

A Guide

FOR PARENTS AND CARERS of children aged birth-5 years

Common childhood illnesses & wellbeing



WELCOME



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Every parent or carer wants to know what to do when their child is ill. Use this handbook to learn how to care for your child at home, when to call your GP and when to contact the Emergency Services. Most issues your child will experience are part of growing up and are often helped by talking to your Midwife, Health Visitor or local Pharmacist. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and earache.

Some of these are easily treated at home with advice from your Pharmacist, your GP or your Health Visitor rather than a trip to your surgery or Accident and Emergency.

This handbook will point you in the right direction and explain what you can do at home, or where you need to go to get assistance and advice. It has been put together with help from healthcare professionals. Trust your instincts, you know your child better than anyone else. If you are worried, get further advice.

This handbook also contains general welfare information which will help you keep you and your child safe and healthy.

All factual content has been sourced from Department of Health, Birth to Five, 2009 edition, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE. This information cannot replace specialist care. If you are worried, get further advice. You know your baby best.



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A GUIDE TO SERVICES



We have a wide range of healthcare services. See which service or professional is best to help you.

SELF-CARE

Many illnesses can be treated in your home by using over the counter medicine from your Pharmacist and getting plenty of rest. Self-care is the best choice to treat very minor illnesses and injuries.

If you are still worried contact NHS 111 or your GP.

NHS 111

If you think you need help urgently during the day or night you should call NHS 111 before you go to any other health service.

By calling 111 you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call NHS 111:

- When you need help fast but it's not life threatening
- When you think you need to go to A&E or another NHS urgent care service
- When it's outside of your GP's surgery hours
- When you do not know who to call for medical help



WALK IN CENTRES

Use your local walk-in centre if you need medical treatment which doesn't need a visit to A&E or when you can't wait for an appointment with your GP.

There are two in Havering:

Harold Wood Walk in Centre,
St Clements Avenue, Off Gubbins Lane,
Harold Wood RM3 0FE

Orchard Village Health Centre,
2 Roman House, Roman Close.
Rainham RM13 8QA



A&E

For immediate, life-threatening emergencies, please call 999.

A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness such as breathing difficulties, choking, chest pain, seizures, blacking out, or blood loss.



GP

You will need to register with a GP. To find a GP in your area, use the NHS Choices Find Services System at: www.nhs.uk/servicedirectories Your GP can advise, give medicines and give information on other services. You will need to make an appointment but most GPs will see a baby quite quickly if you are worried. After 6.30pm weekdays, at weekends and public holidays most services are covered by the NHS 111 service.



HEALTH VISITOR

Health Visitors are there to support you and your family during the early years. They visit you at home or see you in your local clinic. They assess your child and family's health and development needs. They can tell you where to get extra help if you need it.



MIDWIFE

Your Midwife can also give you help. They will support you during pregnancy and up to 14 days after the birth. Your Midwife will then hand over your care to the Health Visitor.



PHARMACIST

Your local Pharmacists can provide advice on most common health issues. They can suggest and dispense medicine and other health products. There are often Pharmacists in supermarkets and many are open late. Visit www.nhs.uk where you can find the service locator that will help you find the Pharmacist nearest to you.



DENTIST

Make sure you see a Dentist on a regular basis. Discuss registering your child early on with your Dentist and take them with you to appointments. To find your nearest Dentist visit www.nhs.uk For out-of-hours Dentist information call 111.



CHILDREN'S CENTRES

Families can access a wide range of information in a friendly environment. Children's Centres provide a range of advice including health promotion, advice on safety and they promote aspects of child health and well-being. All Havering Children's Centres can be found on the Havering Council website.

IF A CHILD IN YOUR CARE IS ILL OR INJURED, CHOOSE FROM THE FOLLOWING SERVICES AVAILABLE:

SYMPTOMS OR CONCERNS	WHAT TO DO	WHERE TO GO
<p>Grazed knee, Sore throat Coughs and colds, Mild tummy pain or headache</p>	<p>Self Care</p>	<p>You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk.</p>
<p>As a parent if you are: Unsure Confused Need help</p>	<p>Health Visitor or NHS 111 For 24 hour health advice and information.</p>	<p>Call your Health Visitor or NHS 111 when it is less urgent than 999 Tel: 111 www.nhs.uk/111</p>
<p>Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever</p>	<p>Pharmacist For advice on common illnesses, injuries and medication.</p>	<p>To find your local pharmacy and its contact details visit: www.nhs.uk/chemist</p>
<p>High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions Minor bumps, cuts and possible fractures Dehydrated Headache Tummy pain (inside GP hrs)</p>	<p>GP/Doctor Or visit your nearest walk-in centre.</p>	<p>Harold Wood Walk in Centre, St Clements Avenue, Off Gubbins Lane, Harold Wood RM3 0FE</p> <p>Orchard Village Health Centre, 2 Roman House, Roman Close, Rainham RM13 8QA</p>
<p>Unexpected and sudden sickness Severe pain Worsening health conditions</p>	<p>Contact your GP in the first instance.</p>	<p>As directed by your GP</p>
<p>Choking Loss of consciousness Fitting, Suspected meningitis Broken bones</p>	<p>A&E or 999 For very severe or life threatening conditions.</p>	<p>A&E</p>

NHS 111 is free to call from any landline or contract mobile phone. Pay-as-you-go mobile phones require 1 pence credit to make a call.

KNOW THE BASICS

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong with their baby or child from quite early on. It is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary. Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. See box on the right, for things to have at home just in case. Make sure you've got the right strength of medicine for the age of your child, always follow instructions carefully and check use by dates. Read the label carefully. Do not give aspirin to children under 16.

If your baby seems to have a serious illness get medical attention straight away.

Paracetamol and ibuprofen

Consider using either paracetamol or ibuprofen in children with fever who appear distressed (as a general rule a temperature of over 37.5°C (99.5°F). Paracetamol can help to reduce fever and distress in children and so can ibuprofen. Treat them with either paracetamol OR ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should not be given together at the same time. However, if your child remains distressed before the next dose of paracetamol OR ibuprofen is due, then you may want to try a dose of the other medicine later.



HEALTH VISITOR SAYS

Keep a small supply of useful medicines. Include things like:



Thermometer



Plasters



Liquid painkillers
(e.g. paracetamol or
ibuprofen)



Barrier cream



Natural oils like
vegetable oil (for dry
skin)



Antihistamine



HEALTH VISITOR SAYS

Know your baby. Try to understand what it is they need. Finding out why your baby is crying is often a matter of going 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?

These are simple things which could be causing your baby to cry.



when it's less urgent than 999

“The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening”.

CRYING

Understanding why

All babies cry, especially in the first few weeks after birth. Crying is their way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle. Always burp your baby after a feed as this will help.

Look out for signs that your baby is trying to tell you they are hungry. Early signs are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed.

Colic

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.

1. My baby is crying more than usual.
2. When a baby cries, it can be upsetting.
3. It is very important to stay calm and don't be afraid to ask for help. **Do not shake your baby.**

Source: DoH Birth to five edition 2009.



GP SAYS

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.



when it's less
urgent than 999



HEALTH VISITOR SAYS

Possetting is 'normal' during or after a feed. If this carries on at other times, between feeds it may be a tummy bug. It is important for babies to have plenty of fluids to stop any dehydration.

BEING SICK

A problem likely to get better on its own

It is common for babies to be sick in the early weeks as they get used to feeding and their bodies develop. Bringing up small amounts of milk is known as possetting. When your baby vomits there will be a much larger amount. It can be frightening for your baby, so they are likely to cry. Lots of things can cause your baby to be sick.

Make sure your baby is positioned correctly when breast or bottle feeding. Incorrect positioning can cause a baby to be sick.

Being sick often or with large amounts may be due to 'gastric reflux' where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during a feed to make them more upright. Feeding smaller amounts and more often may also help.

1. I have a new baby. I have just given my baby a feed.
2. They always seem to bring up small amounts of milk.
3. This is known as 'possetting'. As they develop it will stop naturally. Talk to your Health Visitor.



GP SAYS

After the first few months, if your baby is suddenly sick it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is a tummy bug (**see upset tummy page 30**), which can come with diarrhoea (runny poo).

This is more serious in babies than older children because babies easily lose too much fluid from their bodies and become dehydrated. If they become dehydrated they may not pass enough urine, lose their appetite and have cold hands and feet.

Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your GP's advice straight away.

STICKY EYES & CONJUNCTIVITIS

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 normally clears up on its own, but you may have to clean your baby's eyes regularly with damp cotton wool. Use clean, cooled boiled water.

Wipe each eye from the corner by the nose outwards. Use a clean piece of cotton wool for each wipe. Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection.

1. Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?
2. Sticky eyes is a common condition that affects most babies, speak to your Health Visitor.
3. Use cooled boiled water on a clean piece of cotton wool for each wipe.



GP SAYS

Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are yellowy, green sticky goo which comes back regularly. If you notice this and it continues for more than 24 hours, contact your Health Visitor or GP. This can be passed on easily, so wash your hands and use a separate towel for your baby.



when it's less
urgent than 999

“Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection”.



HEALTH VISITOR SAYS

Try putting a few drops of breast milk into your baby's eyes. The breast milk will keep the area clean and will initiate healing.



when it's less
urgent than 999



HEALTH VISITOR NAPPY RASH TIPS

Leave your baby in a warm, safe place with no clothes or a nappy on, to let the air get to their skin.

Use a barrier cream. (see Pharmacist says box opposite).

Remember to change and check their nappy often.



HEALTH VISITOR CRADLE CAP TIPS

This is the name given to the large greasy yellow or brown scales that appear on your baby's scalp. Sometimes they may flake and the skin may be red. It should not cause your baby any discomfort and should settle over time. It is important not to pick at the scales as this may cause infection.

Massage a non-cosmetic moisturiser (emollient) which is oil based or liquid paraffin into the scalp (not olive oil) and leave to soak in.

Gently wash the scalp and use a soft baby brush or cloth and gently remove any loose scales.

If this does not settle, the redness spreads or your baby is itchy then seek medical advice.

RASHES & DRY SKIN

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (**see page 45**).

Nappy rash

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. A nappy rash causes your baby's skin to become sore.

Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the Pharmacist. With a mild nappy rash, your baby won't normally feel too much discomfort.

Dry skin

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. If your baby is otherwise well but has a rash and you are worried about it contact your Health Visitor.

1. There is a red, sore rash around the nappy area. Baby is uncomfortable and cries a lot.
2. Has baby been in a dirty nappy for a long time? Have you followed advice from your Health Visitor, or spoken to your Pharmacist?
3. Change nappy often. Speak to your Health Visitor and if you are worried see your GP.



PHARMACIST

Call in and talk to us about creams we can provide you with over the counter.

There are two types of nappy cream available. One is a barrier cream to keep wee away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional.



WHEN TO IMMUNISE	DISEASES PROTECTED AGAINST
Two months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib) • Pneumococcal disease • Rotavirus
Three months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Meningococcal group C disease (MenC) • Rotavirus
Four months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Pneumococcal disease
Between 12 and 13 months old - within a month of the first birthday	<ul style="list-style-type: none"> • Hib/MenC • Pneumococcal disease • Measles, mumps and rubella (German measles)
Two and three years old	<ul style="list-style-type: none"> • Influenza - The Flu Nasal Spray vaccine is to be gradually rolled out to other age groups in future years, consult your Practice Nurse or Health Visitor
Three years four months old or soon after	<ul style="list-style-type: none"> • Measles, mumps and rubella • Diphtheria, tetanus, pertussis and polio

Source: NHS Immunisation Information.



HEALTH VISITOR SAYS

Make sure you keep your child's Red Book in a safe place. It is your only complete record of their childhood immunisations and they are often needed later in life.

Check with your Health Visitor on any updates and future immunisations.

Some children with medical conditions may need additional vaccinations if recommended by their paediatrician.

IMMUNISATIONS

Protect your child now and in the future

Immunisations, also known as vaccinations are usually given by injection. Children in the UK are offered vaccinations against a variety of diseases as part of the Healthy Child Programme. You can get advice on the vaccinations from your GP or Health Visitor. A record is kept in the Parent Held Child Health Record (Red Book), which is a book you keep containing information on your child's health.

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. It is normal to worry about

vaccinations, so don't hesitate to ask your Health Visitor or GP for advice - that's what they are there for! Childhood immunisations are free and most are given at your GP's surgery.

Some immunisations are given more than once to make sure the protection continues. This is known as a booster, so make sure your child gets it.

The whooping cough vaccine is recommended for all women between 28 and 38 weeks pregnant. You should be offered this at your routine antenatal appointment.

1. Immunisation begins at two months, when baby's natural immunity to illness, begins to drop.
2. Your Health Visitor will tell you when local immunisation sessions are taking place.
3. Immunisations don't just protect your child during childhood, they protect them for life.



GP SAYS

Immunisations are used to protect children from diseases which can be very serious and sometimes even cause death.

The protection immunisations offer your child are worth the small amount of pain.

You may have concerns about the safety of immunisations, discuss these with your GP. Mild side effects are possible, such as a raised temperature for 24 hours and other flu-like symptoms.



HEALTH VISITOR SAYS

It can help to give your baby something hard to chew on, such as a teething ring. Teething rings give your baby something to safely chew on, which may help to ease their discomfort or pain. Some teething rings can be cooled first in the fridge.

All sorts of things are put down to teething - rashes, crying, bad temper, runny noses, extra dirty nappies.

Source: DoH Birth to five edition 2009.



when it's less urgent than 999



DENTIST SAYS TOOTH CARE TIPS

1. Clean teeth twice a day, for 2 minutes, especially at night.
 2. Reduce sugars to meal times only.
 3. Visit the Dentist every 6 months.
 4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid juice plenty of time to damage teeth.
- For help accessing an NHS Dentist call 111 or visit www.nhs.uk

TEETHING TROUBLE

Every baby goes through it

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. Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

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. Source: www.nhs.uk

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see your Dentist regularly and discuss your child's oral health with them.

1. My baby has red cheeks and seems a bit frustrated and grumpy.
2. Have you asked your Health Visitor about teething? Have you discussed options with your Pharmacist?
3. Try some of the gels or baby paracetamol available. If you are worried and things do not feel right contact your Health Visitor or GP.

Source: DoH Birth to five edition 2009.



PHARMACIST SAYS

If your baby is uncomfortable, you can buy some medicine from your local Pharmacy. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. The medicine should also be **sugar free**. Make sure you read all instructions and that the product is suitable for the age of your child.

You can try **sugar free** teething gel rubbed on the gum.

Ask your Health Visitor about free oral health packs given at regular health checks.

FEVER

Over 38°C means a fever

If your child has a fever, he or she will have a body temperature above 38°C. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit (don't use in the mouth of under 5s). However, bear in mind that these measurements are less accurate as the armpit is slightly cooler.

A fever is part of the body's natural response to infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important in preventing your child from becoming dehydrated, which can lead to more

Source: DoH Birth to five edition 2009.

serious problems. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids.

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood (septicaemia), urinary tract infection, pneumonia or meningitis.

You should also contact your GP if fever symptoms are not improving after 48 hours. Check your child during the night.

Always seek medical advice if your child develops a fever soon after an operation, or soon after travelling abroad.

1. My toddler is hot and grumpy.
2. Have you tried infant paracetamol? Have you made sure they are drinking lots of fluids?
3. If their temperature remains over 38°C and doesn't come down, contact your GP.



GP SAYS

Parents or carers looking after a feverish child at home should:

- Encourage the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk)
- Look for signs of dehydration like: sunken fontanelle, dry mouth, sunken eyes, absence of tears, poor overall appearance
- Know how to identify a nonblanching rash
- Check their child during the night

(See page 46 for more information on meningitis).

Source: NICE, Feverish illness in children



“Fever is common in young children. They are usually caused by viral infections and clear up without treatment”.

BABIES UNDER 6 MONTHS:

Always contact your GP, Health Visitor, Practice Nurse, Nurse Practitioner or local clinic GP if your baby has other signs of illness, as well as a raised temperature and/or if your baby's temperature is 38°C (102°F) or higher.

OLDER CHILDREN:

A little fever isn't usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature which doesn't come down.

- It's important to encourage your child to drink as much fluid as possible. Water is best
- Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion
- Undress to their nappy/pants and vest
- Keep the room at a comfortable temperature (18°C)
- Give infant paracetamol or ibuprofen in the correct recommended dose for your child

COUGHS, COLDS & FLU

Not usually serious

You will probably find when your child starts mixing with other children they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system.

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may feel achy and uncomfortable, and be ill for a week or more.

Most bugs will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available as part of the NHS Childhood Vaccination Programme. Ask your Health Visitor for details.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try paracetamol (not aspirin)
- ✓ Keep them away from smoke and anyone who smokes
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear

See your GP if:

- ✓ Your baby has a temperature of 38°C or more
- ✓ They have a fever with a rash
- ✓ They are not waking up or interacting
- ✓ Your child is finding it hard to breathe



Paracetamol - can be given to children for pain or fever. Check you have the right product, dose and strength for your child's age. Read the box carefully.

Ibuprofen - can be given to babies and children of 3 months and over who weigh more than 5kg. Read the box carefully. Avoid if your child has asthma unless advised by your GP.

Do not give paracetamol and ibuprofen at the same time.

If your child is still distressed you could consider changing to the other drug when the next dose is due.

Aspirin - Not suitable for children under 16.



DON'T PASS IT ON:

Catch it Germs spread easily. Always carry tissues and use them to catch coughs or sneezes.

Bin it Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

Kill it Hands can pass on germs to everything you touch. Clean your hands as soon as you can.

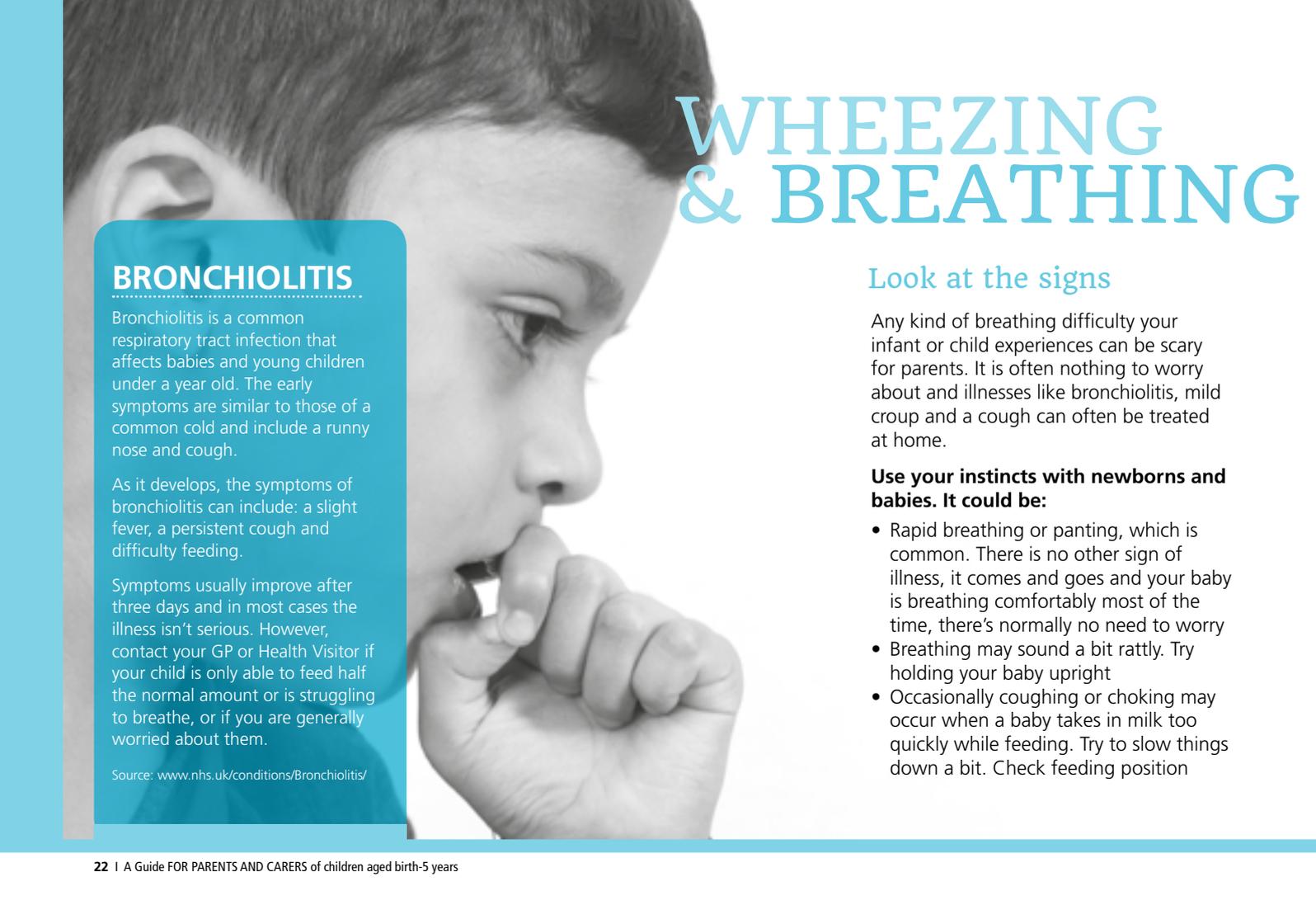
1. My child keeps coughing and sneezing, has a mild temperature and seems generally unwell.
2. Have they recently started nursery? Catching colds is very common. Have you spoken to your Pharmacist about junior paracetamol and cough medicines?
3. If symptoms last for more than 10 days or your child is coughing up yellow 'goo' they may have an infection. Contact your GP.



PHARMACIST SAYS

Children can often be treated using over the counter medicines to help to bring down a raised temperature. Paracetamol or ibuprofen can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of about three months. Check with the Pharmacist and tell them how old your child is.

Flu symptoms are more severe and you may need to see your GP.



WHEEZING & BREATHING

BRONCHIOLITIS

Bronchiolitis is a common respiratory tract infection that affects babies and young children under a year old. The early symptoms are similar to those of a common cold and include a runny nose and cough.

As it develops, the symptoms of bronchiolitis can include: a slight fever, a persistent cough and difficulty feeding.

Symptoms usually improve after three days and in most cases the illness isn't serious. However, contact your GP or Health Visitor if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source: www.nhs.uk/conditions/Bronchiolitis/

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. It is often nothing to worry about and illnesses like bronchiolitis, mild croup and a cough can often be treated at home.

Use your instincts with newborns and babies. It could be:

- Rapid breathing or panting, which is common. There is no other sign of illness, it comes and goes and your baby is breathing comfortably most of the time, there's normally no need to worry
- Breathing may sound a bit rattly. Try holding your baby upright
- Occasionally coughing or choking may occur when a baby takes in milk too quickly while feeding. Try to slow things down a bit. Check feeding position

DIFFICULTIES

- A cold or mild cough. Keep an eye on them at this stage and use your instincts.

If you are worried talk to your Health Visitor.

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (**see page 20 coughs, colds & flu**)
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids
- Child appears pale

Source: NHS Choices - Symptoms of bronchiolitis

1. My child with croup has a distinctive barking cough and makes a harsh sound, when they breathe in.
2. Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever, children's paracetamol will help lower their temperature.
3. Some people have found that allowing their child to breathe in steam from a hot bath or shower in a closed room has eased symptoms. Take care as there is a risk of scalding if your child is left alone. If symptoms get worse contact your GP.


SMOKEFREE

Call 0800 022 4332 or visit
www.smokefree.nhs.uk



GP TIPS

Get help and contact your GP now if your child:

- ✓ Seems to find breathing hard work and they are sucking in their ribs and tummy
- ✓ They can't complete a full sentence without stopping to take a breath



Get help and call **999** or take them to **A&E** now if:

- ✓ Their chest looks like it is 'caving in'
- ✓ They appear pale or even slightly blue-ish

ASTHMA NURSE SAYS

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack.

SYMPTOMS OF SEVERE ASTHMA

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night.

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

“Asthma is a common long term condition that can be well controlled in most children”.



Call 0800 022 4332 or visit
www.smokefree.nhs.uk

ASTHMA

Know the symptoms

Asthma is a common long term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma has multiple causes and it is not uncommon for two or more different causes to be present in one child. Asthma is more than wheezing. Coughing, recurrent bronchitis and shortness of breath, especially when exercising, are also ways that asthma appears.

The two most common triggers of asthma in children are colds and allergies. After infancy allergies

Source: DoH Birth to five edition 2009.

become particularly important and avoiding the allergens to which your child is allergic may help improve their asthma.

A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment. Make sure you know how to use your child's inhaler properly and attend the yearly review with your GP.

Asthma often runs in families and parents should avoid smoking indoors or near to their children.

1. My child seems to wheeze and cough a lot, it seems to get worse at night.
2. Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you talked to your Health Visitor?
3. If symptoms persist see your GP. If your child has a serious asthma attack **call 999**.

Source: Department of Health, Birth to five 2009



GP SAYS

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

All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid are offered the seasonal flu vaccine. In addition, any child over six months who has been admitted to hospital with a lower respiratory tract infection should also be offered the seasonal flu vaccine.

SPOTTING SYMPTOMS

This example shows areas where allergy sufferers may experience symptoms. Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

NOSE, THROAT AND EARS

Runny nose, blocked nose, itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of sense of smell and taste, sore throat, swollen larynx (voice box), itchy mouth, itchy throat, blocked ear and glue ear.

EYES

Itchy eyes, watery eyes, prickly eyes, swollen eyes, 'allergic shiners' - dark areas under the eyes due to blocked sinuses.

AIRWAYS

Wheezing breathing, difficulty in breathing, coughing (especially at night time), shortness of breath.

SKIN

Urticaria - wheals or hives, bumpy, itchy raised areas, rashes (see page opposite).

Eczema - cracked, dry or weepy, broken skin.

DIGESTION

Swollen lips, swollen tongue, stomach ache, feeling sick, vomiting, constipation, diarrhoea, bleeding from the bottom, reflux, poor growth.



Call 0800 022 4332 or visit
www.smokefree.nhs.uk

ALLERGIES & URTICARIA

Managing and understanding your child's allergy

A lot of children in the UK have allergies. For parents it is a learning curve in understanding what to avoid and how to control and manage the allergy. Find out as much as you can. There are many types of allergies.

An allergy is when the body has a reaction to a protein such as foods, insect stings, pollens, house dust mite or other substance such as antibiotics. There are many common allergies. Some families seem to include more individuals with allergies than other families. Children born into families where allergies already exist show a higher than average chance of developing allergies themselves.

Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood illnesses. Urticaria can be one of the first symptoms of an allergic reaction. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your GP.

Source: NICE - Testing for food allergy in children and young people

1. Food allergies occur when the body's immune system reacts negatively to a particular food or food substance.
2. Allergens can cause skin reactions (such as a rash or swelling of the lips, face and around the eyes), digestive problems such as vomiting and diarrhoea, and hay-fever-like symptoms, such as sneezing.
3. Children are most commonly allergic to cow's milk, hen's eggs, soya, latex, sesame seeds, fish, peanuts and other nuts, such as hazelnuts and cashew.

URTICARIA

Urticaria, also known as hives, or nettle rash can be one of the first symptoms of an allergic reaction. It appears as a raised, itchy rash on just one part of the body or spread across large areas.

Causes - your child may have had a reaction to:

- Food, such as nuts, eggs, chocolate, citrus fruits, strawberries, shellfish, a reaction to cow's milk can also happen in babies younger than 6 months
- Irritants such as nettles, latex and chemicals
- Toddlers may also break out in hives when stroking a pet
- Some medicines
- Insect bites and stings
- Heat. A child can break out in hives if they become overheated

It may go away in a few hours or days. If hives are particularly itchy or swollen, see your GP.

UPSET TUMMY

Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. If your child is not vomiting frequently, is reasonably comfortable in between and you are able to give them frequent small amounts of water, they are less likely to become dehydrated and probably don't need to see a Doctor. **Speak to your GP if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration.**

Source: DoH Birth to five edition 2009.

If you're breastfeeding, keep on doing so even more frequently. Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

Keep them away from others, especially children, who may pick up the infection. Be extra careful with everyone's handwashing.



HEALTH VISITOR SAYS

If you are breastfeeding continue to do so. While breastfeeding you should increase your fluid intake to help maintain milk supply.

Source: www.nhs.uk/conditions



PHARMACIST SAYS

There are lots of ways you can care for your child at home. Things to try are:

- ✓ Give them regular drinks - try small amounts of cold water. Breastfeed on demand if breastfeeding
- ✓ Being extra careful with hand hygiene (use soap and water or anti-bacterial hand gel and dry hands well with a clean towel)
- ✓ Rehydrating solutions come in pre-measured sachets to mix with water. These help with dehydration

If your child is unwell for more than 24 hours speak to your GP or call NHS 111. If your baby is newborn or very unwell contact your GP straight away.

1. My baby has diarrhoea and is being sick.
2. Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your Pharmacist and ask about a rehydrating solution.
3. Speak to your GP if symptoms show no sign of improvement after 24 hours or straight away if they are newborn.

SIGNS OF DEHYDRATION

Sunken fontanelle (i.e. the soft spot is more dipped in than usual).

- ✓ Less wet nappies (i.e. they wee less)
- ✓ More sleepy than usual
- ✓ Dry mouth

Try rehydrating solution from your Pharmacist.

CONSTIPATION

Common causes

Constipation is a very common problem in children. Some children can pass stools as far apart as every few days. Regardless, you should treat hard stools that are difficult to pass and those that happen only every three days as constipation. Constipation is not a serious problem but without timely help and advice, it can become a bigger problem as the child can become afraid to go to the loo and start withholding.

Many factors contribute to constipation including dehydration, diet, psychological causes, toilet training and medicines. Painful experience in passing stools can also be an important factor.

Children with physical disabilities such as cerebral palsy, as well as children with Down's syndrome and autism can also be more prone to constipation.

Breastfed infants will generally have more stools per day. Their stools vary more in frequency when compared to bottle-fed infants. For example, breastfed infants produce anywhere from 5 to 40 bowel movements per week whereas formula-fed infants have 5 to 28 bowel movements per week. Switching the type of milk or formula can also cause constipation. Ask your Health Visitor for advice.

In rare cases, constipation can be due to an underlying illness, so if the problem doesn't go away in a few days, it's important to talk to your GP or Health Visitor.

Treatment

Immediate relief can be achieved by using laxatives, together with helping the child to establish a regular bowel habit and using encouragement and reward systems to help them to pass stools. A balanced diet is also important.





1. Does my child have a balanced diet?
2. Has my child had painful experiences going to the toilet?
3. Ask your Health Visitor or Pharmacist whether a suitable laxative may help

Source: NICE guidelines 2009, constipation in children



HEALTH VISITOR SAYS

To avoid constipation and help stop it coming back, make sure your child has 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 micronutrients. **Drink plenty of fluids.**

BOTTLE FED BABY

If a bottle fed baby becomes constipated, you can try offering tepid water between feeds (never dilute baby milk). If the problem doesn't go away, talk to your Health Visitor or GP again.



Call 0800 022 4332 or visit
www.smokefree.nhs.uk

WHAT ARE THE SIGNS OF AN EAR INFECTION?

The signs are a raised temperature, general irritability and pain or discomfort. The ears may be red and your baby may pull them because they are uncomfortable. They may even have a pus-like discharge, which can also be associated with a blocked feeling in the ear or hearing loss. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks).

**“Babies have
some natural
protection against
infections in the
first few weeks”.**

EAR PROBLEMS & TONSILLITIS

A baby's ears need to be treated with care

Ear infections, which can result in earache are common in babies and toddlers. They often follow a cold and can sometimes cause a temperature. A child may pull at their ear, but babies often cannot tell where their pain is coming from, so they just cry and seem generally uncomfortable.

Babies have some natural protection against infections in the first few weeks. This is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles from you or painkillers from the

Pharmacist. Your child may have swollen glands in their neck. This is the body's way of fighting infection.

Earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your GP if symptoms last longer than 4 days or become more serious with severe pain, a very high temperature or breathing difficulties.

1. My toddler has earache but seems otherwise well.
2. Have you tried infant paracetamol or ibuprofen from your Pharmacist?
3. Most ear infections get better by themselves. Speak to a Doctor if symptoms show no sign of improvement after 24 hours, your child seems in a lot of pain or you notice fluid coming from the ear.

Source: DoH Birth to five edition 2009/NHS Choices.



HEALTH VISITOR TIPS

- ✓ A baby's ears need to be treated with care when cleaning
- ✓ Never use a cotton bud inside your child's ear
- ✓ If they have a temperature wax may ooze out
- ✓ Use different, clean damp cotton wool on each ear to gently clean around the outer area

CHICKENPOX

Take rashes seriously

Chickenpox

Chickenpox is a mild disease that most children catch at some point. The spots often look like mosquito bites and can appear on **any** part of the body. After having chickenpox, the virus stays in the body. Later in life the virus can come back in a different form known as shingles.

Chickenpox is easy to pass on to someone who has not had it before. If your child has chickenpox keep them away from others.

Chickenpox can be incredibly itchy, but it's important for children not to scratch the spots to avoid future scarring. One way of stopping scratching is to keep fingernails clean and short. You can also put socks over your child's hands at night to stop them scratching the rash as they sleep.

If your child's skin is very itchy or sore, try using calamine lotion or cooling gels. These are available in pharmacies and are very safe to use. They have a soothing, cooling effect.



MIDWIFE SAYS

If you are pregnant and have had chickenpox in the past it is likely that you are immune to chickenpox. However, please contact your GP or Midwife for advice.

& MEASLES

Measles

Measles is a very infectious illness. About one in five children with measles experiences complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. One in 10 children with measles ends up in hospital. There is no treatment for measles. Vaccination is the only way of preventing it. If your children haven't yet had the **MMR vaccination**, don't delay. Speak to your Health Visitor.

Once the rash starts, your child will need to rest and you can treat the symptoms until your child's immune system fights off the virus. If there are no complications due to measles, the symptoms will usually disappear within 7-10 days.

Closing curtains or dimming lights can help reduce light sensitivity.

Damp cotton wool can be used to clean away any crustiness around the eyes. Use one piece of cotton wool per wipe for each eye. Gently clean the eye from inner to outer lid.

Painkillers

If your child is in pain or has a high temperature (fever), you can give them a mild painkiller, such as paracetamol or ibuprofen (available over-the-counter in pharmacies). Always read the manufacturer's dosage instructions.

Do not give aspirin to children under the age of 16.

“If your child's skin is very itchy or sore, try using calamine lotion or cooling gels.”



HEALTH VISITOR SAYS

Don't forget to keep up to date with immunisations to protect your child from measles (MMR vaccination). See page 16.



where it's less
urgent than 999

KEEPING THEM SAFE

Being a toddler means your child is discovering the world around them. This can result in bumps and bruises. It is almost impossible to prevent every accident although there are things we can do at home which might help (see **household accidents page 48**).

BUMPS & BRUISES

Part of growing up

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 cold flannel (soaking the cloth with cold water) or ice

pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

If your child has had a bump to the head and it looks serious or symptoms worsen call NHS 111 or a Doctor. Read the information on the right.

If your child is under a year old and has a bump on the head get advice from a Doctor.

1. After a fall comfort your child, check for injuries, treat bumps and bruises.
2. Give them some painkillers and let them rest whilst watching them closely.
3. Seek immediate help if:
 - They have seriously injured themselves
 - They are unconscious
 - They have difficulty breathing
 - They are having a seizure

If you are still worried, contact NHS 111. If you cannot get help go straight away to the Accident and Emergency Department.

HEAD INJURY

One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

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

If they are tired from what's happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their drowsiness, then you should wake your child an hour after they go to sleep.

Check that they are okay, and that they are responding normally throughout the night.



“A baby’s skin is very delicate and can be scarred without the right treatment”.

BURNS & SCALDS

Knowing what to do

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 after the accident 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.

Cool the burnt area by placing under cool running water for at least 20 minutes (making sure the child does not get too cold).

When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Give paracetamol or ibuprofen. Then take your child to hospital.

Remember to keep hot drinks out of children's reach and look at kitchen safety equipment.

1. Treat the burn or scald straight after the accident by running under coldwater for 20 minutes.
2. Do not use creams, lotions or ointments on the burn or scald.
3. For small burns take your child to the Practice Nurse or Urgent Care Centre. For large or facial burns you should go to A&E.

If you are still worried, contact your GP out-of-hours service. If you cannot get help straight away go to the Accident and Emergency Department.

DO

Hold the affected area under cold water for at least 20 minutes. Cover the burn with cling film if you have some, then wrap in a cloth soaked in cool water.

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'll have to clean the area before it can be treated.



HEALTH VISITOR SAYS

Babies and toddlers can easily swallow, inhale or choke on small items like lolly sticks, balloons, peanuts, buttons, nappy sacks, plastic toy pieces or cords.

Make sure your home is baby friendly.



Unconscious child with choking:

If a choking child is, or becomes unconscious, put them on a firm flat surface.

- Call out or send for help if you are still alone. Call **999**
- Don't leave the child at this stage
- Open the child's mouth. If the object is clearly visible, and you can grasp it easily, remove it
- Start cardiopulmonary resuscitation (CPR). Visit www.redcrossfirstaidtraining.co.uk

Don't use blind or repeated finger sweeps. These can push the object further in, making it harder to remove and cause more injury to the child.

CHOKING

“Even if it is expelled,
get medical help”.

Act immediately and calmly

Children particularly between the ages of about one and five, often put objects in their mouth. This is a normal part of how they explore the world. Some small objects, like marbles and beads, are just the right size to get stuck in a child’s airway and cause choking. The best way to avoid this is to make sure small objects like these are out of your child’s reach.

In most cases you, or someone else, will see your child swallow the object that causes the choking. However, there can be other reasons for coughing. If your child suddenly starts coughing, is not ill and often tries to put small

objects in their mouth, then there is a good chance that they are choking.

If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows. If back blows don’t relieve the choking, and your child is still conscious, give chest thrusts to infants under one year or abdominal thrusts to children over one year (see overleaf). Even if it is expelled, get medical help.

Try these suggestions:

- If you can see the object, try to remove it. But **do not poke blindly with your fingers**. You could make things worse by pushing the object in further
- If your child is coughing loudly, there is no need to do anything. Encourage them to carry on coughing and don’t leave them
- If your child’s coughing is not effective (it’s silent or they cannot breathe in properly), shout for help immediately.
Call 999
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows

HOW TO RESUSCITATE A CHILD

BACK BLOWS FOR CHILDREN UNDER ONE YEAR

- Support your child in a head-downwards position. Gravity can help dislodge the object
- Sit or kneel and support the child on your lap. If this is not possible, support your child in a forward-leaning position and give the back blows from behind
- Don't compress the soft tissues under the jaw as this will make the obstruction worse
- Give up to five sharp blows to the back with the heel of one hand in the middle of the back between the shoulder blades

IF BACK BLOWS DON'T RELIEVE THE CHOKING AND YOUR CHILD IS STILL CONSCIOUS, AND UNDER ONE YEAR GIVE **CHEST THRUSTS**.

CHEST THRUSTS FOR CHILDREN UNDER ONE YEAR

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

ABDOMINAL THRUSTS FOR CHILDREN OVER ONE YEAR

- Stand or kneel behind the child. Place your arms under the child's arms and around their upper abdomen
- Clench your fist and place it between 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

IF BACK BLOWS DON'T RELIEVE THE CHOKING AND YOUR CHILD IS STILL CONSCIOUS, AND OVER ONE YEAR GIVE

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 is not possible, support your child in a forward-leaning position and give the back blows from behind

Following chest or abdominal thrusts, reassess your child:

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

Back blows, chest thrusts & cardiopulmonary resuscitation (CPR)

BABIES UNDER ONE YEAR OLD

1. Open the baby's airway by placing one hand on the forehead while gently tilting the head back and lifting the chin. Remove any visible obstructions from the mouth or nose
2. Place your mouth over the mouth and nose of the infant and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**
3. Place two fingers in the middle of the chest and press down by one-third of the depth of the chest. After 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two rescue breaths
4. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives

CHILDREN OVER ONE YEAR OLD

1. Open their airway by placing one hand on the forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from the mouth or nose
2. Pinch their nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**
3. Place your hands on the centre of their chest and, with the heel of your hand, press down by one-third of the depth of the chest using one or two hands
4. After every 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two rescue breaths
5. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives

Source: NHS Choices, DoH birth to five 2009



THE GLASS TEST

The glass test is a really useful way of spotting suspected meningitis. If your child has a cluster of red or purple spots, press the side of a clear drinking glass firmly against the rash.

Go straight to the Accident and Emergency Department



In this example the spots are still visible through the glass. This is called a non-blanching rash - it does not fade. Contact a Doctor immediately (e.g. your own surgery or call 111). **If you cannot get help straight away go to A&E.**



In this example the spots under the glass have virtually disappeared. It is unlikely to be meningitis but if you are still worried call 111, contact your GP or go to A&E.

Find out more from www.meningitisnow.org

MENINGITIS

Not common but serious and contagious

Babies and toddlers are most vulnerable as they cannot easily fight infection because their immune system is not yet fully developed. They can't tell you how they are feeling and can get a lot worse very quickly. Keep checking them.

Meningitis is a swelling around the brain. It is a very serious, contagious illness, but if it is treated early most children make a full recovery.

You should always treat any case of suspected meningitis as an emergency.

Early signs may be like having a cold or flu. Children with meningitis can become seriously ill very fast, so

make sure you can spot the signs. Your child may have a cluster of red or purple spots. Do the glass test. This rash can be harder to see on darker skin, so check for spots over your baby or child's whole body as it can start anywhere (check lightest areas first). **However, the rash is not always present - be aware of all the signs and symptoms.**

The presence of fever and any other of the above symptoms should be taken extremely seriously. Not all children will show all the signs listed on the right.

1. My child is showing some of the signs of meningitis.
2. Have you tried the glass test?
3. If the spots do not fade under pressure contact a Doctor (e.g. your own surgery or call 111). If you cannot get help straight away go to A&E.



GP SAYS

If any of the signs below are present contact a Doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



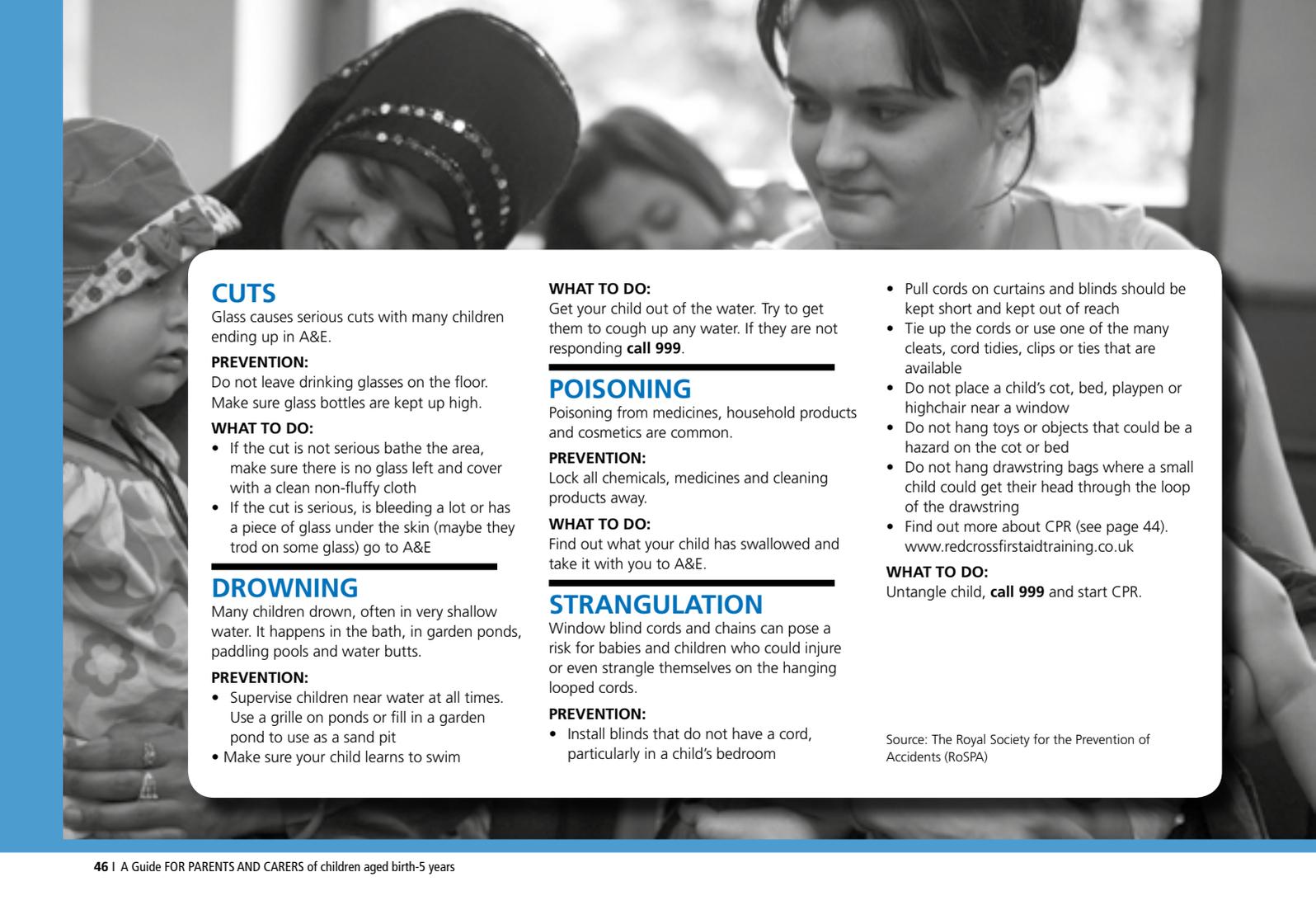
Rapid breathing or grunting



Purple, dark red or black rash being handled



Unusual cry or moaning



CUTS

Glass causes serious cuts with many children ending up in A&E.

PREVENTION:

Do not leave drinking glasses on the floor. Make sure glass bottles are kept up high.

WHAT TO DO:

- If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth
- If the cut is serious, is bleeding a lot or has a piece of glass under the skin (maybe they trod on some glass) go to A&E

DROWNING

Many children drown, often in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or fill in a garden pond to use as a sand pit
- Make sure your child learns to swim

WHAT TO DO:

Get your child out of the water. Try to get them to cough up any water. If they are not responding **call 999**.

POISONING

Poisoning from medicines, household products and cosmetics are common.

PREVENTION:

Lock all chemicals, medicines and cleaning products away.

WHAT TO DO:

Find out what your child has swallowed and take it with you to A&E.

STRANGULATION

Window blind cords and chains can pose a risk for babies and children who could injure or even strangle themselves on the hanging looped cords.

PREVENTION:

- Install blinds that do not have a cord, particularly in a child's bedroom

- Pull cords on curtains and blinds should be kept short and kept out of reach
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available
- Do not place a child's cot, bed, playpen or highchair near a window
- Do not hang toys or objects that could be a hazard on the cot or bed
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring
- Find out more about CPR (see page 44). www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

Untangle child, **call 999** and start CPR.

Source: The Royal Society for the Prevention of Accidents (RoSPA)

HOUSEHOLD ACCIDENTS

FALLS

For babies the biggest danger is rolling off the edge of a bed, or changing surface. For toddlers it is more about falling from furniture or down stairs.

PREVENTION:

- Make sure your baby cannot roll off any surfaces, put pillows around them
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off
- Use stair gates for toddlers. Make sure balconies are locked and fit restrictors and safety locks to windows

WHAT TO DO:

If your child has a serious fall **call 999**.

CHOKING

Babies and toddlers can easily swallow, inhale or choke on small items like balloons,

peanuts, buttons, plastic toy pieces, strings or cords (see page 42).

PREVENTION:

- Check on the floor and under furniture for small items
- Check that toys are age appropriate and in good condition
- Find out more about CPR (a first aid technique that is a combination of rescue breaths and chest compressions. Sometimes called the 'kiss of life')

WHAT TO DO:

If your child is choking act immediately and keep calm so that your child doesn't panic. Make sure you do not push the object further down the throat. Encourage your child to cough. Use back blows, if they become unconscious call for help (do not leave your child alone) and start CPR. www.redcrossfirstaidtraining.co.uk

HEAD INJURY

One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

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**

If they are tired from what's happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their drowsiness, then you should wake your child an hour after they go to sleep.

WHAT TO DO:

Check that they are okay, and that they are responding normally throughout the night.

USEFUL CONTACTS

NATIONAL

Allergy UK

01322 619 898
www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453 9.30am-10.30pm
www.abm.me.uk

Asthma UK

0800 121 62 44
www.asthma.org.uk

Child Accident Prevention Trust

020 7608 3828
www.capt.org.uk

Cry-sis

08451 228 669
www.cry-sis.org.uk

Family Lives

0808 800 2222
www.familylives.org.uk

Fatherhood Institute

0845 634 1328
www.fatherhoodinstitute.org

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

0845 120 2918 available 24 hours
7 days a week. www.laleche.org.uk

The Lullaby Trust

www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388
www.meningitisnow.org

National Breastfeeding Network

0300 100 0212, 9.30am-9.30pm
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700
8am-10pm 7 days a week
www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

Red Cross

Information on CPR (kiss of life).
www.redcrossfirstaidtraining.co.uk

Royal Society for the Prevention of

Accidents (RoSPA)
www.rospace.com/childsafety

Start4Life

www.nhs.uk/start4life

To find an NHS Dentist

Call NHS 111 or visit www.nhs.uk

LOCAL

North East London Foundation Trust

0300 555 1200
www.nelft.nhs.uk

King George Hospital, Goodmayes

020 8983 8000 or 0845 130 4204
www.bhrhospitals.nhs.uk

Queens Hospital, Romford

01708 435000 or 0845 130 4204
www.bhrhospitals.nhs.uk

Havering Child Protection Team

01708 433222 Monday to Friday
(9am to 5pm)
01708 433999 Out of hours/
weekends

URGENT HELP AND ADVICE

GPs are experts in everyday health problems.

Contact your GP practice first.

If you are not registered with a local GP go to www.nhs.uk to find your nearest practice.

LATE NIGHT AND SUNDAY PHARMACIES

• Boots the Chemist

7 The Brewery, Romford, RM1 1AU

Tel: 01708 737778

Monday – Saturday 08:00 – 23:45

Sunday - 11:00 - 17:00

• Clockhouse Pharmacy

5 Clockhouse Lane, Collier Row, RM5 3PH

Tel: 01708 733331

Mon-Fri 07:00-23:00

Saturday 09:00 – 21:00

Sunday 12:00 – 20:00

• Newlands Pharmacy

Harold Hill Health Centre, Gooshays Drive,

Romford RM3 9LB

Tel: 01708 375888

Mon - Friday 08:00 – 20:00

Saturday 09:00 – 18:00

Sunday Closed

• Co-operative Pharmacy

Harold Wood Polyclinic

Gubbins Lane, RM30FE

Tel: 01708 374506

Mon-Sun 08:00 – 20:00

WALK-IN CENTRES

Broken arms or lower legs, sprains, cuts, minor burns.

Illnesses such as ear, nose and throat infections.

• Harold Wood Walk-in Centre

St Clements Avenue, Harold Wood RM3 0FE

Open every day from 8am – 8pm

(including public holidays)

01708 574000

• Orchard Village Health Centre,

Roman Close, Rainham RM13 8QA

Monday to Fridays 10.00 – 14.00 and 15.00 – 19.00

Saturday and Sundays 10.00 – 14.00

Closed on public holidays

01708 793900

DENTAL EMERGENCY

The local Out-of-Hours Urgent Dental Care Service is accessed only by phone. Callers are triaged by a dental healthcare professional and directed to a same-evening or next-morning appointment as clinically appropriate. Contact: 020 3594 0938

Weekdays: 6.00pm - 9pm

Weekends: and bank holidays: 9am - 2pm

At all other times, call NHS 111

CONFIDENTIAL EMOTIONAL SUPPORT 24/7

Mental Health Matters helpline 0800 107 0160 or visit liveitwell.org.uk

SOCIAL SERVICES

Offers advice and support so that vulnerable children & families are not left at risk. Call 01708 434343.



Breastfeeding

Worried, need support and advice?

Speak to your Health Visitor

Immunisations

Confused, unsure or need advice?

Speak to your Health Visitor

Oral health

Need advice about teething, oral health or registering?

Speak to your Health Visitor or Dentist

Smoking

If you smoke - now is the time to quit.

Call 0800 022 4332
or visit
www.smokefree.nhs.uk

There are many everyday illnesses or health concerns which parents and carers need advice and information on.

Thanks to West Kent CCG for allowing us to use their copy to make this booklet.