



How to keep them well

An advice booklet for parents/carers of babies and children provided by Seaside Medical Centre

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**Where to
treat:**

**Usual length of
illness:**

Off nursery/school:

As a parent or carer, we worry when children are unwell. This advice booklet will contain lots of information and tips on how to manage common illnesses but also how to recognise more serious conditions.

This booklet will signpost you to the best service to help your child whether that is treating them at home, here at the GP Surgery, the Pharmacy, Health Visitor, Hospital, 111 or any other service.

At the top of most pages will be an information bar (as seen above) which will include key details such as where to manage the illness or condition, how long the symptoms usually last and whether or not your child should be attending nursery or school.

It will also be colour coded with green, amber or red to show the severity of the illness or condition.

Think Pharmacy First

Local pharmacists are experienced and knowledgeable professionals who provide a wide range of free advice about many illnesses. You don't need an appointment to see them and in many cases, you can get treatment over the counter there and then.

They can help with a lot of childhood problems such as:

- Earache
- Eye infections
- Bites and stings
- Hayfever
- Coughs
- Sore throat
- Worms
- Cold sores
- Thrush
- Nappy rash
- Headaches
- Teething



Where to treat:

At home
with self care

Usual length of illness:

5 days

Off nursery/school:

Only if unwell

Mild Fever

A normal temperature is between 36.3 and 37.4 degrees. If your child's temperature is above this between 37.5 and 37.9 degrees, this is known as a mild fever. Your child will feel hot to the touch.

A fever is a natural and healthy response as the body fights off infection. It does not cause harm to your child and there is no benefit in attempting to bring down the fever. Bringing down a fever does not reduce the chance of a febrile fit. (page 8)

Mild fevers usually settle within a few days and do not require any medicine unless your child is distressed in which case paracetamol can help.

Most fevers in children are caused by viruses such as colds or sore throats. Sometimes it may be caused by bacteria. Bacteria infections may require antibiotics and the fever should settle between 1-3 days of antibiotic treatment.

If your child has a prolonged fever, they should be reviewed by a GP.

If you are unsure, speak to your health visitor or contact 111.

The best thermometer to use for babies under a few months of age is a digital under arm thermometer. At all other ages, an under arm or ear thermometer is fine.



Where to treat:

At home
with self care/ GP

Usual length of illness:

5 days

Off nursery/school:

Yes if high fever or if
distressed

High Fever

If your child has a high temperature of 38 degrees or higher, consider the following advice:

Offer plenty of regular drinks: for babies this is more breast/formula milk or in children, more water, rehydration solution or ice lollies

DO NOT sponge your child: Sponging your child with cold water to reduce a fever can cause blood vessels under the skin to become narrower which means they lose less heat from their bodies

DO NOT wrap up your child: Keep them in light clothing and bedding

Check for signs of dehydration: having a dry mouth, sunken eyes, fewer wet nappies or little to no urine in 8-12 hours, fatigued, not able to cry

Check for rashes: looking for a rash that does not fade/disappear when applying pressure- this could be a sign of serious illness

DO NOT automatically give medication: use paracetamol or ibuprofen if the child is unhappy or in pain

Unsure which service to use?

Contact 111. They can provide urgent health advice on the phone or online and are available 24/7



Where to treat:

111

Off nursery/school:

Yes

Fever- when to seek urgent help

Call 111 if:

Your child is 0-3 months and has a high fever of 38 degrees or higher

Your child is aged 3-6 months and has a high fever of 39 degrees or higher

Your child is unwell and has a temperature of less than 36 degrees (measured three times in 10 minutes)

When to treat with medication:

If your child is unhappy or unwell with a fever. If not, there is no benefit in treating the fever. Paracetamol and Ibuprofen work as well as each other. Start with one and only use the other if the first has not helped.

Read instructions carefully as they come in different strengths. If later receiving over the counter or prescription medication, inform the professional that your child is currently taking paracetamol/ibuprofen.

It may be easier to give medicines to babies and small children using a syringe. You can ask your pharmacist for one of these if needed.



Where to treat:

Hospital

Off nursery/school:

Yes

Febrile fits (seizure)

A few children under the age of 5 will be born with a higher sensitivity to a quick rise in temperature.

This may cause them to have a febrile fit (when they become drowsy and arms and legs jerk repeatedly).

Fits often run in families. If your child has a fit, it is important to get them to hospital as soon as possible to discover the cause of the fever and to be assessed.

The cause of the fever is more important than the high temperature. Lowering a fever will not reduce the risk of a febrile fit.

Low risk:

- Smiling and normally responding to you.
- Normal, strong cry with visible tears.
- Active, waving arms or legs, crawling/walking around
- Breathing normally
- Normal colour of skin, lips and tongue for your child

Middle risk:

- More difficult to wake up
- Not interacting normally, not smiling, not focusing on your face
- Abnormal, high pitched cry
- Poor feeding (in babies) or reduced drinking in children
- Breathing faster than normal
- Flaring nostrils
- Mild pulling in of muscles between and under ribs
- Looking pale
- Dry lips and tongue
- Fewer wet nappies or not weeing as often
- Sunken soft spot at front of head in babies under 12 months
- Temperature equal to or higher than 39 degree in ages 3-6 months
- Temperature equal to or higher than 38 degrees in children ages 6 months- 5 years and has other symptoms
- Fever lasting longer than 5 days
- Red, hot or swollen joints, shaking/shivering

Higher risk:

- Extreme sleepiness/not waking up
- Very fast breathing (one breath per second)
- Strong pulling in of muscles between and under ribs
- Bobbing of head with breaths
- Abnormal noises/grunting
- Blue/grey skin, lips or tongue
- Very cold hands and feet
- No urine passed in the last 12 hours
- Temperature equal to or higher than 38 degrees in babies ages 0-3 months
- Temperature less than 36 degrees measured 3 times in ten minutes
- Non-blanching rash (doesn't fade with pressure from a glass)
- Fits/seizures

Where to treat:

**At home
with self care**

Usual length of illness:

5-10 days

Off nursery/school:

No

Coughs and Colds

Coughs and colds are very common, usually lasting about a week, and usually get better on their own. Most coughs and colds occur in the winter but on average a child will have 8-10 every year until they are 5 years old.

Viruses like coughs and colds spread through sneezing and coughing. Children mix with adults and other children at home, school, playgroups etc. so your children will learn how to fight infection and build immunity pretty quickly.

How to help:

- Plenty of fluids. Water, juice, milk, whatever they like to drink.
- Make sure they get lots of rest.
- If your child is hot or feeling particularly unwell, treat with paracetamol or ibuprofen.
- Keep them away from any cigarette smoke etc. as this may make them more likely to suffer.



Symptoms:

- A runny nose (clear/yellow/green snot)
- Sneezing
- Coughing
- A fever (lasting up to 5 days)
- Eating and drinking less than normal
- Sore throat
- Sometimes sore eyes

Germs spread easily! To help stop passing them on:
Catch it: using tissues to catch coughs and sneezes
Bin it: Get rid of the tissue straight away
Kill it: Wash away any germs with soap and water.



Where to treat:

At home
with self care

Usual length of illness:

7-10 days

Off nursery/school:

Yes

Flu

Flu will come on very quickly, faster than a cough or a cold. The main symptoms are high fever, body aches and cough/cold symptoms.

Treat similarly to a cough/cold with plenty of fluid and rest. Paracetamol and ibuprofen will help with any fever and aches they may have.

Your child can be protected from flu by having their flu immunisation. This is carried out as part of the Childhood Immunisation Programme. The immunisation programme will also lower your child's chances of getting other serious infections such as measles and meningitis. To book an appointment, please enquire with our reception team or our Lead Immunisation Nurse.



Where to treat:
At home with self
care

Usual length of illness:
7-10 days

Off nursery/school:
No, unless too unwell to
attend

Bronchiolitis

Bronchiolitis is a viral infection that affects babies up to the age of two during the winter season. It often presents as a cold or cough to begin with as well as a fever. After two-three days, the chest will become wheezy as the lungs have produced excess mucus. This may affect how you baby feeds.

As this is a virus, anti-biotics will not treat the infection.



Most cases are mild and your baby will begin to feel better after five days. They may sound wheezy or rattly for a few weeks after but will be otherwise well.

In some cases, there may be difficulty breathing and feeding and so may need hospital treatment. If you are unsure, or if the problem does not settle. Contact 111 or the GP.

If your baby is struggling to feed because of their breathing, feeding for a shorter period of time and more frequently can help them to feed more.

Where to treat:

At home with self care

Usual length of illness:

5-7 days

Off nursery/school:

No

Croup

Croup is a viral infection that causes the voice box to swell. This can result in a barking-like cough and a hoarse/croaky voice. Your child may also have a raised temperature and some trouble sleeping.

Croup may be at its worst on the second or third night, the cough can last for a couple of weeks.

The swelling can occasionally affect breathing. If your child develops a persistent high-pitched noise when breathing in (stridor), they may need to be seen immediately. Please see page 14 for further guidance.

Stridor can occur when the child is very upset or unsettled/ breathing faster than normal/ not sleeping. If this occurs, steroid medication can be prescribed. If stridor is present when the child is calm, you should seek further help as soon as possible.

To treat, encourage plenty of fluids and ice lollies to soothe the voice box.



When to contact your GP or 111:

- If your child is breathing faster than normal.
- Flared nostrils, sucking in their chest, bobbing their head. These are signs your child is having to work harder to breathe.
- Is drinking less than half of their usual fluids or has had no wet nappies in 12 hours.
- Is aged 3-6 months and has a temperature of 39 degrees or higher.
- Has a fever that has lasted longer than five days.
- Has a cough which is getting worse after one week.
- Has croup which is affecting their breathing or causing stridor.
- Has asthma and is still breathless despite using inhaler.



When to call 999:

- Is struggling to breathe or making more than 60 breaths per minute at any age under five.
- Has croup and cannot breathe when lying down or has stridor when calm.
- Is grunting with every breath.
- Has caving in their chest for every breath.
- Has pauses in breathing lasting longer than ten seconds, especially if under three months of age.
- Looks very pale and has blue lips.
- If your child is floppy/exhausted or more difficult to wake up.
- Is under three months of age and has a temperature of over 38 degrees.
- Has a rash that doesn't fade with pressure.

Where to treat:

At home
with self care

Usual length of illness:

3-7 days

Off nursery/school:

Yes

Vomiting and Diarrhoea

Vomiting and diarrhoea is common amongst children as they are exposed to a lot of germs through family, school, nursery, friends. They usually pass by themselves. If you are unsure or if the problem doesn't settle, speak to the GP or your health visitor.

Important to remember: With vomiting and diarrhoea, it is easy to become dehydrated (see page 16 for more guidance). Ensure fluids are given frequently.

Vomiting:

Vomiting and feeling unwell is most likely due to gastritis which is a viral infection easily passed from person to person.

Signs to look out for are being off food, sudden vomiting with no known cause, tummy pain, mild fever.

As with most viruses, it should clear after around five days. During this time, keep your child off school for 48 hours after their last vomiting episode.



Diarrhoea:

Children often pass loose poos. These are healthy and show your child is growing. This doesn't need any treatment and usually settles.

Diarrhoea usually clears after a week.

Prevent vomiting and diarrhoea from spreading:

Use separate towels for each member of the family.

Keep hands clean, particularly after using the toilet and before eating.

Stop germs from spreading by keeping your child away from others for 48 hours after their last episode.



Dehydration:

Signs of dehydration:

- Dry lips, tongue and mouth
- Crying with no visible tears
- For under ones: no wet nappy for six hours
- Ages 1-5: No urine output for twelve hours
- Urine is very strong smelling and dark in colour
- On babies, their soft spot on the top of the head will appear sunken or dipped.
- Has not been able to hold any fluids down for the last eight hours.
- Complaining of stomach pain or pain when passing urine.
- Floppy, irritable or drowsy.
- Severe stiffness or pain when bending neck (putting chin to chest)



How to treat at home:

- Give frequent fluids. In older children, avoid fruit juice or strong squash.
- Breast/bottle feed more often but for shorter durations as it is easier to keep down smaller volumes of milk.
- In older children, given plenty of fluids frequently, 30mls every 5-10 mins.
- Oral rehydration solutions are available at the pharmacy. These are powdered sachets that can be mixed with water.
- DO NOT give anti sickness or diarrhoea drugs as these can be dangerous to children.

Where to treat:

At home
with self care

Usual length of illness:

3-7 days

Off nursery/school:

Only if unwell

Constipation

Constipation is more common in formula fed babies. Breast fed babies on average can have up to 40 poos per week, formula fed babies on average can have up to 28 poos per week. It is different for every child. Constipation happens when there is not enough liquid or fibre. Fibre is found in foods such as fruit, vegetables and wholegrain cereals. If your child is dehydrated, this can also cause constipation. If your child eats a good mix of different types of food and plenty of fluids, they are less likely to become constipated.

Constipation can cause tummy cramps, bloated looking stomachs, smelly gas and feeling generally under the weather. To aid constipation, massage the tummy in a clockwise direction, encourage your child to sit on the potty or loo 20 minutes after eating, keep your child active, moving can help food to move through the bowel. If ongoing, contact the GP who can prescribe laxatives.



Type 1 Rabbit Droppings
Separate hard lumps like nuts (hard to pass)



Type 2 A Bunch of grapes
Sausage shaped but lumpy



Type 3 Corn on Cob
Like a sausage but with cracks on the surface



Type 4 Sausage
Like a sausage or snake, smooth & soft



Type 5 Chicken nuggets
Soft blobs with clear cut edges



Type 6 Porridge
Fluffy pieces with ragged edges, a mushy stool



Type 7 Gravy
Watery, no solid pieces. Entirely liquid

The best poo is type four which is not too hard or too loose.

Babies' poos can be more runny, like type five.

If your child's poo is more like type three this could be the start of constipation so increase fibre and fluids.

If poo's are like type one or two, this is constipation.

Where to treat:

Hospital

Off nursery/school:

Yes

Meningitis and Sepsis

Meningitis: This is a serious illness due to infection that causing swelling of the meninges. This is the protective outer covering of the brain and spine.

Sepsis: This is when the immune system gets out of control trying to fight an infection, such as meningitis, severe pneumonia or a urine infection. This can then cause serious harm to the body tissues and organs.

Meningitis and sepsis can occur together. Early signs can be a cough, cold or tummy bug so it is important to regularly check your child if they are unwell or becoming more unwell. Anyone can get meningitis and sepsis however for babies and children, there is a greater risk as their immunity and defence system is still developing.

Signs of meningitis or sepsis:

- A non-blanching rash (does not fade). See glass test.
- Unwell with a low temperature that is less than 36 degrees.
- A weak, high-pitched cry.



The glass test:

- Press the side of a clear glass against the rash.
- If the rash does not change colour, contact the GP or 999 immediately.
- If the rash does fade or lose colour under pressure, it is unlikely to be meningitis.
- Do the test every hour. In rare cases, the rash can change.

IMPORTANT! Call 999 in all suspected cases of meningitis or sepsis.

Low risk:

- Smiling and normally responding to you.
- Breathing normally.
- Normal colour of the skin, lips and tongue.

Middle risk:

- More difficult to wake up
- Not interacting normally, not smiling, not focusing on your face
- Abnormal, high pitched cry
- Poor feeding (in babies) or reduced drinking

- Breathing faster than normal
- Flaring nostrils
- Mild pulling in of muscles between and under ribs

- Looking pale
- Dry lips and tongue
- Fewer wet nappies or not weeing as often
- Sunken soft spot at front of head in babies under 12 months

- Temperature equal to or higher than 39 degree in ages 3-6 months
- Temperature equal to or higher than 38 degrees in children ages 6 months- 5 years and has other symptoms
- Fever lasting longer than 5 days
- Red, hot or swollen joints, shaking/shivering

Higher risk:

- Extreme sleepiness/not waking up
- Very fast breathing (one breath per second)
- Strong pulling in of muscles between and under ribs
- Bobbing of head with breaths
- Abnormal noises/grunting

- Blue/grey skin, lips or tongue
- Very cold hands and feet
- No wee for past 12 hours

- Temperature equal to or higher than 38 degrees in babies ages 0-3 months
- Temperature less than 36 degrees measured 3 times in ten minutes
- Non-blanching rash (doesn't fade with pressure from a glass)
- Fits/seizures

Where to treat:

At home
with self care

Usual length of illness:

2-3 days

Off nursery/school:

No

Nappy Rash

Nappy rash affects a third of all babies and appears as patches on the bottom which can become sore. A baby's skin is very sensitive and being under a nappy and irritated by wee, poo and soap can cause these rashes. It's important to change nappies often because of this.

The rash should clear up within a few days with some gentle cleaning using water and cotton wool or fragrance and alcohol free wipes. As well as bathing baby and exposing their bottoms to the air as much as possible.

If the rash doesn't settle or if there are red spots, or a rash appears in baby's skin folds, they may have thrush. Get this checked with the health visitor or pharmacist who will be able to advise and assist.



When wiping baby's bottom make sure you are wiping from front to back.



Where to treat:

**At home
with self care**

Usual length of illness:

7 days

Off nursery/school:

**Yes until all spots have
crusted over**

Chicken Pox

Chicken pox starts as a flu-like illness which occurs a few days before the rash appears. The rash begins with small, itchy red spots which become blisters after about 12 hours and these become very itchy. After 2-3 days, the blisters begin to go dry and crust over. New spots can keep appearing for 3-5 days after the rash begins. After 1-2 weeks, the crusting will fall away from the skin naturally.

To help itchy skin:

Apply calamine lotion and cooling gels (available from pharmacies and supermarkets).

You can also use a handful of bicarbonate of soda in a luke-warm bath.

Keep your child's nails short to prevent any harm when itching.

To help with fever:

If your child is particularly unhappy or unsettled, use paracetamol to treat. Avoid ibuprofen as this can sometimes cause further skin reactions.



Chicken pox is highly infectious, avoiding contact with others: especially those who have not had chicken pox before, have a weak immune system, people who are having chemotherapy, people who are taking daily steroid medication and new born babies.

There is usually no need to see a doctor for chicken pox. Occasionally, chicken pox can cause more serious symptoms. If you are worried please contact 111 for advice on how to best manage.



Where to treat:

At home
with self care

Off nursery/school:

No

Dry skin/eczema

Babies and children can get patches of dry, rough skin, commonly known as eczema. The patches can be anywhere on the body, most typically in skin creases, elbows and back of knees.

Most babies grow out of baby eczema as their skin becomes less sensitive. However, for some children this will continue. This is more likely if there is a family history of eczema, asthma, hay fever or allergies.

To best treat, it is important the skin is not dry, so use moisturisers, ointments and creams and avoid soaps.

Sometimes, a steroid cream may be needed. This can be discussed with the health visitor or pharmacist who can provide over-the-counter creams. Occasionally, the GP may need to prescribe stronger steroid ointments or anti-biotics if the skin becomes infected. Infected skin will have yellow crusting on rashes.



Where to treat:

At home
with self care

Usual length of illness:

7-10 days

Off nursery/school:

No unless child feels too
unwell to attend

Hand, foot and mouth

Hand, foot and mouth is a common viral infection which causes mouth ulcers and spots on the palms of hands and soles of feet as well as on the body.

Sometimes it can also cause spots on the buttocks, arms and genitals.

It is **not** related to foot and mouth disease which affects cattle, sheep and pigs.

To best treat, give your child plenty of fluids as their mouth may be sore. Offer soft foods such as mashed potato, yoghurt, soup, ice cream or ice pops.

Ibuprofen and paracetamol can also be used to help with a mild fever, sore mouth and throat. Use the recommended dose for their age.

Try not to touch the sores, to wash hands regularly and use separate towels and wash cloths to prevent spreading.



Where to treat:

Contact GP

Usual length of illness:

7-10 days

Off nursery/school:

Yes until all sores have dried up or has been on treatment for 48 hours.

Impetigo

Impetigo is a common and very contagious bacterial skin infection that causes sores and blisters. It is not usually serious and often improves within a week of treatment.

Impetigo usually gets better within two-three weeks without any treatment. However, anti-biotic cream or medicine speeds recovery to seven-ten days and lowers the risk of passing on to others.

In order to prevent the spread of impetigo, try not to touch the sores, wash hands often and use separate towels and wash cloths.



Where to treat:

Contact GP

Usual length of illness:

10 days

Off nursery/school:

Yes until been on treatment for 24 hours

Scarlet fever

Scarlet fever is a bacterial infection which causes a very sore throat, a high temperature (above 38 degrees), flushed face and strawberry tongue. A pink/red rash develops twelve to forty eight hours later.

Red blotches are the first sign of the rash, which then becomes a pink/red rash that feels like sandpaper and looks like sunburn. The rash may also be itchy.

In milder cases, sometimes called scarlatina, the rash is the only symptom.

See the GP as soon as possible if you suspect your child has scarlet fever so that they can confirm a diagnosis and prescribe a ten day course of anti-biotics.



Strawberry tongue



Flushed face and red, blotchy rash

Where to treat:

Contact GP

Usual length of illness:

7-10 days

Off nursery/school:

Yes for four days from onset of the rash

Measles

Measles is a highly infectious, viral illness that can be very unpleasant and sometimes lead to serious complications. It's now uncommon in the UK because of the MMR (measles, mumps and rubella) vaccination.

It can cause cold-like symptoms such as a runny nose, sneezing, coughing and a high temperature (around forty degrees). It can also cause sore, red eyes that may be sensitive to light and small grey/white spots on the inside of the cheeks.

A few days later, a red/brown blotchy rash will appear. This usually first appears on the head or neck and spreads downwards to the rest of the body.



It is important to be aware of meningitis (see page 18) as these have similar appearances and symptoms.

Allergic Reactions

Symptoms of an immediate reaction:

Red, itchy rash around the mouth

Runny nose or sneezing

Swelling of the lips, face and eyelids

Red, itchy lumps in the skin

An allergy happens when your baby or child's body reacts to normally harmless substances such as food ingredients (like cow's milk protein, peanuts or eggs), pollen, viruses, insect bites, cat and animal fur, house dust mite or medicines.

Allergies are more common in children with asthma, hay fever or eczema or if there are other family members with similar allergies or illnesses.

Anti-histamine medicine can help relieve symptoms and is available from the pharmacy.



When to seek urgent help from 999

Very rarely, babies and children can get severe swelling of their lips, tongue and throat. This can cause them to have noisy breathing, struggle to breathe, go pale and floppy.

This is called anaphylaxis which is an emergency situation that requires you to call 999.

Where to treat:

At home
with self care

Usual length of illness:

1-2 days

Off nursery/school:

No

Sticky eye

Young babies, up to 12 months of age, often have sticky, yellow discharge that collects in the inner corner of the eye and eyelashes. This occurs because of the smaller size of their tear ducts in the inner corner of the eye, which drains tears from the eyes. If tears cannot drain away quickly, they form the sticky, yellow discharge. As babies get older, their tear ducts get bigger and their tears drain away easily.

Sticky eye does not need any treatment. The sticky, yellow discharge can be cleaned away using clean cotton wool soaked in cooled, boiled water. Start in the corner of the eye and gently wipe to the outer eye. Use a separate piece of cotton wool for each eye and tip their head to the side to stop water running into the opposite eye.

With sticky eye, the whites of the eyes will not be red.



Where to treat:

**At home
with self care**

Usual length of illness:

2-3 days

Off nursery/school:

No

Causes of conjunctivitis:

Infective conjunctivitis can be due to a virus or a bacteria. It often starts in one eye first. It is easily passed from one eye to another and also from person to person. To avoid spreading, it is important to use separate towels and wash cloths, clean hands regularly and bathe the eyes.

Allergic conjunctivitis is due to an allergic reaction to a substance such as pollen or dust. It isn't infectious so can't be passed onto others. It is common in children with asthma or hay fever. Both eyes are affected at the same time and are itchy.

Irritant conjunctivitis occurs as a result of contact with a substance that irritates the eye such as shampoo, a loose eyelash rubbing the eye or smoking.

Conjunctivitis

Signs of conjunctivitis:

Redness and swelling of the whites of the eyes and eyelids.

The eyes can be very watery, sore and itchy.

A sticky discharge which can be clear or coloured. This is often worse in the mornings.

Older children may say that their eyes feel sore, gritty, fuzzy or blurry.



Suggested treatment:

Infective conjunctivitis, viral or bacterial, usually doesn't need treatment with anti-biotics, because in most cases the symptoms of red eyes and discharge usually clear up themselves within a week. If the eye redness and coloured discharge is getting worse between day 5-7, then anti-biotic eye drops may help.

Allergic conjunctivitis can be helped by antihistamine medicine.

Irritant conjunctivitis will clear up within a few days as long as eyes are not still in contact with the irritant.

When to contact the GP or 111:

If your child's conjunctivitis gets worse after seven days.

If your child has a fever for more than five days.

If your child has swelling and redness of the areas around the eyes as well as the white of the eye being red.

If your baby is under 28 days old, a more severe type of infective conjunctivitis can occur. This can happen if baby is born to a mum who has an STI (sexually transmitted infection) such as chlamydia or gonorrhoea. It is important to get this treated as soon as possible as there is a small possibility of serious complications.

Where to treat:

**At home
with self care**

Off nursery/school:

No

Ear infection

Ear infections are very common in small children aged 6 months to 3 years especially. As children get older and the shape of the inside ear changes, infection is less likely.

Infections often happen following a viral cough or cold. After an ear infection or cold, your child may have a hearing problem due to mucus in the ear. This is often called glue ear and can take 6-8 weeks to clear.

Symptoms of an ear infection:

- Pulling on the ear.
- Ear pain.
- Not hearing properly.
- Feeling hot.
- Unsettled.
- Discharge from the ear.
- Ear feels itchy.

Earache:

- If your child has earache without fever, you can give them paracetamol or ibuprofen.
- Placing a warm flannel or wash cloth on the ear can also help to relieve pain.
- Cover ears with a hat or scarf if outside in cold weather.

Do not use an ear bud to try and clean or unblock the ear as this may damage the ear or push the infection further inside.

When to contact the GP or call 111:

Anti-biotics are not usually necessary or helpful since most infections get better within 3-5 days. However, if your child has the following, speak to a clinician who can follow guidelines to see how to best treat your child.

- Pain for longer than four days.
- Pain not being relieved by paracetamol or ibuprofen.
- Pus or fluid is leaking from the ear.
- If the ear has an odour.
- If you believe your child has put something in their ear.
- If your child has a serious health condition such as cystic fibrosis or was born with heart disease.

Where to treat:

At home
with self care

Off nursery/school:

No

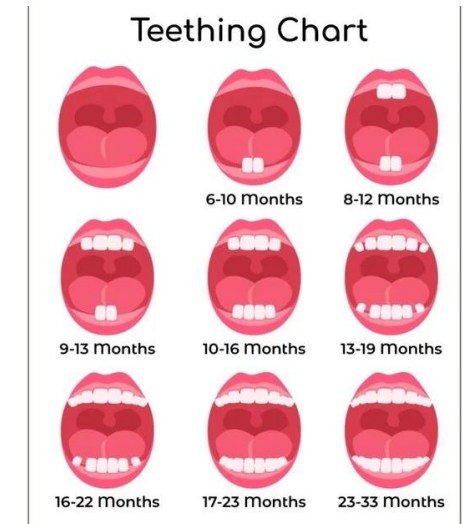
Teething

Most babies get their first teeth between four and nine months of age. Some babies will not have any symptoms, however it is common for babies to have some discomfort.



Common signs of teething are:

- Dribbling more than usual
- Biting or chewing everything
- Flushed cheeks, red gums
- Unsettled
- A red sore nappy area



Teething rings can help gums to feel better, some can be cooled in the fridge but do not put teething rings in the freezer as the ice can cause the mouth to burn. A hard toy can also be used if you do not have a teething ring so long as bits of the toy are not at risk of falling off and being swallowed.

Babies above six months can chew on harder foods such as raw carrot or breadsticks. **Remember** to supervise children eating in case of choking.

Babies aged four months or older can have teething gel to numb the gums and aid with discomfort. Paracetamol and ibuprofen also.

Where to treat:

Dentist or 111

Off nursery/school:

No

Tooth Decay

Every time we eat, bacteria in our mouth makes an acid for about 20 minutes which can cause teeth to go rotten if not looked after correctly. Tooth decay may make the teeth appear grey, brown or black. If the decay gets inside the tooth, this can cause toothache.

Gums and teeth can also get infected and cause an abscess.

Looking after teeth:

Teeth should be brushed for two minutes every morning and night.

Children up to the age of seven should have their teeth brushed for them or be supervised by an adult.

Use a thin smear of toothpaste for children under three years and a pea-sized amount for children over three years. Toothpaste should have fluoride, ask your dentist if you are unsure.

If your child has toothache, decay or damage to their teeth, you should contact your dentist. If they are closed, you should be given advice on their answerphone or you can **call 111.**

Young children may damage or chip their baby teeth. This usually doesn't need immediate treatment but it is good to get checked by a dentist within a few days. If damage is done to adult teeth, your child should **see the dentist urgently or call 111.**

Immunisations

Immunisations help protect your child and other children from serious diseases including pneumonia and meningitis which can be life-threatening illnesses.

Young children, especially those under 12-18 months of age, are at the most risk of serious infection, so it's really important to get your children protected and for immunisations to be given at the right time.

Pregnant mothers can help protect their babies from whooping cough by being immunised against this illness between 20th and 32nd week of their pregnancy. This offers protection until their baby is immunised at 8 weeks old.

Pregnant mothers can help protect their babies from RSV by being immunised between the 28th and 40th week.

If your baby has a slight snuffle or cold there is no reason for them not to have their immunisations. If your child is poorly with a fever it is best to delay immunisation until the fever has gone.



Where to treat:
At home with self-care

Usual length of illness:
1-3 days

Off nursery/school:
No

Fever with immunisation

Many children get a mild fever after immunisation which doesn't require treatment. Fever does not harm a baby but can make them unsettled or unhappy, you can give them some paracetamol to help this.

The Meningitis B vaccination that is given at 8 and 16 weeks can cause a fever and make your baby quite unhappy and unsettled. You should give your baby some paracetamol within the first 24 hours after the injection to help prevent this.

If your child seems very unwell, you should seek advice from the nurse who administered the immunisations or 111. It is important to not assume your child is unwell because of their recent immunisation if they are showing more serious symptoms than listed above.

First Aid

Preventing Accidents at home:

Our babies and children are precious and we want to protect them from harm. Sometimes accidents happen and that can't be prevented. By making our homes safe, we can make these accidents less likely to occur.

The most common accidents that happen to babies and young children are burns, scalds, poisoning, choking and falls.

Therefore, extra care needs to be taken with:

Household cleaning products

Nappy sacks

Plastic bags

Hot drinks

Medicines

Batteries

Phone chargers plugged into sockets

Hair tools such as straighteners



There are free mobile apps for first aid for babies and young children from both St. John's ambulance and Red cross.

www.redcross.org.uk

www.sja.org.uk

Bumps and Bruises

First Aid and self care:

Apply a cold flannel, ice pack, or bag of frozen fruit/vegetable wrapped in tea towel or cloth

Give paracetamol if needed

Call 111 or visit GP:

If your child is crying and distressed and will not settle with self care and reassurance, call 111.

Your child may vomit once or twice in the first 24 hours following a bump to the head, if concerned call 111.

If bruising or swelling is unexplained, see the GP.

A&E:

If the area continues to swell.

If your baby or child is in severe distress and pain after first aid and self care.

Burns and Scalds

First Aid and self care:

Run the affected area under cold water for 10 minutes.

If the burn is on the face apply a cold cloth for 10 minutes.

Apply cling film to the affected area and cover with a wet cloth. Do not apply cling film to face.

Give paracetamol or ibuprofen to help with pain if necessary.

Call 111 or visit GP:

For a very small burn, visit the pharmacist.

For a burn/scald it is important to get it checked the same day by a GP or Nurse.

A&E:

If the burn is larger than your child's palm.

If the burn encircles a limb.

If the burn has broken the skin.

DO NOT apply butter, toothpaste or any ointment to a burn. They do not help and will need to be cleaned off a burn which can cause more pain.

Swallowing Household Items

Young children will always put things in their mouths as they explore. Some common substances are very unlikely to cause any major problems apart from perhaps an upset tummy or looser poos. Unless your child has any other symptoms, there is usually no need to take them to see the GP or A&E.

If you think your child has swallowed something that may cause harm to them don't try to make them sick as this can make things worse.

Keep medicines, cleaning products, chemicals, alcohol, batteries etc. in locked cupboards.

Remember to keep medicine in its box/container.

If your child has swallowed medication, a battery, any household cleaning agents, bleach, gardening products etc. you should **go to A&E immediately.**

Take to A&E whatever your child has swallowed or the bottle or box which has the product in it. This will help the medical staff identify exactly what has been swallowed and the best ways to treat your child.

Choking

Choking is caused by something blocking your child's airway so that they can't breathe. They may cough, go red in the face and struggle to breathe.

It's easy for children to choke on small objects so make sure the area around your child is clear.

Your child should also be observed whilst eating and foods such as grapes should be to manageable sizes to prevent choking.

What to do if your child is choking:

Try and keep calm.

Look in the mouth and see if there is an object that can be easily taken from their mouth.

DO NOT stick your fingers far back in their mouth or down the throat as this can push objects further down and make things worse.

If your baby is able to cough, encourage them to carry on doing this to help clear the object. If your baby is distressed and unable to cry, cough or breathe. Some firm slaps on the back with the heel of the hand may help.

Child under one still choking:

Lie baby face down across your lap. Support baby's head from underneath. Give up to five firm slaps on baby's back between the shoulder blades with the heel of your hand.

Pause after to each blow to see if the blockage has cleared.

If still choking, put your arm on your lap and lie baby face up along your arm. Support the back of baby's head with the lower part of your hand. Find the breastbone and place two fingers on the lower half of it. Give five sharp pushes compressing the chest by about a third of its depth.

Child older than one still choking:

Bend your child forward over your lap and give five firm slaps on the back with the heel of your hand in between the shoulder blades.

If still choking, stand behind your child with your hands joined around them just above their tummy button but just below their ribs. Press sharply inward up to five times.

DO NOT do upper tummy thrusts in babies under 1 years old.

If still choking, call 999 and continue until help arrives.

My useful contacts:

My GP: Seaside Medical Centre, BN22 8DR, 01323 725667

Health Visitor:

Local Pharmacy:

Items you should have in your cupboard:

This booklet

Paracetamol and ibuprofen medicines

Antihistamine medicine

Oral rehydrating solution

A thermometer

Small plasters

