

If a child in your care is ill or injured, choose well from the following services available:

<p>Grazed knee Sore throat Coughs and colds</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>NHS 111 For 24 hour health advice and information.</p>	<p>Ring 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 OR text 'pharmacy' to 64746 for your nearest 3 pharmacist details.</p>
<p>High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hrs)</p>	<p>Doctor/GP For the treatment of illnesses and injuries that will not go away.</p>	<p>Write your GP (family doctor) telephone number here:</p> <input data-bbox="952 538 1464 611" type="text"/>
<p>Minor bumps, cuts and possible fractures (during 9-5) Dehydrated Headache Tummy pain</p>	<p>Minor Injuries Unit For treatment of minor illnesses and injuries without an appointment.</p>	<p>Minor Injuries Unit</p>
<p>Unexpected and sudden sickness Severe pain Worsening health conditions (outside GP hrs)</p>	<p>Urgent Care When you need healthcare in a hurry 24 hours a day.</p>	<p>A & E</p>
<p>Choking Loss of consciousness Fitting Broken bones</p>	<p>A & E or 999 For very severe or life threatening conditions when it is safe to move your child.</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.

A Guide

FOR **PARENTS AND CARERS** of children aged **birth-5 years**

Common childhood illnesses



NHS
Ipswich and East Suffolk
Clinical Commissioning Group





Welcome

This book has been put together by NHS Ipswich and East Suffolk Clinical Commissioning Group.

Every parent or carer wants to know what to do when a 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 School Nurse. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and earache.

Some of these are easily treated by your GP or at home with support from your GP or a Health Visitor rather than a trip to 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 you must get further advice.

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

Visit www.ipswichandeastsuffolkccg.nhs.uk to view this booklet online.

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

Visit Positive parenting
on
[www.ipswichandeast
suffolkccg.nhs.uk](http://www.ipswichandeast
suffolkccg.nhs.uk)



To access the mobile
web version of this
booklet
**TEXT
SICK KIDZ
TO 60110**

Contents

Who can help?

- A guide to services 4
- Well-being and lifestyle 6
- Know the basics 7

General welfare

- Immunisations 8
- Choking 10
- Household accidents 12
- Bumps & bruises 14

The first months

- Breastfeeding 16
- Crying 18
- Being sick 20
- Nappy rash & dry skin 22
- Sticky eyes & conjunctivitis 24
- Teething trouble 26

Childhood illnesses

- Coughs & colds 28
- Wheezing & breathing difficulties 30
- Asthma 32
- Allergies 34
- Ear infection 36
- Fever 38
- Meningitis 40
- Chickenpox & measles 42
- Urticaria or hives 44
- Upset tummy 46
- Constipation 48
- Useful contacts 50

A guide to services

Here in Suffolk we have a wide range of healthcare and children and family services. See which service or professional is best to help you.



CALL
111

When it's less urgent
than 999

111

NHS 111 makes it easier for you to access local health services. Calls are free from landlines and mobile phones. If you need urgent healthcare, you should call NHS 111 before you go to any other service. By calling NHS 111 you will be directed straightaway to the local service that can help you best. It is available 24 hours a day, 365 days a year.

When should I call NHS 111?

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



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.nhsdirect.nhs.uk where you can find the service locator that will help you find the Pharmacist nearest to you.



GP

You will need to register with a GP - to find a GP in your area, use the NHS Choices Find Services System on: www.nhs.uk/servicedirectorios Your GP can advise, give medicines and 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 a GP out-of-hours service call **NHS 111**.



Health Visitor

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



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 and advice on safety. They promote all aspects of child health and well-being.



Dentist

Make sure you see a Dentist on a regular basis. To find a Dentist that is taking on patients call PALS 0800 389 6819. PALS can also assist in finding an emergency Dentist for patients in pain. For out-of-hours Dentists call **NHS 111**.



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 choking, chest pain, blacking out, or blood loss.

Well-being & lifestyle

Promoting good health

We cannot stop our children getting illnesses or passing on coughs and colds which form a part of growing up. However, by making sure our children lead a healthy lifestyle, eat well, are safe, have emotional support and get enough exercise early on, we can really help with their long-term health and well-being.



Childhood Obesity

Many parents are unaware of the dangers of childhood obesity but by following the top tips below you can make a difference to your child's health.

- 1. Sugar Swaps** - Swapping sugary snacks and drinks for ones that are lower in sugar can make a huge difference.
- 2. Meal Time** - It's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 3. Snack Check** - Many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try and keep a careful eye on how many the kids are having.
- 4. Me Size Meals** - It's important to make sure kids get just the right amount for their age.
- 5. 5 A Day** - 5 portions of fruit and/or vegetables a day.
- 6. Up and About** - Most of us spend too long sitting down. Keep active. Encourage your child to walk, you may need to use child safety reins.

Source: Start4Life
(www.dh.gov.uk/obesity).



Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong with their baby from quite early on. It is normal to worry that you may not 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. There is a useful list in the box on the right, of 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 and use sugar-free options where you can.

If your baby seems to have a serious illness it's important to get medical attention as soon as possible. Take a look at the Birth to Five book from the Department of Health www.dh.gov.uk

Paracetamol - junior paracetamol can be given for pain or fever to children over 2 months. Check you have the right dose and strength for your child's age. Read the box carefully.

Ibuprofen - junior form 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.

Aspirin - do not use for children under 16.

Source: NHS choices



Pharmacist 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 olive oil or almond oil
(for dry skin)



Antihistamine



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, Practice Nurse 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. 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.

If you are pregnant, you will be offered the whooping cough vaccine at your GP's surgery. The ideal time is 28 to 32 weeks of pregnancy, your baby will be born protected against whooping cough infection, a very serious infection for young babies.

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 causing long-term complications and even death.

The protection immunisation offers to your child are worth the small amount of pain.

If you wish to have further information on the immunisations offered to your child, visit www.nhs.uk or speak to your Health Visitor, Practice Nurse or GP.



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.

Choking 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. Even if it is expelled, get medical help.

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.
- 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).

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.

Try these suggestions:

- If you can see the object, try to remove it. But **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 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 and check whether they are still conscious.
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows.

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 and 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.
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.

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 calmly. 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 3 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.

Bumps & bruises

Part of growing up

Minor cuts, bumps and bruises are a normal part of growing up. Allowing children to explore the world around (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better.

A minor head injury is when your child has not lost consciousness, is alert or interacts with you, may have vomited but only once, may have bruising or cuts to their head but is otherwise normal. Most minor head injuries just cause bruising and pain for a short while and your child will make a full recovery. Apply ice or a cool wash to the injured area to help reduce the swelling. If your child has a cut, apply a clean dressing and apply pressure to it for about five minutes. Cuts to the head will often bleed a lot.

In the next day or two watch for:

- **Headache.** Give paracetamol to relieve the pain.
- **Vomiting.** If vomiting continues **go back to the Doctor.**
- **Drowsiness.** Immediately after the head injury your child may be sleepy. There is no need to keep your child awake if they want to sleep. If your child does go to sleep wake them every half to one hour to check their condition and their reaction to familiar things. You should do this until they are no longer drowsy and have been awake and alert for a few hours.

1 Comfort your child and check for injuries, hold a cloth soaked in cool water on a bump or bruise.

2 Give your child painkillers if needed (infant paracetamol), let them rest but keep an eye on them.

3 Get help if your child is seriously injured, unconscious, has difficulty breathing or is having a seizure.

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

Head injury

Some problems that may result from a minor head injury can be hard to detect at first. In the next few weeks parents may notice irritability, mood swings, tiredness, concentration problems and behavioural changes. Talk to your GP if you are worried about any of these. Go to your GP or hospital immediately if your child has unusual or confused behaviour, severe or persistent headache which is not relieved by paracetamol (irritability in a baby) frequent vomiting, bleeding or discharge from the ear or nose, a fit or convulsion, a spasm of the face or arms or legs, difficulty in waking up or difficulty in staying awake.

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 safety tips on page 12.

Think about the particular environment you are in. For instance, farms can be dangerous places. Take extra care with farm machinery, animals and chemicals if you live on or are visiting a farm.



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

It is important to find a position that is comfortable and safe.



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.

Source: Department of Health, Birth to Five 2009 edition.

Breastfeeding

A great start, but keep it up!

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 recommended for babies because breast milk contains antibodies that help protect against illnesses. Breastfeeding isn't just healthier for your baby - it can be really rewarding for you too. It provides an opportunity to bond with your child and feel close to them. Breastfeeding reduces the risk of Breast and Ovarian Cancers, it also helps you get back into shape more quickly.

In the beginning feeding can be more frequent but you will both gradually get into a pattern of feeding and the amount of milk you produce will settle.

Breastfeeding also helps you and your baby to get closer - physically and emotionally. So while you are feeding your baby, the bond between you grows stronger.

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're a year old.

1

Eat a healthy diet while breastfeeding.

2

Do not smoke while breastfeeding. Eat no more than two portions of oily fish a week, avoid alcohol, caffeine, salt and shellfish.

3

If you are worried about a food type, or have any allergies talk to your Midwife or Health Visitor.

Source: Department of Health, Birth to Five 2009 edition.



Midwife says

Breastfeeding is the best gift you can give your baby, continue right up until they are weaning and teething begins. Until your baby is six months old, breast milk has got everything they need. 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.

Many mums stop breast feeding at 6-8 weeks. Keep at it, for at least 6 months if you can and make it part of your everyday routine.



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.



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.

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 having 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.

1

My baby is crying more than usual.

2

Have you followed the advice given by your Health Visitor? Have you thought about what your baby is trying to tell you, it may be something really simple.

3

If you have tried this and it has not worked speak to your Health Visitor, or contact your GP if you are worried.



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.



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 (see [Breastfeeding page 16](#)).

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 (see correct positioning advice on page 16). 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 46](#)), 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 straightaway.



Health Visitor's cradle cap tips

This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the first 3 months. It can look like a bad case of dandruff and clears up over time without causing your baby discomfort.



Wash scalp gently every day using luke warm water.



Use a small amount of natural oil (olive or vegetable) on the scalp and leave on for 15 minutes before washing off with luke warm water.

It is important not to pick at the scales as this may cause infection.



Health Visitor's 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.

Nappy rash & dry skin

A common problem that's easy to treat

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. The skin in this area may be covered in red spots or blotches. You might need to change their nappy more often.

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 says

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.



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

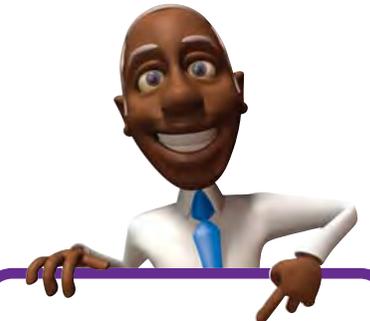
Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?

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, contact your Health Visitor or GP. This can be passed on easily, so wash your hands and use a separate towel for your baby.

Source: DoH 2006.



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 - but be careful not to explain away what might be the signs of illness by saying it's 'just teething'.

Source: DoH Birth to five edition 2009.



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.

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. www.nhs.uk



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 or ask your Pharmacist about how to use them.

For babies over four months old, you can try sugar-free teething gel rubbed on the gum.

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.

Whooping Cough

A contagious bacterial infection of the lungs and airways. It starts with a persistent dry and irritating cough that progresses to intense bouts of coughing - followed by a distinctive 'whooping' noise. Other symptoms include a runny nose, raised temperature and vomiting after coughing. If whooping cough is diagnosed during the first three weeks of infection, a course of antibiotics may be prescribed.

It is important to avoid spreading the infection to others, particularly babies under six months. Babies with whooping cough are sometimes admitted to hospital as they are most at risk of severe complications, such as serious breathing difficulties.

Your GP will advise you about how to manage the infection at home using some simple self-care measures, such as resting and drinking plenty of fluids.

Children with whooping cough should be kept away from school or nursery for five days from the time they start taking a prescribed course of antibiotics.

Coughs & colds

Not usually serious

You will probably find when your child goes to playgroup or nursery that 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.

Most bugs will run their course without doing any real harm because they will get better on their own, however there are things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try infant paracetamol (not aspirin).
- ✓ Keep them away from smoke, do not let people smoke at home, around your child or come into contact with your child if they have recently smoked.
- ✓ Keep calm - a cuddle goes a long way.
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear.

If your baby is under three months, or you are concerned, contact your GP.

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 72 hours or your child is coughing up yellow 'goo' they may have an infection. Contact your GP.



Pharmacist says

Children can also be treated using over the counter painkillers to help to bring down a raised temperature. Junior paracetamol and cough medicines 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. Always check with your Pharmacist if you aren't sure which treatments you can give your child.



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

Bronchiolitis

A common respiratory tract infection that affects babies under a year old. 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 dry and persistent cough and difficulty feeding.

Symptoms usually improve after three days and in most cases the illness isn't serious. However, contact your GP 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

Croup

Mild cases of croup can be managed at home. If your child has a fever, children's paracetamol will help lower their temperature. They should also drink plenty of fluids.

Allowing a child to breathe in steam from a hot bath or shower in a closed room can ease symptoms. Steam treatment should only be used under careful supervision as there is a risk of scalding your child.

1

If your child has a runny nose and cough but also has rapid breathing and difficulty feeding or is vomiting, it may be bronchiolitis.

2

Even though most cases of bronchiolitis are not serious, these symptoms can be very worrying for parents.

3

Contact your GP If your child has symptoms of bronchiolitis (see box). This is particularly important if your baby is under 12 weeks. **Call 999** if your child has severe breathing difficulties or exhaustion from trying to breathe.

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or 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. 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.
- Occasional, coughing or choking which may occur when a baby takes in milk too quickly with feeds. Try to slow things down a bit. Check feeding position.
- 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 28 Coughs & colds).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.
- Child appears pale or even slightly blue-ish.

If you're worried about your child wheezing or having breathing difficulties even after reading this, contact your GP or call 999 immediately.

Source: NHS Choices - Symptoms of bronchiolitis



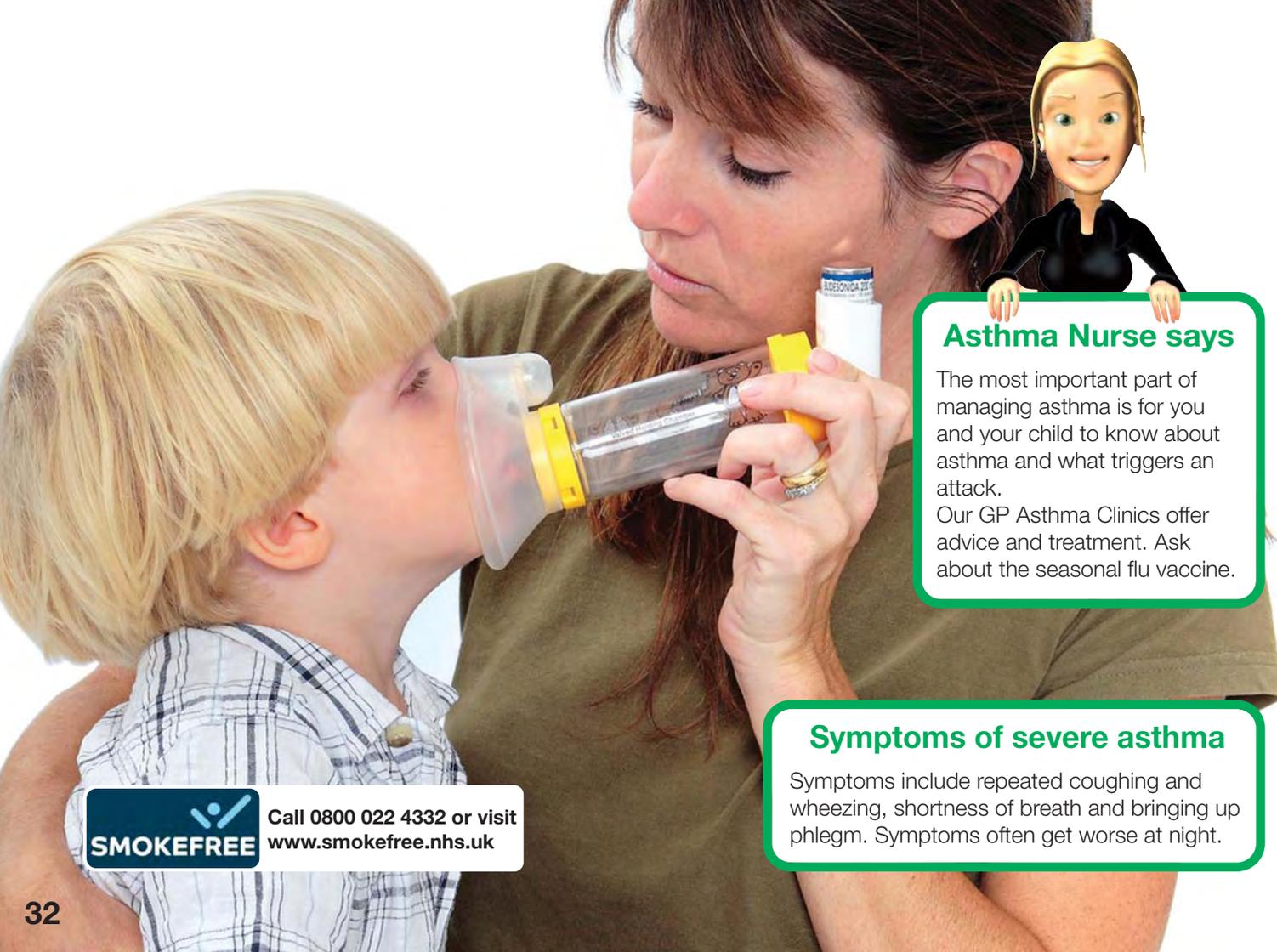
GP says

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.

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. Our GP Asthma Clinics offer advice and treatment. Ask about the seasonal flu vaccine.

Symptoms of severe asthma

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

 **SMOKEFREE** 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 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.

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

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

- 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. Parents should regularly attend their local Asthma Clinic and get regular support on better management of their child's asthma at home. This will save unnecessary trips to hospital. 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.

Eyes

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

Airways

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

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 and/or throat, blocked ear and glue ear.

Skin

Urticaria - wheals or hives, bumpy, itchy raised areas, rashes (see [Urticaria or hives page 44](#)).
Eczema - cracked, dry or weepy, broken skin.

Digestion

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

Allergies

Managing and understanding your child's allergy

50% 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 substances 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. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your GP.

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, peanuts and other nuts, such as hazelnuts and cashew.

GP says

If you suspect you or your child may have a food allergy, it is very important to ask for a professional diagnosis from your GP, who may refer you to an allergy clinic.

Many parents mistakenly assume their child has a food allergy when in fact their symptoms are due to a completely different condition or a food intolerance.



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

Source: Allergy UK

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



What are the signs of an ear infection?

The signs are fever, ear pain, fussiness or irritability especially when lying down (this increases the pressure on the inner ear causing more pain when an infection is present), disturbed sleep patterns, fluid draining from the ear. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks). With young children you can expect that your GP will want to re-evaluate your child's ear again in three or four weeks.



Ear infection

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 or viruses pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles and painkillers from the Pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Children who live in households where people smoke (passive smoking) or who have a lot of contact with other children, like those who go to nursery, are more likely to get ear infections. Speak to your Health Visitor about safely cleaning your baby's ears as they can be easily damaged.

1

My toddler has earache but seems otherwise well.

2

Have you tried infant paracetamol from your Pharmacist? Do not put oil or cotton buds into your child's ears.

3

Most ear infections get better by themselves. Speak to your GP 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.



Health Visitor's tips

The best ways to prevent ear infections are to:

- ✓ Avoid others who are ill when possible.
- ✓ Wash hands to prevent the spread of viruses.
- ✓ Never smoke indoors.
- ✓ Breastfeed your child.
- ✓ Do not allow your child to drink while lying down.



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.

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 in the correct recommended dose for your child.

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.

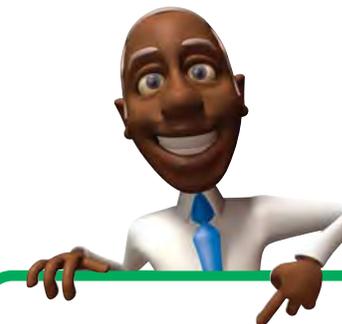
A fever is part of the body's natural response to infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important in preventing your child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

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

Source: DoH Birth to five edition 2009.



GP says

Call 999 if your child:

- ✓ Has a fit.
- ✓ Has a temperature of over 38°C and you are worried, especially if there is a rash.
- ✓ Develops a non-blanching rash i.e. the rash doesn't disappear when pressed.

Go to A&E if your child:

- ✓ Has a fever.
- ✓ Has not responded to paracetamol and is sleepy or lethargic.



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. Contact a Doctor immediately (e.g. your own surgery or NHS 111). If you cannot get help straight away go to the Accident and Emergency Department.



In this example the spots under the glass have virtually disappeared. It is unlikely to be meningitis but if you are still worried contact your GP or go to the Accident and Emergency Department.

Source: Meningitis Now

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/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.

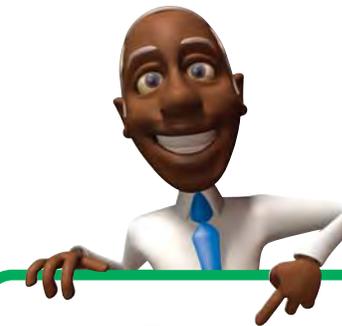
2

Have you tried the glass test?

3

Treat all cases of suspected meningitis as an emergency. If the spots do not fade under pressure **call 999 or go to A&E.**

If you are worried, contact a Doctor (e.g. your Doctor or Walk-in Centre). 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

Fretful, dislikes being handled

Unusual cry or moaning



Chickenpox & measles

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 to not scratch the spots so as 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.

Painkillers

If your child is in pain or has a high temperature (fever), you can give them a mild painkiller, such as paracetamol (available over-the-counter in pharmacies). Always read the manufacturer's dosage instructions. Do not give aspirin to children under the age of 16.

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.

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.





Foods to avoid:

There is controversy over the role of diet in people with long-term hives. There are two groups of chemicals in some foods that may trigger urticaria. It is important to discuss your child's diet with your Health Visitor.

Avoid:

- Shellfish
- Strawberries, bananas, mangoes, pumpkin, tangerines, kiwi
- Tomatoes, peas
- Fish
- Chocolate
- Pineapple

Cut down on:

- Spices
- Orange juice
- Raspberries
- Tea

Source: Allergy UK



Urticaria or hives

Easy to confuse with more serious illnesses

Childhood rashes are very common and often nothing to worry about. Most rashes are harmless and go away on their own.

Urticaria or hives is a raised, red, itchy rash that appears on the skin. It can be frightening especially if you don't know the cause. It happens when a trigger causes a protein called histamine to be released in the skin. Histamine causes redness, swelling and itching, the rash can be limited to one part of the body or spread across large areas of the body. It can sometimes be confused with other types of more serious rashes such as meningitis.

Hives can be triggered by many things, including allergens (such as food or latex), irritants (such as nettles), medicines or physical factors, such as exercise or heat. But usually no cause can be identified. It's a common skin reaction that's likely to affect children. The rash is usually short lived and mild, and in many cases does not need treatment as the rash often gets better within a few days. If you're struggling with it, a medication called antihistamine usually helps. Creams help with the itching and are available over-the-counter at pharmacies. Speak to your Pharmacist for advice.

1

My child has developed itchy red spots.

2

It can be difficult to identify what has triggered the rash. Try to think about any new or different foods they have had.

3

If itching persists ask your GP about anti-histamine medication.



GP says

Some things which can trigger urticaria can be avoided, these include:

- Food such as peanuts, shellfish, eggs and cheese.
- Environmental factors such as pollen, dust mites or chemicals.
- Insect bites and stings.
- Emotional stress.
- Some medications - do not stop any prescribed medicines before you speak to your Health Visitor or GP.
- Physical triggers such as pressure to the skin, change in temperature, sunlight, exercise or water.

Source: www.nhs.uk/conditions/skin-rash-children

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 - like playgroups or nurseries.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. Diarrhoea can cause dehydration so increase fluid intake.

Take them to see your GP if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration.

If you're breastfeeding, keep on doing so. 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 infection. Regularly wash hands with warm water and soap to fight off the infection. If you are out, use hand gel.

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 a Doctor if symptoms show no sign of improvement after 24 hours or straight away if they are newborn.

Vomiting

The most common cause of vomiting is gastroenteritis. This is an infection of the gut. It also causes diarrhoea. This is usually nothing to worry about and will pass in a few days. Being sick can sometimes be caused by other things like food allergies, accidentally swallowing a poison or drug, or an infection.

You should contact your GP if your child:

- Has been vomiting for more than 24 hours.
- Has not been able to hold down fluids for the last eight hours, or you think they are dehydrated.
- Is floppy, irritable, won't eat their food, or they are not their usual self.
- Has severe tummy pain.
- Has a headache and stiff neck.



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. It helps with dehydration.

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

Signs of dehydration

- ✓ Sunken fontanelle (i.e. the soft spot on top of the head is more dipped in than usual).
- ✓ Less wet nappies (i.e. they wee less).
- ✓ More sleepy than usual.
- ✓ Diarrhoea.
- ✓ Dry mouth.

Try a rehydrating solution from your Pharmacist.





Constipation

Easy to treat

Constipation is a very common problem in children. Many children normally 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.

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.

Many things contribute to constipation but infants and children who get well-balanced meals typically are not constipated. When babies are weaned onto solid food their poos can change colour, smell and frequency.

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.

1

Does my child have a balanced diet?

2

If your child is constipated, they may find it painful to go to the toilet.

3

Ask your Health Visitor or Pharmacist whether a suitable laxative may help.

Source: NICE guidelines 2010, constipation in children



Health Visitor says

To avoid constipation and help stop it coming back make sure your child has a balanced diet including 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. Keeping your child physically active will also help to prevent constipation.

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

Useful contacts

NATIONAL

Asthma UK

0800 121 62 44
www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

Call 111

24 hour - for when it is less urgent than 999

Start4Life

Healthy eating tips
www.nhs.uk/start4life
www.nhs.uk/change4life

Dental Helpline

0845 063 1188

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222
www.familylives.org.uk

Gingerbread

Single parent helpline
0808 802 0925

Meningitis Now

0808 80 10 388
www.meningitisnow.org

National Breastfeeding Network Helpline

0300 100 0212
www.breastfeedingnetwork.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

Netmums

Parenting advice and information in England, Wales, Scotland and Northern Ireland.
www.netmums.com

NSPCC

0808 800 5000
www.nspcc.org.uk
help@nspcc.org.uk

Redcross

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

The Lullaby Trust (FSID)

www.lullabytrust.org.uk

www.healthystart.nhs.uk

LOCAL

Suffolk Safeguarding Children Board

Are you worried about the welfare of a child?
Contact Customer First/Emergency Duty Service 0808 800 4005
www.suffolkscb.org.uk

East Suffolk Child Development Centre

01473 712233

Breastfeeding support

www.familiesandbabies.org.uk/suffolk

Families Online Suffolk

www.familiesonline.co.uk/LOCATIONS/Suffolk

Health Visitors:

North Ipswich 01473 275273

South Ipswich 01473 694170

East Ipswich 01473 275808

West Ipswich 01473 242159

Felixstowe 01394 458840

Framlingham & Leiston 01728 403012

Woodbridge & Kesgrave 01394 615220

Stowmarket 01449 776040

High Suffolk 01379 873782

South Suffolk 01473 820147



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