioning Group

Pemberton House
Colima Avenue
Sunderland
SR5 3XB

There is a range of services available within Sunderland to help provide healthcare for you and your child. This guide is intended to help you know what to do, and where to go, when you are looking after an unwell child.

In this guide

A guide to NHS services

Self Care

You can treat many of your child's common minor illnesses and injuries at home. If your child gets ill, it is good to be prepared with essential medicines (appropriate to age) such as paracetamol and ibuprofen suspensions, emollients, antihistamine (e.g. Chlorphenamine), oral rehydration solutions, plasters and antiseptic cream, head lice comb and a thermometer (preferably an ear one). Please do not give aspirin to children under 16 as this can cause serious complications. Lots of helpful tips can be found on the NHS Choices website: **www.nhs.uk**

Colds, cough
Sore throat
Grazed knee

Pharmacist

Your local pharmacist is a highly trained healthcare professional and can offer advice about most everyday health issues such as colds and skin conditions.

They can recommend medicines and could save you a trip to the GP surgery.

There are often pharmacies in supermarkets and many are open late.

Mild diarrhoea
Mild fever
Mild skin irritations
Help with cold and cough symptoms

Health Visitor

A health visitor is a qualified nurse who has had extra training. Part of their role is to help families avoid illness and stay healthy, especially in families with babies or young children. They are available for support until your child becomes five years old. They can support you with breastfeeding and give advice on common childhood illnesses. They are also trained in child development and can be good sources of advice if you have any concerns. Your health visitor will make sure you have their phone number so you can contact them when you have concerns or need advice.

Breastfeeding
Childhood illnesses
Child development

For first aid advice for parents visit: **www.sja.org.uk**

Confused? Unsure about which service to access? Call 111.

999

GP

Your GP is your family doctor and will see your child quickly if you are worried. They are best placed to deal with most common childhood illnesses close to home. Keep your GP's number in your phone. They can offer emergency same day appointments, urgent next-day appointments and routine appointments. Remember to tell the receptionist that you are concerned and want advice about an unwell child when contacting the practice.

High temperatures
Tummy pain
Dehydration
Rashes
And things that are not getting any better

Urgent Care Centres

Urgent Care Centres are staffed by GPs and nurses and can see all patients from birth upwards who have a health issue which is not life-threatening but needs to be seen that day. Patients can walk into an Urgent Care Centre but if they call the free NHS 111 service first, they can make an appointment. Urgent Care Centres can help if your GP surgery is closed. Centres are open 10am to 10pm, Monday to Friday and 8am to 10pm Saturday, Sunday and Bank Holidays.

Minor injuries: sprains, suspected fractures and cuts
if your GP surgery is closed and you need to be seen that day

Accident and Emergency Department (A&E) or 999

Accident and Emergency departments should only be used in a critical or life threatening situation. Emergency services are very busy – if your child's condition is not serious, choose another service.
Call 999 if you feel your child is seriously unwell e.g. child stops breathing or is struggling for breath, is unconscious or seems unaware of what is going on, will not wake up or has a fit for the first time (even if they recover).

Choking
Severe bleeding or abdominal pain
Collapse
Broken bones
Swallowed poison

NHS 111 is a free telephone service which help you when you need to access medical help, but it is not an emergency.

CALL 111 When it's less urgent than 999

Looking after your child

Parents know best

Many common childhood illnesses can be treated at home, but it is important to trust your instincts and if you are concerned, **seek advice**.

It is normal to feel anxious when your child is ill. Sometimes their illness is obvious, they may have visible symptoms such as a runny nose, but other times it isn't as easy. You know your child best and will know if something is out of the ordinary. Most illnesses get better by themselves and make your child stronger to be able to resist similar illnesses in the future.

Signs that your child might be ill include:

- Temperature
- Listlessness
- Drowsiness
- Irritability or crying
- Not eating or drinking as much
- Vomiting
- Diarrhoea
- Flushed
- Pale
- Cough
- Runny nose
- Runny eyes
- Rash

Be prepared

Many common childhood illnesses can be treated at home, but it is important to trust your instincts and if you are concerned, seek advice. It is good to be prepared and have a supply of essential medicines. Always check that medicines are appropriate to your child's age and never exceed the stated dose.

Items you may want to keep in supply (as appropriate to age) may include:

- Paracetamol for children
- Ibuprofen for children
- Colic relief drops
- Antihistamines
- Emollients
- Oral rehydration solutions
- Plasters
- Antiseptic cream
- Thermometer
- Head lice comb

Top tips for medicines

- Buy sugar-free varieties where possible
- Tell the pharmacist how old your child is before buying. Some medicines are only suitable for older children or adults
- Always check the date stamp on medicines before giving them to your child
- Always check the manufacturer's instructions and never exceed the stated dose

Top tips for medicines cont'd

- Liquid medicine is usually supplied with a special measure. Never use a teaspoon as they vary in size. Your pharmacist can show you how to use medicine measures
- Never use medications that are prescribed for someone else
- Store all medicines safely and keep them out of your child's reach and sight

Think Pharmacy First

Sometimes when you or your family are unwell, you may not need to make an appointment to see your GP. For many illnesses, your local pharmacist can provide free advice and medication to help you and your family feel better. If you don't normally pay for your medicines, then you don't need to pay with Think Pharmacy First - you can get them free and over the counter from your local pharmacist without the need to see your GP. For more information visit **sunderlandccg.nhs.uk**.

High temperatures

If you think your child has a temperature, the best way to check is by using a thermometer. Digital thermometers are the best way to get an accurate reading quickly. These can be purchased from most pharmacies or large supermarkets.

Always check the manufacturer's instructions on how to take your child's temperature.

Normal temperature should be between 36 – 36.8C. A fever is a high temperature and as a general rule this is over 37.5C. High temperatures are common and often clear up by themselves without needing treatment. They can be raised for many reasons, e.g. teething, or an infection and is one of the body's ways of fighting an infection. A high temperature on its own is not usually a cause for concern; however you should contact your GP (or call 111 if your surgery is closed) if you are worried, or if your child:

- Is under three months old and has a temperature of 38C or above
- Is between three to six months and has a temperature of 39C or above
- Has a fever that lasts more than five days
- Your child becomes dehydrated

You should seek immediate help if your child has other symptoms such as:

- Floppiness
- Drowsiness, stiff body with jerky movements
- Confusion or deliriousness
- Has a fit for the first time
- Develops a rash that does not disappear when you press a glass against it

How to keep your child comfortable when they have a high temperature

- Encourage them to have lots of fluids. Be creative if needed, for example if your child is old enough, offer them ice cubes or ice lollies or diluted juice if they refuse water. Giving your child fruit and salad can also help
- Keep your child cool, do not wrap them up too much. Remove layers of clothing and use light bedding, for example a vest and sheet only or a 0.5 tog sleeping bag
- Keep the room they are in cool at around 18C. Open a window if you need to
- Do not sponge your child with tepid or cold water, this causes blood vessels under the skin to become narrower which reduces heat loss
- Depending on your child's age, children's paracetamol OR ibuprofen can help bring your child's temperature down if they seem distressed. It is not recommended to use them if your child has a fever but otherwise appears well. It can take up to an hour for either to work and NICE (National Institute for Clinical Excellence) now advises against combining ibuprofen and paracetamol; it says either can be used to reduce temperature, but these medicines should not be administered at the same time or routinely given alternately. However, if you try one medicine to begin with, use of the other medicine can then be considered if your child is not responding to the first drug. Only consider alternating them if your child continues to be distressed or becomes distressed before the next dose is due
- Watch out for signs of dehydration **(see page 29)**

Your GP surgery is also well placed to deal with common childhood illnesses and will see your child quickly if you are worried. Remember to tell the receptionist that you are concerned about an unwell child when contacting your practice.

Immunisations

Pregnant women can protect their babies by getting vaccinated for whooping cough (pertussis), ideally when they are 28 to 32 weeks pregnant, although they may be given the vaccine up to 38 weeks of pregnancy. This vaccine is highly effective in protecting young babies until they can have their own vaccination at two months.

Immunisations are used to protect your child from serious diseases, which can sometimes cause death. All childhood immunisations are free and routine vaccinations start when a baby is two months old. This may seem early, but this is the time when the natural immunity babies get from their mothers start to wear off. It is important to have vaccinations at the right age to keep the risk of your child getting the disease to a minimum. If you know you are going to be away when your child's vaccination is due, talk to your GP.

It is natural to worry about vaccinations; if you have any concerns don't hesitate to speak to your health visitor or GP. When you take your child for their immunisation, remember to take their red book, it is a complete record of your child's immunisations and they are often needed later in life.

An immunisation schedule is available in your **child's red book**.

It is natural to worry about vaccinations; if you have any concerns don't hesitate to speak to your health visitor or GP.

Oral health

Good oral health is important for speech, eating and also as a child gets older for confidence and self-esteem. You can take care of your child's teeth by:

- Making sure they brush their teeth twice a day, including last thing at night
- Taking them to the dentist regularly
- Cutting down on the sugar they have in their diet

You should start to brush your baby's teeth with a baby toothbrush as soon as their first tooth breaks through. Help your child get into good habits early on, for example let them watch you or older siblings brushing. Take your child to the dentist when their first milk teeth appear to get them familiar with the environment. NHS dental care is free for children and dentists can spot problems with oral health at an early stage.

Tips for brushing your child's teeth

- All children should use fluoride toothpaste. Fluoride can be measured in parts per million (ppm) and this is stated on the back of the toothpaste tube. Use age appropriate toothpaste to ensure your child uses the recommended amount of flouride for their age. In certain circumstances, your dentist may recommend higher ppm fluoride toothpaste so always follow their advice. For children under three, use a smear of toothpaste and children aged between three and six should use a pea sized amount
- Don't let your child lick or suck toothpaste from their brush or tube
- Encourage your child to spit out the remaining toothpaste after they have finished brushing. Do not rinse their mouth with water and do not use mouthwash

Sun safety

Exposing your child to too much sun can increase their risk of skin cancer in later life. All types of skin, fair or dark, need protection from the sun.

- Even with sunblock on, babies under six months should be kept out of direct sunlight. Older children should only be allowed to play in the sun for a limited time. Encourage your child to play in the shade, especially between 11am and 3pm when the sun is at its strongest.
- Always use sunblock, even on cloudy or overcast days. The higher the SPF (sun protection factor) the better. You can get SPFs of up to 60 and these block out most of the sun's rays. Always use a complete sun block on your baby or toddler and regularly reapply. Don't forget to apply to their shoulders, ears, nose, cheeks, neck and tops of their feet. If you go out, remember to take the sunblock with you
- Use shades on pushchairs. A sun hat with a wide brim or long flap at the back can protect your child's head and neck from the sun
- If your child is swimming or in a paddling pool, use a waterproof sunblock and reapply after towelling them
- Cover your child in loose, baggy cotton clothes, for example a big t-shirt. Use long sleeves where possible
- Make sure your child drinks plenty of fluids
- Protect your child's eyes with sunglasses that meet the British Standard (BSEN 1836:2005) and carry the CE mark (check the label or ask the manufacturer). Buy the right size for your child's face. Sunglasses straps can help keep sunglasses in place for babies and toddlers but never leave a child unattended while they are wearing them
- Never leave your child alone in the car. Cars can get hot very quickly and this can cause heatstroke and even death

The first months

Breastfeeding

Giving your baby a healthy diet is one of the most important things you can do for them, not just now, but for their future years too. Breastfeeding is good for babies because breast milk contains antibodies that help protect against illnesses. Breastfeeding can be really rewarding for you too. It is a chance to bond with your child and reduces the risk of breast cancer, ovarian cancer, and post-menopausal osteoporosis.

Breastfeeding is good for babies because breast milk contains antibodies that help protect against illnesses.

In the beginning it may seem like you are doing nothing but feeding, but you will both gradually get into a routine and the amount of milk you produce will settle. Breastfeeding can sometimes take a little while for you and your baby to get used to, but once established, breastfeeding is easy for most mothers and babies. It is important your baby learns to attach properly to your breast as this will help you both to breastfeed well. Also feed your baby whenever they seem hungry as this will make sure you produce plenty of milk to meet their needs.

Until your baby is six months old, breast milk has got everything they need. When your baby is six months old, they will still need to breastfeed but now is the time to offer your baby some solids. This period is called ‘weaning’, which means ‘trying’. Remember that babies can’t drink cow’s milk until they are a year old.

Breastfeeding Techniques

Hold your baby's whole body close with the nose level with your nipple.

Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.

When your baby's mouth opens wide, the chin is able to touch the breast first with the head tipped back so that the tongue can reach as much breast as possible.

With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip - and their cheeks will look full and rounded as your baby feeds.

Crying

All babies cry. Crying is their way of letting you know they need something or are uncomfortable. Get to know your baby and try to understand why they are crying and what it is they need. They may just need a cuddle or a burp after their feed, but it is best to go through all the possible options.

Things to check first are:

- Does their nappy need changing?
- Could they be hungry?
- Could they be too hot?
- Could they be too cold?
- Does their cry sound different?

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping.

When a baby cries, it can be upsetting. It is very important to stay calm and don't be afraid to ask for help. Do not shake your baby.

If your baby's crying seems different in any way (such as a very high-pitched cry or a whimper), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. Trust your instincts, you know your baby best.

Teething

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as teething. Some babies show few signs while others find it more uncomfortable. You may notice that the gum is sore and red, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

If your baby is uncomfortable, you may want to give them children's paracetamol. For babies over four months old, you can also try sugar-free teething gel rubbed directly onto the gums.

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor or GP.

Oral thrush

Oral thrush is a fungal infection in the mouth that is common in babies and young children. It is usually harmless and easily treatable, but you should visit your GP if you think your child may have the condition, call NHS 111 if your surgery is closed or ask your health visitor for advice.

The main symptom of oral thrush is a white coating on your baby's tongue. There may also be white patches elsewhere in the mouth. This coating may look like curd or cottage cheese and usually cannot be rubbed off easily. If they have a white coating that does rub off easily, it is more likely to be milk and not thrush.

Babies may be reluctant to feed or keep detaching from the breast during feeds if they are sore. There may also be associated nappy rash caused by the same infection that needs to be treated as well.

Oral thrush can affect babies if they have recently been treated with antibiotics, which can reduce the levels of healthy bacteria in your baby's mouth. If you are breastfeeding and have been taking antibiotics you may be prone to a thrush infection that could then be passed to your baby during breastfeeding.

If your baby has oral thrush and you are breastfeeding, it is also possible for your baby to pass a thrush infection to you. This can affect your nipples or breasts and cause nipple thrush.

Symptoms of nipple thrush can include:

- Pain while you're feeding your baby, which may continue after the feed is finished
- Cracked, flaky or sensitive nipples and areolas (the darker area around your nipple)
- Changes in the colour of your nipples or areolas

If you have nipple thrush, or there is a risk of your baby passing thrush on to you, you will normally be advised to continue breastfeeding while using an antifungal cream to treat the infection. Apply cream to your nipples after every feed, and remove any that's left before the next feed.

Nappy rash

Nappy rash occurs when the skin around the baby's nappy area becomes red and irritated. This is common and affects lots of babies. The cause is generally because of wee and poo in their nappy, so remember to check and change their nappy often. If you can, use cotton wool and warm water instead of baby wipes which can cause skin to become sore. Leaving your baby in a warm safe place with no clothes or nappy on can help get the air to their skin. Using a nappy rash barrier cream can also help. If the rash doesn't go away, or your baby develops a persistent bright red moist rash with white or red pimples, you may need medical treatment. Speak to your health visitor or pharmacist for advice.

Other rashes

A baby's skin is thinner and needs extra care. Dry, flaky skin, some blemishes, blotches and slight rashes are normal in newborns and will naturally clear up. Try to limit the amount of products you use on your baby's skin.

If your baby has a rash and seems unwell, see your GP. If your baby is otherwise healthy but has a rash you are worried about, contact your health visitor.

Common rashes in babies are shown on the next pages.

Milia
Tiny white spots on your baby's face. These are just blocked pores and usually clear within the first four weeks of life.

Erythema Toxicum
Blotchy red skin reaction, usually at two to three days old. This rash shouldn't bother your baby and should clear up after a few days.

Neonatal acne
Pimples on your baby's face. These tend to get worse before clearing up completely after a few weeks or months. Wash them with water and mild soap to help improve their appearance. Pimples or blackheads developed after three months tend to be more severe and may need medical treatment.

Cradle cap
Can look like a bad case of dandruff with yellowish, greasy scaly patches on your baby's scalp. It is harmless and doesn't cause any irritation. No specific treatment is needed but gently wash their hair with baby shampoo to help prevent a build-up of the scale. Massage a small amount of pure, natural oil (such as olive or almond oil) into their scalp at night to help loosen the crust.

Eczema
A long-term condition that causes the skin to become itchy, red, dry and cracked. The most common type is atopic eczema. Your GP or health visitor can give you advice on managing the condition and prescribe creams and ointments that can help to relieve it.

Ringworm
A common fungal infection that causes a ring-like red rash anywhere on the baby's body. Your pharmacist can help you. If the rash does not get better after treatment, speak to your GP.

Miliaria (or sweat rash)
May flare up when your baby sweats. They may develop tiny red bumps on their skin. Keep your baby warm, but not too hot. This condition will soon disappear without treatment.

Impetigo
A highly contagious bacterial infection, which causes sores and blisters. It is not usually serious, but see your GP for advice.

Urticaria (hives)
A raised red itchy rash. This happens when a trigger (such as an allergy) causes histamine to be released. The rash is usually short lived and can be controlled with age appropriate antihistamines. Your pharmacist will give you advice but see your GP if your child gets hives repeatedly.

Slapped cheek syndrome
A viral infection common in children and babies. It causes a bright red rash on both cheeks and a fever. Most babies will not need treatment as it usually passes in a few days.

Hand, foot and mouth disease
A common, mild viral illness that causes a blister rash on the palms of the hands and soles of the feet, as well as ulcers in the mouth. Your baby may feel unwell and have a fever. Treatment is usually not needed and symptoms go away after seven to ten days. If you're worried, see your GP.

Scabies
A common infestation of the skin caused by tiny mites. Babies with scabies develop tiny and very itchy spots all over the body, including the soles of the feet, armpits and genital area. Treatment which kills the mites need to be given to the whole family at the same time. Your GP will be able to give you advice.

Meningitis warning signs

A rash that does not disappear when you press a glass against it, may be a sign of meningitis and your baby will need to be seen by a doctor regardless of how well they seem. Trust your instincts.

If you think your baby has meningitis, go to your nearest hospital A&E immediately.

It is important to be aware of the warning signs of meningitis.
See page 48 for more information.

Vomiting, diarrhoea and dehydration

It is common for babies to be sick, especially in the early weeks. If your baby is vomiting large amounts suddenly, more than posseting (bringing up small amounts of milk after feeding) and they do not have reflux (lots of vomit after every feed), they may have gastroenteritis (stomach bug). Sickness and diarrhoea bugs are caught easily and are often passed on in places like playgroups or nurseries. It is usually nothing to worry about and will pass in a few days. If they have gastroenteritis, the vomiting is followed by diarrhoea and they may have a high temperature, in such case your baby may get dehydrated.

It is common for babies to be sick, especially in the early weeks.

Check for signs of dehydration as follows:

- Dry lips, tongue and mouth
- Sunken eyes
- Cold hands and feet, lack of energy and drowsy more than normal
- Less heavy or bone dry nappies (under one year old – no urine for six hours; one to five years old – no urine for 12 hours)
- Urine strong and dark yellow
- Soft spot on top of head more sunken than normal.

Continue to give your baby their regular diet and give extra fluids. See section 'Upset tummies and diarrhoea' on **page 39.**

If symptoms don't improve and last more than 24 hours, seek advice from your GP, or if out of hours please call 111. Seek advice immediately if you notice signs of dehydration and your child is floppy, has severe tummy pain or has a headache and stiff neck.

Common childhood illnesses

Coughs and colds

The common cold is a mild, self-limiting, viral, upper respiratory tract infection. It is more frequent in winter months. Antibiotics are ineffective and can cause adverse effects. Flu can be more serious than a cold.

Young children have an average of three to eight colds a year, although up to 12 colds a year have been reported in some children. Symptoms include nasal stuffiness, runny nose, sneezing, sore throat, cough, and fever. Infants may also be irritable, have snuffles and difficulty with feeding. Most symptoms resolve within 7-14 days, although a mild cough may persist for longer. It can be passed on by direct skin contact or hand contact with a shared object. Small particles can linger in the air and can be highly infectious.

Self-care advice or things you can do at home

- Give your child more to drink than normal
- Try baby paracetamol or junior ibuprofen and check you have the right dose and strength for the child's age. Do not use aspirin
- Nutritious food is recommended, but it is common for children to lose their appetite for a few days
- Keep your child away from smoke and anyone who smokes
- Ask advice from your local pharmacist but remember coughing is the body's way of keeping your lungs clear

Don't pass it on

- **Catch it:** germs spread, use tissues and catch your cough and sneeze
- **Bin it:** germs live for several hours on tissues, dispose of it straight away.

- **Kill it:** hands can pass on germs, clean them as soon as you can

When to get help

- If symptoms last for more than ten days
- If your child presents with fever and rash
- If your child is not waking or interacting
- If your child is finding it hard to breathe

Sticky eyes and conjunctivitis

Sticky eyes and conjunctivitis are two different issues. 'Sticky eyes' are common in newborn babies and young children while their tear ducts are developing. You may see some sticky stuff in the corner of the eyes or their eyelashes may be stuck together. It will normally clear up on its own, but you may have to clean your baby's eyes regularly.

Conjunctivitis is a very common eye infection. It is an inflammation (swelling) of the conjunctiva which is the thin delicate membrane that covers the whites of the eyes and lines the inside of the eyelids. A child is likely to have red, itchy eyes and sticky eyelids. Their eyes will be watering more than usual, and may have a discharge which might be more noticeable in the morning with crusting on their eyelid. An older child may complain that their eye feels sore, that they have a 'gritty' feeling in their eye, or their vision is blurred.

The conjunctiva can become inflamed as a result of:

- A bacterial or viral infection – this is known as infective conjunctivitis. Viral or bacterial conjunctivitis is infectious, and can pass from one eye to the other, and from one person to another, e.g. by sharing towels

If it is caused by bacteria, the discharge will be yellow. If it is viral the discharge will be sticky clear and is usually accompanied by flu-like symptoms

- An allergic reaction to a substance such as pollen or dust mites – this is known as allergic conjunctivitis. The discharge is watery and clear and is common in people who have hayfever and asthma
- An irritation to substances such as chlorinated water or shampoo, or a loose eyelash rubbing against the eye – this is known as irritant conjunctivitis

Neo-natal conjunctivitis affects children younger than 28 days old and can occur if a baby is born to a mother who has a sexually transmitted infection (these don't necessarily cause symptoms, so many mothers are unaware that they are infected).

Most causes of conjunctivitis are not serious, but there is a small possibility of serious complications if it is left untreated. Contact your GP for advice if you notice any redness in your child's eyes.

If the child's conjunctivitis is caused by an infection, it can be prevented from spreading by making sure the child washes their hands frequently, and doesn't rub their eyes or shares towels.

Cleaning your baby's eyes

Cool boiled water is the best option for cleaning your baby's eyes. Using a cotton bud, wipe each eye from the corner of the nose outwards. Tip your baby's head to avoid water running across the nose into the other eye. Use a clean cotton bud for each wipe. Remember to wash your hands before and afterwards to prevent spreading infection. Avoid using cotton wool balls, which can have loose fibres that may get into your child's eyes.

Ear problems

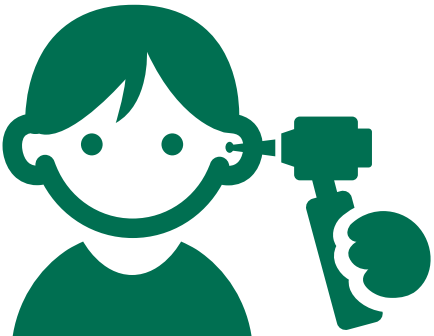
Ear infections are common in babies and toddlers. Most ear infections are caused by viruses which cannot be treated by antibiotics and often follows a cold.

Ear infections can be painful and can sometimes cause a temperature. A child may rub or pull at their ears. Young babies cannot always tell where the pain is coming from and may just cry and seem irritable. You may also see a pus like discharge from the ear. It is not usually a serious illness and may just need extra cuddles and painkillers. See your GP if symptoms last longer than four days or become more serious with severe pain, a very high temperature or breathing difficulties.

After an ear infection, your child may have a mild hearing loss for two to three weeks. Repeated ear infections may lead to glue ear, where sticky fluids can affect your child's hearing. This may lead to unclear speech. If the problems persists, seek advice from your GP.

Do not put any oil, eardrops or cotton buds in your child's ears. Use different clean damp cotton wool on each ear to gently clean the outer area.

Children who live in a household where people smoke, or who have a lot of contact with other children are more likely to get ear infections.



Wheezing and shortness of breath

Any kind of breathing difficulty your child experiences can be scary for parents. It may be nothing to worry about and could just be normal baby 'snuffles'.

Use your instincts with newborns and babies. You may notice:

- Rapid breathing or panting, which is common. If it comes and goes and your baby is breathing comfortably most of the time, and there are no other signs of illness, there is normally no need to worry
- If breathing sounds a bit rattly, try holding your baby upright
- Occasional coughing or choking may occur if your baby takes in milk too quickly. Slow things down and check their feeding position
- Keep an eye on them if they have a cold or mild cough. Use your instincts. If you are worried ask your health visitor or GP for advice

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature
- Croup (a hoarse voice, barking cough) which will need to be assessed by your GP. Mild croup can be managed at home and if your child has a fever, age appropriate paracetamol will help. Keeping your child calm can also help as symptoms may worsen if your child is agitated or crying. Some people find that breathing in steam can help, for example being in the same room as a hot bath or shower with a closed door. Never leave your child unsupervised and do not allow them to come into contact with the hot water. Contact your GP if symptoms worsen

Contact your GP if your child finds breathing hard work and is sucking in their ribs and tummy, or if they are unable to complete a sentence without stopping for breath.

Dial 999 or take your child to A&E if it looks as if your child's chest is 'caving in' or they appear pale or even slightly bluish.

Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies and children under two years old. The early symptoms are similar to those of a common cold and include a runny nose and cough. As it develops, the symptoms can include a slight fever, a dry persistent cough and difficulty feeding.

Symptoms usually improve after three days and in most cases the illness is not serious. The cough may last for a few more weeks. Contact your GP if your child is only able to feed half the normal amount or is struggling to breathe, or if you are worried about them.

Asthma

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children.

Asthma affects the airways and makes it difficult to breathe and causes wheezing, coughing, shortness of breath and can make the chest feel tight. A sudden, severe onset of symptoms is known as an asthma attack.

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. They will want to know about your child's medical history and whether

there is a history of allergic conditions in your family. They will also want to identify the possible trigger(s) and ask when and where it happened.

Triggers can include exercise (especially in cold weather), an allergy with dust mites, animal fur, grass and tree pollen or exposure to air pollution, especially tobacco smoke or a cold virus.

Smoking during pregnancy or around your child can increase their risk of asthma. Breastfeeding for as long as possible can help reduce the risk of asthma.

Asthma attacks can sometimes be managed at home but may require hospital treatment. Parents learn how to recognise symptoms and deal with them. They are occasionally life threatening.

Dial 999 to seek immediate medical assistance if your child has severe symptoms of asthma.

Constipation

Constipation is very common and can occur in children of all ages. Constipation means passing hard stools (poos) with difficulty and less often than normal. Abdominal pain is a common symptom too. In children, having a poo three times a day or once every other day can be normal as long as the poos are soft and easily passed. Breastfed children generally have more poos per day.

To avoid constipation, make sure weaned children have a balanced diet including plenty of fibre such as fruit, vegetables, baked beans and wholegrain breakfast cereals. We do not recommend unprocessed bran (an ingredient in some foods) which can cause bloating, flatulence (wind) and reduce the absorption of micro-nutrients. If a bottle-fed baby

is constipated try offering water between feeds (never dilute baby milk). If the problem doesn't go away, speak to your health visitor or GP. It is important to get it treated because a child can develop a fear of going to the toilet which can make the constipation worse.

Upset tummies and diarrhoea

Most children have occasional loose poos. However, diarrhoea is when your child frequently passes unformed, watery poos. Upset tummies can sometimes be caused by food allergies or accidentally swallowing a poison or drug, but more often they are caused by an infection or stomach bug. This is called gastroenteritis.

The most common cause of gastroenteritis is usually a virus, such as rotavirus. The first signs of illness are normally feeling sick and suddenly being sick, followed by diarrhoea. It is usually nothing to worry about and will pass in a few days.

Diarrhoea and vomiting can be more serious in babies than older children, because babies can easily lose too much fluid from their bodies and become dehydrated. **(see page 29)**

If your child becomes dehydrated, there are lots of ways you can care for them at home. Things to try are:

- Give them regular drinks, avoiding fruit juice or squash as these can cause diarrhoea. If you are breastfeeding, carry on doing so. Offer older children plenty of water, or an ice-lolly
- Try rehydrating solutions available from your pharmacist. These come in pre-measured sachets to mix with water
- If they want to eat, give them plain foods like pasta or boiled rice but nothing too rich or salty

- Be extra careful with everyone's hand hygiene. Use soap and water or anti-bacterial hand gel and dry hands well with a clean towel

Some children between the ages of one and five pass frequent, smelly, loose poos that may contain recognisable foods, such as carrots and peas. Usually, these children are otherwise perfectly healthy and are growing normally, but the GP can't find any cause. This is known as toddler diarrhoea. It usually lasts for five to seven days, and in most children it will stop within two weeks. Vomiting often lasts for one to two days, and in most children it will stop within three days. Don't give anti-diarrhoeal drugs, as they can be dangerous.

You should contact your GP or health visitor urgently for advice if:

- Your child has passed six or more diarrhoeal poos or has vomited three times or more in the past 24 hours
- Your child has not been able to hold down fluids for the last eight hours, or you think they are dehydrated
- They are floppy, irritable, won't eat, or they are not their usual self
- They have severe tummy pain
- They have a headache and stiff neck

Prevent infection spreading by:

- Using separate towels for your child
- Remind everyone in the family to wash their hands after using the toilet and before eating
- Keep away from others, especially children, who may pick up the infection. Don't return your child to school or childcare facility until at least 48 hours after the last episode of diarrhoea or vomiting.

- Don't allow children to swim in swimming pools for two weeks after the last episode of diarrhoea.

Chickenpox

Chickenpox is a mild disease that most children catch at some point. Some children and adults are at risk of serious problems if they catch chickenpox. This can include:

- Pregnant women
- Newborn babies
- People with a weakened immune system (e.g. people taking steroid tablets or having chemotherapy)

Chickenpox can be passed onto others from about two days before the rash appears to until the last blister has burst and crusted over. If your child has chickenpox, keep them away from public areas.

If you are sure your child has chickenpox, you do not need to go to your GP unless your child is very unwell. Your pharmacist can recommend treatment to calm the itching (such as calamine lotion) and to help stop the blisters scarring. Age appropriate paracetamol can also be used to help relieve fever. Keep your child cool as itching can be worse if your child gets hot.

Contact your GP straight away if your child develops any abnormal symptoms such as:

- Blisters on skin becoming infected
- Your child developing a pain in their chest or problems breathing

If your baby is newborn, you are pregnant, or have a weakened immune system, seek medical advice if you have been exposed to the chickenpox virus or develop symptoms. There is a chickenpox vaccine, but it is not part of the routine childhood vaccination, and is only offered to those who are vulnerable to chickenpox complications.

It is very rare for people to get chicken pox twice. Children who have had it again are likely to have had a misdiagnosis the first time round.

Head lice

Head lice are tiny insects that live in human hair. They're particularly common in children.

Head lice are whitish to grey-brown in colour and smaller than the size of a pinhead when first hatched. When fully grown they're about the size of a sesame seed. All types of hair can be affected, regardless of its length and condition, and isn't the result of dirty hair or poor hygiene. They are spread by head-to-head contact.

Head lice can be difficult to see and often causes the scalp to become itchy.

Head lice can be treated with lotions or sprays designed to kill head lice, or by wet combing, using a specially designed head lice comb. Wet combing can be used without lotions or sprays, but it needs to be done regularly and can take a long time to do thoroughly. Your pharmacist will be able to give you advice.

Threadworms

Threadworms, also known as pinworms, are tiny parasitic worms that hatch eggs in and infect the large intestine. Threadworms are common in young children under the age of ten.

Threadworms are white and look like small pieces of thread. You may notice them around your child's bottom or in their poo. It can cause itchiness around their bottom or vagina, and can be worse at night disturbing their sleep.

If you think you or your child may have threadworms, you can usually get treatment for it from pharmacies. Everyone in your household will need to be treated because the risk of the infection spreading is high. This includes people without any symptoms.

You only need to see your GP if you think you have threadworms and you are pregnant or breastfeeding, or if you think your child has threadworms and they are under two years old. This is because the treatment recommended in these circumstances is usually different to what is recommended for most people.

It is also important to follow strict hygiene measures to avoid spreading the threadworm eggs. This involves regularly vacuuming your house and thoroughly washing your bathroom and kitchen. Everyone should wash their hands regularly, particularly after going to the toilet and before mealtimes.

If your child is infected, encouraging them not to scratch the affected area will help prevent re-infection and reduce the risk of spreading it to others.

Tics, head banging and unusual behaviour

Extreme and unusual behaviour can be caused by lots of things like hurting themselves on purpose, developing a tic or head banging.

Stress is something as adults we come to accept and manage. Young children are unable to recognise and cope with stress. Instead, they often show it in physical and emotional outbursts. Sometimes stress can lead to a 'tic' – a sudden, repetitive, non-rhythmic movement involving a distinct muscle group, like an uncontrolled eye blinking. Head banging, or banging the head against a wall or cot on purpose is another common behaviour, especially in boys. They are not trying to be naughty or annoying. Children may bang their heads as a form of self-comfort, to vent frustration, as pain relief (for example if they have an ear infection), or because they want attention.

In rare cases, a tic or another behaviour pattern may be the symptom of a more complicated condition. Your GP can advise if there are additional concerns. Once the GP gives your child a clean bill of health, the best thing to do is just ignore the tic, help minimise the stress and make sure your child is having enough sleep.

With hand-banging or other forms of self-harm like severe nail biting, scratching or hitting, keep your child safe and get them to stop by distracting them. Try to get them to vent their frustration in another way like stomping their feet or throwing something really hard like a ball at a wall outside. These are the best measures to help your child deal with a problem that will most likely disappear in a short time.

Remember, many common childhood illnesses can be treated at home, but it is important to trust your instincts and if you are concerned, **seek advice**.

More serious conditions

Meningitis

Early signs may appear similar to a cold or flu, however children with meningitis can become seriously ill very quickly so it is important to make sure that you can recognise the signs.

Meningitis is a very serious and contagious illness. It is an infection of the meninges (the protective membrane surrounding the brain and spinal cord). There are several types of meningitis, and some of these can be prevented by immunisation.

Anyone can get meningitis but babies and children under five are most at risk because their immune system is not yet fully developed. If it is diagnosed and treated early, most children make a full recovery. Early signs may appear similar to a cold or flu, however children with meningitis can become seriously ill very quickly so it is important to make sure that you can recognise the signs. Not all children develop all the symptoms, for example a rash is not always present in meningitis so do not wait for a rash to develop, be aware of all the signs.

Be aware of all the signs:

- Fever with cold hands and feet
- Vomiting and refusing to feed
- Skin that is pale and blotchy or turning blue
- Red or purple spots that doesn't fade when you press a glass over it
- Irritability and does not want to be picked up
- Drowsiness, less responsive and floppy
- An unusual high pitched or moaning cry
- Stiff neck and dislikes bright lights
- Rapid breathing or grunting
- Tense bulging soft spot on baby's head (fontanelle)

All cases of suspected meningitis should be treated as an emergency and you should call 999 or go to A&E.

Accidents and prevention

Bumps and bruises

Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected which are the more serious bumps. If your child has unexplained bruising or injury you need to find out how this happened.

If it looks like the bump may swell then use a flannel soaked in cold water, or an ice pack to help reduce the swelling and cool the area for at least a few minutes. Don't put ice directly on the skin.

If your child's bump to the head looks serious or symptoms worsen, or your child is under one, call a doctor. One of the signs of a severe head injury is being unusually sleepy. This does not mean you cannot let your child sleep. If you are worried about their drowsiness, then you should wake your child an hour after they go to sleep and check that they are okay and responding normally throughout the night.

You need to get medical attention if:

- They are vomiting persistently (more than three times)
- They are complaining it hurts
- They are not responding at all
- Pain is not relieved by paracetamol or ibuprofen

Reducing hazards in the home and making sure children wear helmets when cycling can help reduce the risk of severe head injuries.

Burns and scalds

A burn is damage to the skin, which is caused by direct contact with something hot. Burns can also be caused by certain chemicals, electricity and friction. A scald is a burn that is caused by a hot liquid or steam. Scalds are treated in the same way as burns.

Treat any burn or scald straight away but always take your child to hospital for anything more than a very small burn or scald. A baby's skin is very delicate and can be scarred without the right treatment.

Remember to keep hot drinks out of children's reach.

Do

Hold the affected area under cold water for at least 20 minutes. Cover the burn with a sterile dressing, cling film or a plastic bag, then wrap in a cloth soaked in cool water. Don't wrap it too tightly. Give paracetamol or ibuprofen. Then take your child to hospital.

Don't

Apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who will have to clean the area before it can be treated.

Choking

Children often put objects in their mouth. This is a normal part of how they explore the world. Some small objects, such as marbles, beads and button batteries are just the right size to get stuck in a child's airway and cause choking. Try and keep small objects like these out of your child's reach.

No matter how careful you are, your child may choke on something. If your child suddenly starts coughing, is not ill and has a habit of putting small objects in their mouth, there's a good chance that they're choking.

Tips on helping a choking child

- If you can see the object, try to remove it. Don't poke blindly with your fingers. You could make things worse by pushing the object in further
- If your child is coughing loudly, there's no need to do anything. Encourage them to carry on coughing and don't leave them
- If your child's coughing is silent or they can't breathe in properly, shout for help immediately and check whether they're still conscious
- If your child is still conscious but they're either not coughing or their coughing is not effective, use back blows (see below)

0-1 yrs Back blows for children under one year

- Support the child in a head-downwards position. Gravity can help dislodge the object. It's easiest to do this if you sit or kneel and support the child on your lap
- Don't compress the soft tissues under the jaw as this will make the obstruction worse

1+ yrs Back blows for children over one year

- Back blows are more effective if the child is positioned head down
- Put a small child across your lap as you would a baby
- If this isn't possible, support your child in a forward-leaning position and give the back blows from behind

If back blows don't relieve the choking and your child is still conscious, give chest thrusts (see below) to infants under one year or abdominal thrusts (see below) to children over one year. This will create an artificial cough, increasing pressure in the chest and helping to dislodge the object.

0-1 yrs Chest thrusts for children under one year

- Support the baby on your arm, which is placed down (or across) your thigh as you sit or kneel
- Find the breastbone, and place two fingers in the middle
- Give five sharp chest thrusts (pushes), compressing the chest by about a third

1+ yrs Abdominal thrusts for children over one year

- Stand or kneel behind your child. Place your arms under the child's arms and around their upper abdomen
- Clench your fist and place it between the navel and ribs
- Grasp this hand with your other hand and pull sharply inwards and upwards
- Repeat up to five times
- Make sure you don't apply pressure to the lower ribcage as this may cause damage

Following chest or abdominal thrusts reassess your child as follows:

- If the object is still not dislodged and your child is still conscious, continue the sequence of back blows and either chest or abdominal thrusts
- Call out or send for help if you're still on your own
- Don't leave the child

Even if the object is expelled, get medical help. Part of the object might have been left behind or your child might have been hurt by the procedure.

Unconscious child with choking

- If a choking child is, or becomes unconscious put them on a firm, flat surface
- Call out loudly or send for help if you're on your own
- Don't leave the child at any stage
- If the object is clearly visible and you can grasp it easily, then remove it. Don't poke blindly or repeatedly with your fingers to try to get the object out.
- Start resuscitation (see section on child and baby CPR)

If your child is coughing or is wheezy, call your GP for advice or NHS 111, if your surgery is closed. In a life-threatening emergency, dial 999.

Child and baby CPR

Below is the full detailed cardiopulmonary resuscitation (CPR) sequence for infants and children. It is highly recommended that every parent goes to a first aid course as it makes this process much easier to understand and remember.

1. Ensure the area is safe

- Check for hazards, such as electrical equipment or traffic

2. Check your child's responsiveness

- Gently stimulate your child and ask loudly, "are you all right?"
- Don't shake infants or children with suspected neck injuries

3a. If your child responds by answering or moving

- Leave them in the position in which they were found (provided they are not in danger)
- Check their condition and get help if needed
- Reassess the situation regularly

3b. If your child does not respond by answering or moving

- If your child doesn't respond - shout for help
- Follow resuscitation procedure

Resuscitation procedures continue on next page.

0-1 yrs If the child is under one year old:

Ensure that the head is in a neutral position, with the head and neck in line and not tilted.

At the same time, with your fingertip(s) under the point of your child's chin, lift the chin.

Don't push on the soft tissues under the chin as this may block the airway.

1+ yrs If the child is over one year old:

1. Open your child's airway by tilting the head and lifting the chin

- Place your hand on their forehead and gently tilt their head back, leaving them in the position in which you found them
- At the same time, with your fingertip(s) under the point of your child's chin, lift the chin. Don't push on the soft tissues under the chin as this may block the airway
- This may be easier if the child is turned carefully on to their back
- If you think there may have been an injury to the neck, tilt the head carefully, a small amount at a time, until the airway is open

2. Keeping the airway open, look, listen and feel for normal breathing

- Put your face close to your child's face and looking along their chest
- Look for chest movements
- Listen at the child's nose and mouth for breathing sounds
- Feel for air movement on your cheek

- Look, listen and feel for no more than ten seconds before deciding that they're not breathing

3a. If your child is breathing normally

- Turn them onto their side
- Check for continued breathing

3b. If your child isn't breathing or is breathing infrequently and irregularly

- Carefully remove any obvious obstruction in the mouth
- Give five initial rescue breaths (see below)
- While doing this, note any gag or cough response

0-1 yrs **Rescue breaths (or mouth-to-mouth resuscitation) for a baby under one year**

- Ensure that the head is in a neutral position and lift the chin
- Take a breath and cover your baby's mouth and nose with your mouth, making sure it's sealed. If you can't cover both the mouth and nose at the same time, just seal one with your mouth. If you choose the nose, close the lips to stop air from escaping
- Blow a breath steadily into the baby's mouth and nose for one to 1.5 seconds. It should be sufficient to make the chest visibly rise
- Keeping their head tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out
- Take another breath and repeat this sequence five times

1+ yrs Rescue breaths (or mouth-to-mouth resuscitation) for a child over one year

- Tilt the head and lift the chin
- Close the soft part of their nose using the index finger and thumb of the hand that's on their forehead
- Open their mouth a little but keep the chin pointing upwards
- Take a breath and place your lips around their mouth, making sure it's sealed
- Blow a breath steadily into their mouth for one to 1.5 seconds, watching for the chest to rise
- Keeping their head tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out
- Take another breath and repeat this sequence five times. Check that your child's chest rises and falls in the same way as if they were breathing normally
- If you have difficulty achieving effective breathing in your child, the airway may be obstructed
- Open the child's mouth and remove any visible obstruction. Don't poke your fingers or any object blindly into the mouth
- Ensure that there's adequate head tilt and chin lift, but that the neck is not over extended
- Make up to five attempts to achieve effective breaths (enough to make the chest visibly rise). If still unsuccessful, move on to chest compressions combined with rescue breaths

Chest compressions – general guidance

- To avoid compressing the stomach, find the point where the lowest ribs join in the middle, and then one finger's width above that. Compress the breastbone

- Push down by roughly one-third of the depth of the chest
- Release the pressure, then rapidly repeat at a rate of about 100 compressions a minute
- After 30 compressions, tilt the head, lift the chin and give two effective breaths
- Continue compressions and breaths in a ratio of two breaths for every 30 compressions
- Although the rate of compressions will be 100 a minute, the actual number delivered will be less than 100 because of the pauses to give breaths
- The best method for compression varies slightly between infants and children

0-1 yrs Chest compression in babies less than one year old

- Do the compressions on the breastbone with the tips of two fingers, not the whole hand or with two hands.

1+ yrs Chest compression in children over one year

- Place the heel of one hand over the lower third of the breastbone (as described above)
- Lift the fingers to ensure that pressure is not applied over the ribs
- Position yourself vertically above the chest and, with your arm straight, compress the breastbone so that you push it down by approximately one-third of the depth of the chest
- In larger children, or if you're small, this may be done more easily by using both hands with the fingers interlocked, avoiding pressure on the ribs
- If nobody has responded to your shout for help at the beginning and

you're alone, continue resuscitation for about one minute before dialling 999

Continue resuscitation until:

- Your child shows signs of life (normal breathing, coughing, movement of arms or legs)
- Further qualified help arrives
- You become exhausted

Further information on first aid
https://www.sja.org.uk/sja/first-aid-advice/first-aid-for-parents.aspx

For more information please visit
www.sunderlandccg.nhs.uk

Better health for Sunderland