

# THE LITTLE ORANGE BOOK

*Expert advice on helping babies and  
young children when they're poorly*

# WELCOME TO THE LITTLE ORANGE BOOK

Our babies and children are so precious to us. When they're unwell, we worry about what's wrong and what we can do to help them. We want them to get better as soon as possible.

**The Little Orange Book** contains advice and tips on how to manage common illnesses and problems that babies and young children often experience in the first 5 years of their lives. It also has information on more serious conditions, what to look out for and how to get help.

This book was produced by Newcastle Gateshead Clinical Commissioning Group with invaluable help from GPs, Health Visitors, Practice Managers and Staff, Pharmacists, Paediatricians, Children's Nurses and Parents and Carers.

We very much hope you'll find it useful. It can be downloaded for free at: **[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

Please let us know if it has been helpful or how it could be improved by e-mailing us at: **[ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net)**

Parenting can be a fantastically rewarding experience but has also been described as 'the hardest job in the world'. We hope **The Little Orange Book** makes this job a little bit easier.

## Our Team



**Dr Kate Cushing**

Local GP with specialist training in paediatrics  
*BSc, MBChB, PhD, MRCP, MRCPC, MRCGP, PGMedEd*



**Dr David Jones**

Local GP with an interest in special educational needs and disability (SEND)  
*MBBS, MRCGP, LLM*

## Using the Book

We want the book to be as easy to use as possible, either to read from cover to cover, or to skip to the required page. Each topic is labelled with various symbols to help you.

Many sections have an infobar next to the title which indicates useful information, such as how the condition is usually managed, usual length of illness and whether your child should stay off nursery or school.



### Example infobar

We have used a simple **GREEN**, **AMBER**, **RED** colour guide throughout the book to indicate the severity of each condition and where to get help. Alongside the colour there will always be written advice on next steps.

### GREEN

Condition usually managed at home or with advice from your Health Visitor, GP or Pharmacist

### AMBER

You may need to talk to your GP soon or call 111 for advice

### RED

Urgent help required at a hospital

**Remember**, if you're unsure what to do **call 111**.

Below is an example of the page layout

### Topic title

Title and brief summary of information covered in topic

### Section title

This may be a specific condition or a description of symptoms

The page layout for 'BEING SICK, RUNNY POOS AND TUMMY ACHES' includes a title bar, a brief summary, a 'SELF CARE' section with a photo of a baby, a 'USUALLY MANAGED AT HOME WITH SELF CARE' section with a list of conditions and their management, a 'WHEN TO TALK TO 111 OR YOUR GP?' section, and a 'WHEN TO SEEK URGENT HELP' section. The page is color-coded green, indicating it is usually managed at home.

### Info symbols

These are used throughout the book to give a visual guide. We always have text alongside the symbols for clarity



MANAGE  
WITH SELF  
CARE



CALL  
HEALTH  
VISITOR



CALL  
GP



CALL  
111



CALL  
999

## Think Pharmacy First

Your local pharmacists are experienced health professionals who can provide free advice about many illnesses (and you don't need an appointment to see them). They can also provide **free** over the counter medicines (such as paracetamol and ibuprofen) for common childhood problems such as:

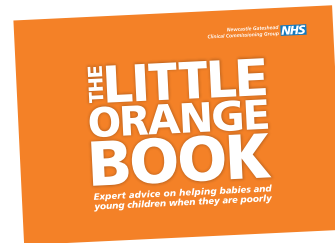
- Earache
- Eye infections
- Bites and stings
- Hayfever
- Cough
- Sore throat
- Worms
- Cold sores
- Thrush
- Nappy rash
- Athletes foot
- Warts and verrucae
- Headaches
- Teething

So the next time your child is troubled by any of these problems **Think Pharmacy First!**

**Think**  
**PharmacyFirst** 

## Items you should have in your Medical Cupboard

- **The Little Orange Book** for expert advice on what to do when your baby or child is poorly
- Paracetamol and ibuprofen medicines in case your child is unhappy with a fever or is in pain
- Antihistamine medicine for itchy rashes, such as chickenpox, hives and allergic reactions
- Oral rehydrating solution (available from your Pharmacist or GP), if your child has vomiting and/or diarrhoea
- A thermometer
- Sticky plasters for small cuts.



DR. KATE  
**TOP TIP**

*Pop into your local Pharmacy and stock up with the essentials that can help you look after your children. Staff are happy to give you advice!*

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## GREEN

Condition usually managed at home or with advice from your Health Visitor, GP or Pharmacist

## AMBER

You may need to talk to your GP soon or call 111 for advice

## RED

Urgent help required at a hospital

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*Click on the pages above to go straight to the section you need.*

DR. KATE  
TOP TIP

# HOT/FEVERISH CHILD

Babies and young children can often feel hot or feverish. The following pages explain how to check for a fever and what to do if their temperature is high.

## USUALLY MANAGED AT HOME WITH SELF CARE

- Page 6 **A normal temperature**
- Page 7 **Patterns of fever in children**
- Page 7 **Mild fever**



## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

- Page 8 **Higher fever**
- Page 10 **Febrile fits (seizure)**



## WHEN TO SEEK URGENT HELP

- Page 11 **Signs of a possible emergency**



## A normal temperature

- A normal temperature is between 36.3°C and 37.4°C. A temperature greater than this is called a fever which will make your child feel hot
- Fever is a natural and healthy response by the body to fight an infection
- A fever does not harm your child:** there is no benefit to bringing down the fever (although if your child is hot and unhappy, treating the fever will often make them feel better) and it does not reduce the chance of a febrile fit (see page 10).

IF CHILDS TEMPERATURE IS BELOW 36°C  
(MEASURED THREE TIMES IN TEN MINUTES)  
USE TRAFFIC LIGHT TABLE - SEE PAGE 11)



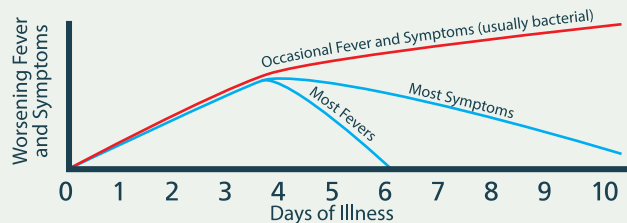
DR. KATE  
**TOP TIP**

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



## Patterns of fever in children

- Most fevers in children are caused by viruses; for example a cold virus or a diarrhoea and vomiting virus. These infections are very common. Most last about a week, but the symptoms of cough, runny nose and slightly loose poos can last up to 2-3 weeks. The fever should settle by the 6th day, with the temperature being at its highest on day 3 or 4 (see graph below).
- Sometimes a child's fever and infection may be due to a bacteria. This is more likely if a child's fever does not settle after 5 days and the child is more unwell (see graph below).
- If your doctor has diagnosed a bacterial infection, they may treat this with antibiotics. Fevers from bacterial infections usually settle after 1-3 days of taking the correct antibiotic. If your child still has a fever after taking 3 days of antibiotics, they should be reviewed by their GP.



## Mild fever



### SELF CARE

- A temperature between  $37.5 - 37.9^{\circ}\text{C}$  is called a mild fever.
- Young children will get lots of viral coughs, colds, rashes and tummy bugs that often cause a mild fever.
- Mild fevers usually settle over a few days and do not need any medicine unless your child is distressed, in which case paracetamol can help (see Fever and medicines on page 9).

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Higher fever (temperature of 38°C or higher)



**SELF  
CARE**



**CONTACT  
YOUR GP**

If your child has a higher temperature, then consider the following advice:

- Offer your child plenty of regular drinks which for a baby means more breast milk/formula milk or for an older child means water or oral rehydration solution (children can also be offered ice lollies).

- Do not sponge your child with tepid or cold water to try and reduce their fever. This causes blood vessels under the skin to become narrower and they lose less heat from their bodies.

- Do not wrap up your child, but keep them in light clothing and bedding.

- Check for signs that your child may be dry (dehydrated): for example, having a dry mouth, no tears, sunken eyes, fewer wet nappies, or little to no urine in 8-12 hours, soft spot on skull looks sunken, much more sleepy than normal (see page 24).

- Check your child for rashes and know what a worrying rash/non-blanching rash looks like (this is a rash that does not fade/disappear with pressure), because it could be a sign of serious illness, (see tumbler test in the section on meningitis/sepsis page 28).

- Check on your child during the night to make sure they are not becoming more unwell.

- Keep your child away from school or nursery while they have a significant fever and/or are distressed.

- Do not automatically give your child medication for a fever, unless they are unhappy or in pain. Use either paracetamol or ibuprofen if required.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111**



UNSURE WHICH  
SERVICE TO USE?  
CALL 111

*111 is the urgent health advice line that can be contacted 24 hours a day, including overnight and at weekends (and it's free even from a mobile).*





## When to seek urgent help



**CALL  
111**

- If your baby is aged 0-3 months and has a temperature of 38°C or higher (see page 11).
- If your baby is 3-6 months and has a temperature of 39°C or higher.
- If your child is unwell and has a temperature less than 36°C (measured three times in ten minutes - see page 11).



**DR. KATE  
TOP TIP**

*Do the tumbler test to help you know if your child's rash could be a sign of serious infection like meningitis (see page 28).*

## Fever and medicines

- You can give your child paracetamol or ibuprofen if they are unhappy when unwell with a fever.
- If your child has a fever, but is not feeling unwell or in pain, there is no need or benefit in treating the fever.
- Paracetamol or ibuprofen work as well as each other, so you should start with one and only use the other if the first has not helped to make your child feel better.
- Read the instructions carefully as paracetamol and ibuprofen come in different strengths and they may be found in other products that your pharmacist sells. ALWAYS tell the pharmacist or doctor what you are currently using. Both are very safe when used correctly.



**TOP TIP**

*It may be easier to give medicines to babies and small children using a syringe. Ask your pharmacist for one.*

## Febrile fits (seizure)



CALL  
111

A few children under 5 years of age will be born more sensitive to a quick rise in temperature and can have a febrile fit (when they become drowsy and their arms and legs jerk repeatedly). Fits can often run in families. If your child were to have a fit, they must be seen at hospital to be checked as soon as possible. The cause of the fever is more important than how high the temperature has been. Treating the fever does not reduce the chances of having a febrile fit.

## When to seek advice



CONTACT  
YOUR GP



CALL  
111

If you are worried about your child's fever, then contact your GP, or contact 111. Both will arrange the most appropriate help for your child (including an appointment with the out of hours GP when your own GP Practice is closed). In an emergency, dial for an ambulance (999).

UNSURE WHICH  
SERVICE TO USE?  
CALL 111

111 is the urgent health advice line that can be contacted 24 hours a day, including overnight and at weekends (and it's free even from a mobile).



## Traffic light table

- Use the traffic light table opposite to help you decide if you need to ask for medical advice or review.



If your child has features in the **GREEN** column and none in the amber or red, they are at low risk of serious illness.



If your child develops any features shown in the **AMBER** column, a doctor should see them within 2 hours. **Contact your GP for an urgent same day appointment or 111 if your surgery is closed.**



If your child **is unwell** and develops any of the features shown in the **RED** column, you should seek medical help immediately, via 111, 999 or A&E.

**Green**  
**Low risk****Amber**  
**Middle risk****Red**  
**Higher risk**

How active is your baby or child?	Smiling and responding normally to you. Normal strong cry with tears visible. Active, waving arms and legs or crawling/walking around.	More difficult to wake up and not interacting with you normally, not smiling or focusing on your face. Abnormal high pitched cry. Poor feeding in babies or reduced drinking.	Extremely sleepy/listless. Not waking up.
Breathing	Breathing normally.	Breathing faster than normal. Flaring of their nostrils. Mild pulling in of muscles between and under ribs.	Very fast breathing, (a breath per second). Strong pulling in of muscles between and under ribs. Bobbing of head with breaths. Abnormal noises/grunting.
Colour and circulation	Normal colour of skin, lips and tongue for your child.	Looking pale. Dry lips and tongue, no tears when crying. Fewer wet nappies/not weeing as often. Sunken soft spot at front of head in babies under 12 months of age.	Looking blue/grey (mottled skin) on skin, lips or tongue. Very cold hands and feet. No wee for longer than 12 hours.
Other features including level of fever		Temperature greater than or equal to 39°C in baby aged 3-6 months. Temperature greater than or equal to 38°C in child aged 6 months - 5 years and other symptoms. Fever lasting longer than 5 days. Red hot or swollen joint, or limping. Rigors (shaking/shivering with high fever).	Temperature greater than or equal to 38°C in baby aged 0-3 months. Temperature less than 36°C (measured 3 times in 10 minutes). Non-blanching rash (doesn't fade on pressure with a glass - see tumbler test page 28). Fits/Seizures.

# COUGHS, COLDS AND NOISY BREATHING

Babies and young children often catch lots of coughs and colds, and their breathing can become noisy. The most common causes are described over the next few pages and many can be managed with self-care at home.

## USUALLY MANAGED AT HOME WITH SELF CARE

Page 12 **Noisy breathing in young babies**

Page 13 **Coughs and colds**



## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

Page 14 **Fluey illness**

Page 15 **Asthma**

Page 16 **Bronchiolitis**

Page 17 **Croup**

Page 18 **When to seek more help**



## WHEN TO SEEK URGENT HELP

Page 19 **Signs of a possible emergency**



## Noisy breathing in young babies



**SELF CARE**



**Y**



**N**

**OFF NURSERY OR SCHOOL?**

- Occasional snorts and grunts in young babies are completely normal and are nothing to worry about.
- Many well young babies in their first 2-3 months can have short episodes where they breathe faster and deeper, then more slowly and less deeply. They can pause and not take a breath for 5 to 10 seconds before starting with the deeper breaths again. This comes and goes and is normal.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## When to seek urgent help from 111



**CALL 111**

- Pauses in breathing that last longer than 10 seconds can be a sign of bronchiolitis or other serious illness in babies less than 3 months old, and they need to be seen by a doctor within 2 hours.

## Coughs and colds



**SELF  
CARE**



**5-10  
DAYS**

**USUAL LENGTH  
OF ILLNESS**



**OFF NURSERY  
OR SCHOOL?**

- Coughs and colds are very common; they last about a week and usually get better on their own. It's normal for young children to get lots of coughs and colds. The average is 8 to 10 each year until they are 5 years old. Most colds and coughs occur in the winter, so your child may catch a new virus every 3 to 4 weeks. It may seem like they are never without one!
- Viruses are passed from person to person by sneezing and coughing. Children come across lots of different viruses when they mix with other children and adults at home, playgroups and school. This is how young children learn how to fight infections (build immunity) so that as they get older, they get fewer coughs and colds.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Symptoms of a simple cough and cold

- A runny nose (usually with clear snot and then often yellow/green after 2-3 days)
- Sneezing
- Coughing
- A fever that can go on for 5 days
- Eating and drinking less than usual
- Sometimes a sore throat and sore eyes.



### HOW TO HELP:

- Give plenty of their normal drinks. If they usually have fruit juice, this can help fight colds.
- Make sure they get lots of rest.
- If your child is unhappy, miserable and hot, then you can give paracetamol or ibuprofen. Never use aspirin.
- Keep them away from cigarette smoke which makes them more likely to suffer with their coughs and colds.

**DR. KATE  
TOP TIP**

**Stop passing them on!**  
Germs spread easily. Follow these 3 easy steps to stop passing them on.



**Catch it**  
Use tissues to catch coughs and sneezes



**Bin it**  
Get rid of the tissues straight away



**Kill it**  
Wash away the germs with soap and water

## Do I need to see a GP if my child has Green Snot?

- No, there is no need for your child to see a doctor just because they have Green Snot as part of their cough and cold.
- Green Snot can run down the back of the throat and cause a cough when your child has a cold. The green colour does not mean an antibiotic is needed: it is simply a sign that the body is fighting the infection.
- Your child's symptoms of runny nose and fever will often be at their worst on day 3 to 4 of their infection before they start to get better.
- Children with coughs and colds usually get better within 7-10 days.
- Half of all children will cough for 2 weeks, and a quarter for 3 weeks, but they should be otherwise well and their cough will get a bit better each day.



## Fluey illness



**SELF CARE**



**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**



**CONTACT YOUR GP IF THE PROBLEM DOESN'T SETTLE**

Your child should remain off school or nursery until they feel well enough to return.

- Occasionally young children have more than a simple cough or cold. Flu comes on very quickly, faster than a cold, and your child will have a high fever, all over body aches and they can be more unwell than they are with a simple cough and cold.
- Your child can be helped by giving them plenty of fluid and encouraging them to rest. Paracetamol or ibuprofen can help any pain or fever they may have.
- Your child can be protected from fluey illnesses by having a flu vaccination which is part of the Childhood Immunisation Programme. Your child should also receive vaccines which help lower the chance of them getting other serious infections such as measles and several types of pneumonia and meningitis. Ask your Health Visitor or GP about these.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111**



## Asthma



**SELF  
CARE**



**OFF NURSERY  
OR SCHOOL?**



**CONTACT YOUR GP IF THE  
PROBLEM DOESN'T SETTLE**

- Asthma is a long term condition that affects the small tubes that carry air in and out of the lungs.
- It is more common in children who also have hay fever, eczema or allergies or in families with these conditions.
- When asthma flares up, the airways make mucus and become swollen and the chest feels 'tight'.
- The main symptoms are wheeze (a whistling sound on breathing out), cough and being out of breath.
- Children under 2 years of age whose airways are not fully developed can sound wheezy with viral colds, but this does not mean they have asthma.
- If you are concerned that your child may have asthma, please see your GP about making the diagnosis.

- Asthma can affect your child in 2 ways:

1. Intermittent symptoms of cough or wheeze at night or with running around.
2. An asthma attack, when symptoms suddenly get worse, often caused by a trigger such as animal fur, cigarette smoke, exercise in cold weather, viral infections. Your child may be very unwell and find it very hard to breathe.

- If a diagnosis of asthma is made, your child will be given inhalers and a written asthma management plan which tells you what to do if the asthma is worse and what to do in an emergency.
- A 'spacer device' can make it much easier for your child to use their inhaler. Ask your GP for one.



**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR GP OR CALL 111**



## Bronchiolitis



**SELF  
CARE**



**USUAL LENGTH  
OF ILLNESS**



**OFF NURSERY  
OR SCHOOL?**



**CONTACT YOUR GP IF THE  
PROBLEM DOESN'T SETTLE**

Unless too unwell to attend.

Bronchiolitis is a viral infection that affects babies and children up to age 2 years during the winter months. 1 in 3 babies have it by their first birthday.

It starts with symptoms of a 'cold', with sneezing, a runny nose blocked with mucus (snot) and a 'musical' sounding cough.

After 2-3 days the lungs also make mucus, so your baby will sound like 'a coffee machine' because their chest is full of funny rattles and wheezes which make it harder for them to feed.

If your child is unhappy with the cough and has a fever, paracetamol or ibuprofen can be given.

Most bronchiolitis is MILD and your baby's breathing and reduced feeding will be much better after 5 days.

Your baby may still sound like a 'coffee machine' for 3 more weeks, but they will usually be happy and feeding well.

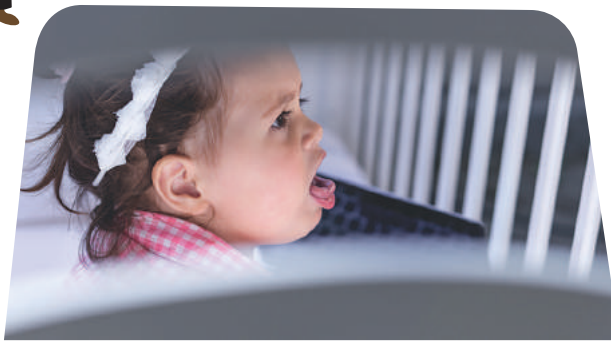
Only 3 out of every 100 children ever need to go to hospital. The babies at the most chance of needing admission to hospital are those under 3 months of age, those born very prematurely (less than 32 weeks), or children with cystic fibrosis, heart or muscle problems such as cerebral palsy.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR GP OR CALL 111**



**DR. DAVID  
TOP TIPS**

*When your baby is tired and struggling to feed because of their breathing, feeding for a shorter period of time but more frequently can help them to get enough milk.*





## Croup



**SELF  
CARE**

**5-7  
DAYS**

**USUAL LENGTH  
OF ILLNESS**

☐ Y

☒ N

**OFF NURSERY  
OR SCHOOL?**



**CONTACT YOUR GP IF THE  
PROBLEM DOESN'T SETTLE**

- Croup is a viral infection causing swelling of the voice box which gives it the typical barking seal-like cough and hoarse, croaky voice. The swelling occasionally affects your child's breathing.
- Your child may have a raised temperature - a dose of paracetamol or ibuprofen can help.
- Croup can start with your child suddenly sitting up in bed with a barking cough, but often starts as a cold and cough a day or two before the seal bark cough begins.
- The loud barking cough can be very upsetting and you and your child may not get a lot of sleep for a few nights.
- A loud barking cough only (**without stridor**) tells us that there is good movement of air in and out of your child's lungs and although it can sound and be distressing, your child will be getting plenty of air to their lungs. See Top Tip for how to help settle your child.
- Croup lasts 5-7 days and your child is usually at their worst on the 2nd or 3rd night. Their cough can sound croupy for a couple of weeks.

- Give them plenty of fluids or ice pops/lollies to suck on.
- An old wives tale was that steam helped croup, but this has been shown not to be true. Don't steam therefore, as there is no benefit and there is a risk of scalding!
- **Stridor** is a high-pitched rasping sound made on **breathing in** which can mean that the swelling of the voice box is more than that causing the barking cough. If your child develops a **stridor only** when they are very upset, or they are breathing a bit faster than their usual (but less than a breath per second) or are unable to get any sleep at all - then steroid medication from your GP the next day can be helpful for the following night. See Top Tip below for how to settle your child.

**However, if the stridor is present when your child is calm, not just when upset, then you should seek help straight away (see page 19)**

- You can get croup more than once.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR GP OR CALL 111**



**DR. KATE  
TOP TIP**



*Calm your child by staying with them and perhaps reading them a story or watching a DVD, as this helps settle their breathing which can be worse when they are upset. Children often find it better to be comforted sitting up.*

## Smoking and your child's health

Most of us know that smoking is not good for our health, but it also affects our children. Children who breathe in cigarette smoke are more at risk of many illnesses including those listed here:

- Coughs, colds and ear infections
- Asthma and asthma attacks
- Serious chest infections
- Cot Death (Sudden Infant Death/SIDS)  
- risk doubled
- Meningitis

If you would like help to stop smoking call:

**0800 022 4332**  
[www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)



*While trying to stop smoking, smoke outside and wear a jacket that you remove when indoors to reduce the smoke clinging to your clothes and affecting your child's lungs.*

DR. KATE  
**TOP TIP**

## When to contact your GP or out of hours GP via 111



**CONTACT  
YOUR GP**



**CALL  
111**

### If your child

- is breathing faster than usual
- has flaring of their nostrils, is sucking in their chest between their ribs or bobbing their head which means they are working harder to breathe
- is drinking less than half of their usual fluids or has no wet nappies for 12 hours
- is age 3-6 months and has a temperature of 39°C or more
- has a fever lasting longer than 5 days
- has a cough which is getting worse after a week
- has croup which is affecting their breathing, or causing them to make a high-pitched rasping sound when they're upset and when breathing in (known as stridor)
- has asthma but is still breathless despite using inhalers.



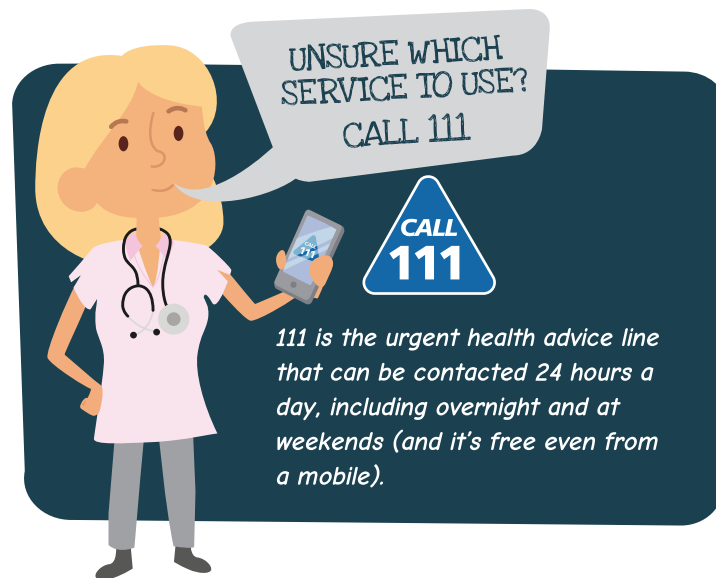
## When to call 999



**CALL  
999**

### If your child

- is struggling to breathe and breathing more than 60 breaths per minute at any age under 5 years (1 breath every second)
- has croup, and cannot breathe lying down and/or if the stridor noise is there even when your child is calm
- is grunting (an 'effort' noise with every breath in)
- has caving in of their chest with every breath
- has pauses in breathing lasting longer than 10 seconds, especially if under 3 months of age
- looks very pale and lips are blue or your child is floppy and exhausted/difficult to wake up
- is under 3 months of age and has a temperature over 38°C
- has a rash that doesn't fade with pressure (see tumbler test on page 28).



# BEING SICK, RUNNY POOS AND TUMMY ACHES

Babies and small children often get sick and have bad tummies. The most common causes are described over the next pages, and many can be managed with self care at home.

## USUALLY MANAGED AT HOME WITH SELF CARE

- Page 20 **Possetting and Reflux**  
*See - Your baby is bringing up milk feeds without any effort*
- Page 21 **Toddler diarrhoea**
- Page 21 **Gastritis and gastroenteritis**  
*See - Being sick and having lots of very runny poos*
- Page 23 **Coughs, Colds and Sore Throats**  
*See - Reasons for Tummy ache other than a viral tummy bug*
- Page 23 **Colic**  
*See - Reasons for Tummy ache other than a viral tummy bug*
- Page 23 **Constipation**  
*See - Reasons for Tummy ache other than a viral tummy bug*



## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

- Page 23 **Cows Milk Allergy (CMA)**
- Page 23 **Urinary Tract Infection (UTI)**
- Page 23 **Appendicitis**
- Page 24 **When to seek more help**



## WHEN TO SEEK URGENT HELP

- Page 24 **Signs of a possible emergency**



## Your baby is bringing up milk feeds without any effort



SELF  
CARE



OFF NURSERY  
OR SCHOOL?

- It is common and normal for babies to bring small amounts of milk up without any effort after feeding (**possetting**), especially in the early months when they are getting used to feeding and the muscles in their gullet (feeding tube) are growing.



- Some babies bring up larger amounts of milk than possetting, again without any forceful effort after feeds and can seem a bit uncomfortable/niggly during or after a feed. This is called **reflux** and usually settles by itself.
- You can help reflux by feeding slightly smaller amounts, more often and keeping baby upright after a feed.

IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP



## Toddler Diarrhoea



**SELF  
CARE**



**Y**



**N**

**OFF NURSERY  
OR SCHOOL?**

- Some children aged one to five often pass smelly, loose poos that may contain recognisable foods, such as carrots and peas. These children are healthy and are growing normally. This is known as **toddler diarrhoea**. It does not need any treatment and usually settles after a few months.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Being sick (vomiting) and lots of very runny poos (diarrhoea)



**SELF  
CARE**

**3-7  
DAYS**

**USUAL LENGTH  
OF ILLNESS**



**Y**



**N**

**OFF NURSERY  
OR SCHOOL?**

- If your baby or young child is suddenly being sick and seems poorly, they are most likely to have a tummy bug causing vomiting only (**gastritis**), or vomiting and diarrhoea (**gastroenteritis**).
- The most common cause of gastroenteritis is a viral infection. These viruses are caught and passed on easily.



The first signs are usually the child feeling sickly and off their food, then suddenly vomiting. They may also start with runny poos.

Children with gastroenteritis may complain of tummy cramps and mild fever, which can be helped with paracetamol.

Children with gastroenteritis may also become dry. Babies under 6 months have the greatest chance of becoming dry (see page 22).

Although most viruses have gone after 5 days, poos can take a further week to get back to normal. During this time your child will be back to their usual self and they are ok to go back to nursery or school.

**HEALTH VISITOR  
TOP TIP**

### Prevent diarrhoea and vomiting spreading by

- Using separate towels for your child
- Reminding everyone in the family to wash their hands after using the toilet and before eating
- Keeping away from others, especially children, who may pick up the infection for 48 hours after the last episode of diarrhoea or vomiting
- Not allowing children to swim in swimming pools for two weeks after the last episode of diarrhoea.

## What are the signs of being dry (dehydration)?

- Very dry lips, tongue and mouth
- No tears
- No wet nappy for 6 hours if under one year old
- No wee for 12 hours if 1-5 years old
- Urine very strong and dark yellow
- Sunken (dipped in) soft spot on top of baby's head.

SEE PAGE 24 FOR SIGNS OF MORE SERIOUS DEHYDRATION



### DR. KATE TOP TIP

*If your child has a wet tongue and tears they are only a little bit dry even if they have less wet nappies.*



## Most dehydrated children can be looked after at home

**If your baby or child is a little dry, there are lots of ways you can help them at home:**

- Give them frequent, regular drinks, avoiding fruit juice or strong squash as these can make poos more runny.
- Breast/bottle feed more often, but for a shorter time, as your baby is more likely to keep down smaller volumes of milk.
- In older children, give plenty of fluids, but in much smaller amounts (about 30 mls), every 5-10 minutes.
- Oral rehydrating solutions (ORS) are available from your pharmacist and GP. These come in pre-measured sachets to mix with water (1 sachet per 200ml of water; cooled boiled water if your baby is less than 6 months).
- If your child has a fever, tummy cramps and is unhappy, paracetamol can help.
- If your child wants to eat, give small amounts of plain foods like bread, pasta or boiled rice but nothing rich or salty.
- DO NOT give anti-diarrhoea drugs, as they can be dangerous in children.

### DR. DAVID TOP TIP

*Give your child much smaller amounts of fluids, but much more often because small amounts little and often are more likely to be kept down. You can try ice-lollies or oral rehydrating solution.*



IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP



## Reasons for tummy ache other than a viral tummy bug

### Coughs, Colds and Sore Throats



**SELF CARE**

**4-7 DAYS**

**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**

Young children with sore throats and colds can sometimes have tummy ache because as well as the glands in their necks fighting the infection, glands in their tummies can 'ache in sympathy'.

### Colic



**SELF CARE OR SEE HEALTH VISITOR**



**OFF NURSERY OR SCHOOL?**

Colic is common in babies from a few weeks old till about 4 months of age. From late afternoon into evening babies with colic frequently cry, drawing their legs up and may have a very windy bottom! Many babies settle with movement e.g. being taken out in the pram or car often helps, as can rubbing their tummies and a warm bath.

### Constipation



**SELF CARE OR SEE HEALTH VISITOR**



**OFF NURSERY OR SCHOOL?**

Children with constipation can often have tummy cramps (see page 25).

### Cows Milk Allergy (CMA)



**CONTACT HEALTH VISITOR OR GP**

CMA can cause tummy symptoms. It is covered in more detail within the allergy section on page 35.

### Urinary Tract Infection (UTI)



**CONTACT GP**

UTI is more likely if your child is constipated and if there is a family history of reflux of urine.

Babies and young children may be off feeds, have a fever, be vomiting or be generally unwell. Older children may have fever, tummy ache, wetting self, stinging wee and going for wees more often.

### Appendicitis



**CALL 111**

Inflammation of the bowel appendix is very uncommon under age 5 years. It presents with severe pain, often around the belly button, moving to right side of tummy over 24 hours. Your child may want to stay still rather than move about and may have fever, vomiting and no poos.

## When to contact your GP or out of hours GP via 111



**CONTACT  
YOUR GP**



**CALL  
111**

### If your baby or child

- has not been able to hold down any fluids for the last 8 hours or you think they are very dehydrated/dry (see page 22)
- is complaining of tummy pain and is having lots of wees or stinging when having a wee (possible cystitis/urine infection), or blood or mucus in the poos
- is under 3 months of age and the vomiting is 'projectile' (very forceful and the vomit travels several feet)
- has severe tummy pain, especially if they prefer to lie still and if puffing their tummy 'out and in' causes severe pain
- has a high fever and tummy ache.

## When to call 999



**CALL  
999**

### If your baby or child

- is floppy, irritable or very drowsy
- has a non-blanching rash - a rash that does not fade on pressing with a glass tumbler (see tumbler test page 28)
- has severe stiffness or pain bending their neck e.g. when trying to put their chin on their chest

UNSURE WHICH  
SERVICE TO USE?  
CALL 111



*111 is the urgent health advice line that can be contacted 24 hours a day, including overnight and at weekends (and it's free even from a mobile).*



# CONSTIPATION

Constipation is very common in children and babies. They may strain and have difficulty passing very hard poos, and may pass them much less often than normal.

## USUALLY MANAGED AT HOME WITH SELF CARE

- Page 25 **How often should a child have a poo**
- Page 26 **Choose your poo!**
- Page 27 **Signs of Constipation**
- Page 27 **What to do if your child starts to get constipated?**



## How often should a child have a poo?

- This is different for every child. Young babies can have lots of poos each day. Breast fed babies have 5 to 40 poos in a week and bottle fed babies 5 to 28 poos in a week. Constipation is more common in formula fed babies - it's important to make formula the right strength (as on the packet) because if it is too strong, this can cause constipation.
- Many babies will go a bit red in the face and grunt and strain when having a poo, but if the poo is soft, it is normal and not constipation.
- Some children will have 3 poos every day, others 1 poo a day and some might only have 3 poos in a week. All are normal. If there is blood or slime in the poo, or your child is straining to poo, or not gaining weight speak with your Health Visitor or GP.
- From 12 months babies should stop having a poo in their sleep (sign of constipation).



DR. KATE  
**TOP TIP**

*If your child is given laxatives by your GP, use them for twice as long as your child has been constipated.*

## Choose your poo!

There are different types of poo:



### 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 4 poo like "a soft snake or sausage" - not too hard or too loose.
- Babies' poos can be more runny like Type 5.
- If your child's poos are Type 3 and look like "corn on the cob", then this is ok but may be the start of mild constipation, so this is the time to stop things from getting worse.
- If poos are like a bunch of grapes (Type 2) or rabbit droppings (Type 1), then your child is constipated.

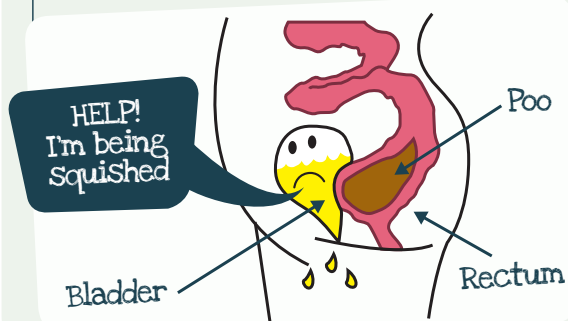
## Why does it happen?

- Constipation happens when there is not enough liquid or fibre in their poos. Fibre is found in fruit and vegetables and wholegrain cereals.
- It can happen if your child has become a little 'dry' (dehydrated) when poorly with a fever and had less to eat and drink, which makes their poos hard.
- Milk is important for strong bones and teeth, and for energy. Milk and dairy products tend to be more constipating than fruit, vegetables and non sugary cereals which are full of fibre and help with fluids to make poos soft and easy to pass.
- If a child eats a good mix of different types of food and has plenty of water as well as milk then they are much less likely to get constipated.



## Signs of Constipation

- Constipation causes tummy cramps, smelly pumps, full-looking firm tummies, and the child may be generally 'under the weather'.
- Extra large size poos!
- Accidental loose poos (Type 7 - after passing Type 1's or 2's) causing soiling of underwear. This happens because looser poos run around large hard lumps of poo.
- Children who are trying to not have a poo will 'dance' around on tippy toes trying to keep the poo in.
- Urine infections or bed wetting because constipated poos squeeze the child's bladder.



## What to do if your child starts to get constipated

- If your child starts to have harder poos, increase the amount of liquids they drink; offer young babies over 6 weeks old cooled boiled water between their milk feeds, and if over 6 months old, increase fluids and the amount of fruits, vegetable and cereals they eat.
- Massaging your child's tummy in a clockwise direction can help - ask your Health Visitor for advice.
- If all this does not help your child's constipation, then laxatives can be given. These don't make the bowel 'lazy'. Chat with your Health Visitor or GP.
- It is important to get their bowels moving because otherwise the discomfort of having a poo could put your child off trying, making their constipation and possible soiling even worse.
- Encourage your child to sit on the potty or loo to help them feel more comfortable and relaxed about opening their bowels (ideally 20 minutes after each meal). Use of a seat insert and step for feet can help.
- Moving around helps food move through the bowel, so, if able, make sure your child has lots of physical activity which helps prevent constipation and obesity and is good for their general health and development.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



# MENINGITIS AND SEPSIS

Rarely, babies and young children can become seriously ill with meningitis and/or sepsis. The possible symptoms and signs of these serious illnesses are described below.

**Meningitis** is a serious illness due to infection and swelling of the meninges, the protective outer covering of the brain and spine.

**Sepsis** happens when the body's defence system (immune system) gets out of control when fighting an infection such as meningitis, a severe pneumonia of the lungs or urine infection. The body's defences then cause serious harm and injury to body tissues and organs.

## When my child is no longer just 'poorly' but 'seriously ill'

Meningitis and sepsis can occur together, and the early signs can be like those of any other simple cough, cold or tummy bug. This is why it's important to check regularly on your baby or child when they're unwell to see if they're getting worse.

Anyone can get meningitis and sepsis, but children under 5 years of age and especially babies under 12 months are at greater risk because their defence system (immunity) is still developing.

## Performing the tumbler test



- 1 If there is a rash, press the side of a clear tumbler against it.
- 2 If, through the glass, the rash does **NOT** change colour contact a doctor immediately.
- 3 If the rash **DOES** fade and loses colour under pressure it is unlikely to be meningitis.
- 4 Do the test every hour as, in rare cases, the rash can change.

Meningitis  
**now**

[www.meningitisnow.org](http://www.meningitisnow.org)




## Signs of meningitis or sepsis

- Rash that doesn't fade (non-blanching) see above
- unwell with a low temperature (**less than 36°C - measured three times in ten minutes**)
- a weak high-pitched cry
- any other **RED** signs from the traffic light table opposite .....



## IMPORTANT

*Call 999 in all suspected cases of Meningitis or sepsis*

	 <b>Green</b> <i>Low risk</i>	 <b>Amber*</b> <i>Middle risk</i>	 <b>Red</b> <i>Higher risk</i>
<b>How active is your baby or child?</b>	<p>Smiling and responding normally to you.</p> <p>Normal strong cry with tears visible.</p> <p>Active, waving arms and legs or crawling/walking around.</p>	<p>More difficult to wake up and not interacting with you normally, not smiling or focusing on your face.</p> <p>Abnormal high pitched cry.</p> <p>Poor feeding in babies or reduced drinking.</p>	<p>Extremely sleepy/listless.</p> <p>Not waking up.</p>
<b>Breathing</b>	<p>Breathing normally.</p>	<p>Breathing faster than normal.</p> <p>Flaring of their nostrils.</p> <p>Mild pulling in of muscles between and under ribs.</p>	<p>Very fast breathing, (a breath per second).</p> <p>Strong pulling in of muscles between and under ribs.</p> <p>Bobbing of head with breaths.</p> <p>Abnormal noises/grunting.</p>
<b>Colour and circulation</b>	<p>Normal colour of skin, lips and tongue for your child.</p>	<p>Looking pale.</p> <p>Dry lips and tongue, no tears when crying.</p> <p>Fewer wet nappies/not weeing as often.</p> <p>Sunken soft spot at front of head in babies under 12 months of age.</p>	<p>Looking blue/grey (mottled skin) on skin, lips or tongue.</p> <p>Very cold hands and feet.</p> <p>No wee for longer than 12 hours.</p>
<b>Other features including level of fever</b>		<p>Temperature greater than or equal to 39°C in baby aged 3-6 months.</p> <p>Temperature greater than or equal to 38°C in child aged 6 months - 5 years and other symptoms.</p> <p>Fever lasting longer than 5 days.</p> <p>Red hot or swollen joint, or limping.</p> <p>Rigors (shaking/shivering with high fever).</p>	<p>Temperature greater than or equal to 38°C in baby aged 0-3 months.</p> <p>Temperature less than 36°C (measured 3 times in 10 minutes).</p> <p>Non-blanching rash (doesn't fade on pressure with a glass - see tumbler test page 28).</p> <p>Fits/Seizures.</p>

\*If your child is 'Amber' contact your GP for an urgent appointment or call 111 if they are closed

# RASHES IN BABIES AND CHILDREN

Most rashes don't need to be seen by a doctor, but if you want to see the health visitor, nurse or GP, it's best to phone before your visit so that the GP Surgery can make arrangements to reduce the risk of spreading any possible infection to others in the waiting room.

There are well-known viral rashes, such as chicken pox. However, many viruses can cause a rash which is not specific or characteristic enough to say which virus has caused the rash out of the many hundreds of different viruses that exist. These infections are rarely serious and the rash will fade/get lighter (blanch) when pressed on as in the tumbler test (see page 28).

## USUALLY MANAGED AT HOME WITH SELF CARE

- Page 30 **Nappy rash**
- Page 31 **Chicken pox**
- Page 32 **Dry skin patches (eczema) | Hand, Foot and Mouth**
- Page 33 **Molluscum contagiosum | Warts**

## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

- Page 33 **Impetigo**
- Page 34 **Scarlet fever | Measles**

## WHEN TO SEEK URGENT HELP

- Page 34 **Meningitis**

## Nappy rash



**SELF CARE**

**2-3 DAYS**

**USUAL LENGTH OF ILLNESS**

**Y**

**N**

**OFF NURSERY OR SCHOOL?**

- Nappy rash affects about a third of all babies and appears as patches on the bottom, which can become sore. The skin folds are not affected.
- It is caused by babies' sensitive skin under the nappy being irritated by wee or poo, soaps and bubble bath, or even the nappy simply rubbing on your babies skin. If the baby's nappies aren't changed often enough, then this can also cause nappy rash.
- Nappy rash usually clears up after a few days of gentle cleaning with water and cotton wool or alcohol/fragrance-free wipes (from front to back), twice daily bathing, exposing their bottoms to the air as much as possible, use of barrier cream and avoiding soaps, bubble bath and talcum powder.
- If the rash doesn't settle or if there are red spots and your babies skin folds are red, they may have nappy rash or 'thrush'. Speak to your Health Visitor or Pharmacist who may have cream that can help.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Chicken pox



**SELF  
CARE**

**7  
DAYS**

**USUAL LENGTH  
OF ILLNESS**



**OFF NURSERY  
OR SCHOOL?**

Stay off school /nursery until all the spots have crusted over (5-7 days).

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

**For itchy skin:** Apply calamine lotion, cooling gels (available in pharmacies and supermarkets). You can also use a handful of bicarbonate of soda in a luke-warm bath. Keep your child's nails short. An antihistamine medicine from the pharmacy can also lessen the itching.

**For fever:** If your child is unhappy with fever then use paracetamol at the recommended dose. **Avoid ibuprofen** as this can sometimes cause skin reactions in children with chicken pox. Never use aspirin.

- Chicken pox is highly infectious, (from 3 days before the rash begins until all spots have crusted over), so avoid contact with anyone with no known history of chicken pox themselves, new-born babies and anyone with a weak immune system, such as people who are having chemotherapy (a treatment for cancer) or taking daily steroid tablets.
- There is usually no need to see a doctor. Very occasionally chicken pox can cause more serious symptoms. If you are worried that your child is quite unwell (see traffic light chart on page 11), please contact your GP or 111.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



**DR. KATE  
TOP TIP**

*For itchy skin apply calamine lotion, cooling gels. You can also use a handful of bicarbonate of soda in a luke-warm bath.*

## Dry skin patches (eczema)



**SELF  
CARE**



**Y**

**N**

**OFF NURSERY  
OR SCHOOL?**

Babies and young children can get patches of dry and roughened skin, which is called eczema. These patches can be anywhere on the body, but especially in skin creases, elbows and the back of knees.

Most babies grow out of baby eczema, but some children will continue with eczema throughout childhood. This is more likely if there is a child or family history of eczema, asthma, hay fever and allergies.



The treatment is to prevent the skin becoming dry by using moisturisers, ointments and creams (emollients), and by avoiding soaps.

Sometimes the skin becomes very red and may need steroid creams. Discuss this with your Health Visitor or Pharmacist. Occasionally your GP will need to prescribe stronger steroid ointments or antibiotics if the skin becomes infected (suggested by yellow crusting).

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Hand, Foot and Mouth



**SELF  
CARE**

**7-10  
DAYS**

**USUAL LENGTH  
OF ILLNESS**



**Y**

**N**

**OFF NURSERY  
OR SCHOOL?**

unless child feels too unwell to attend

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.

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



Give your child plenty of fluids, and because your child's mouth may be sore, offer soft non-spicy/salty foods such as mashed potato, yoghurt, soup, ice cream and ice pops.

If your child is unhappy with a mild fever, sore mouth and throat, give them paracetamol or ibuprofen at the recommended dose for their age.

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

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**





## Molluscum contagiosum



**SELF CARE**

**2-18 MONTHS**

**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**

- Molluscum contagiosum is a harmless virus that usually goes in a few months.
- There is no need to avoid swimming, but larger spots can be covered up with a plaster or swimsuit.
- Scratching the spots can make them more likely to spread. If the skin around them is dry and itchy, then apply a simple moisturiser.
- The spots often go very red just before they disappear.



## Warts



**SELF CARE**

**6-18 MONTHS**

**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**

- Warts are a common skin infection caused by the wart virus. A verruca is simply the name for a wart on the foot.
- They will go eventually after several months and do not need treatment (in fact trying to treat them can be quite uncomfortable).



- If there are very many warts or they're painful, then you should see your GP.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Impetigo



**CONTACT YOUR GP**

**7-10 DAYS**

**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**

Stay off school/nursery until all sores have dried up or been on treatment for 48 hours.

- Impetigo is a common and very contagious bacterial skin infection that causes sores and blisters.
- Not usually serious, improves within a week of treatment.
- Although impetigo usually gets better without treatment in two to three weeks, treatment with antibiotic cream or medicine speeds recovery to 7-10 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.



**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111**



## Scarlet fever



**CONTACT  
YOUR GP**



**10  
DAYS**

**USUAL LENGTH  
OF ILLNESS**

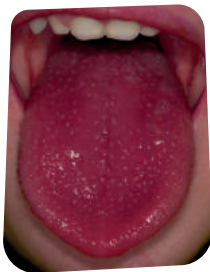


**Y N**

**OFF NURSERY  
OR SCHOOL?**

Stay off school/nursery until been on treatment for 24 hrs.

- Scarlet fever is a bacterial infection, which causes a very sore throat, high temperature (38°C or above), flushed face and strawberry tongue. A pink-red rash develops 12 to 48 hours later.
- Red blotches are the first sign of the rash, which then becomes a fine pink-red rash that feels like sandpaper to touch and looks like sunburn. The rash may be itchy.
- In milder cases, sometimes called scarlatina, the rash is the only symptom.
- See your GP as soon as possible if you think you or your child has scarlet fever, so they can confirm a diagnosis and prescribe antibiotics (10 day course).



## Measles



**CONTACT  
YOUR GP**



**7-10  
DAYS**

**USUAL LENGTH  
OF ILLNESS**



**Y N**

**OFF NURSERY  
OR SCHOOL?**

Stay off school/nursery for 4 days from the onset of the rash.

- 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 vaccination.

- It can cause cold-like symptoms, such as a runny nose, sneezing, and a cough as well as sore red eyes (that may be sensitive to light), and a high temperature (around 40°C).
- There may be small grey-white spots on the inside of the cheeks.
- A few days later, a red-brown blotchy rash will appear - usually on the head or neck, before spreading downwards to the rest of the body.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T  
SETTLE, SPEAK TO YOUR GP OR CALL 111**



## Meningitis



**CALL  
999**

- A non-blanching rash (a rash that does not fade on pressure) may be a sign of meningitis (see page 28 for Performing the Tumbler Test).

**If you strongly suspect your child has  
meningitis you should call 999.**

# ALLERGIES AND ALLERGIC REACTIONS

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 and medicines.

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

## Symptoms of an immediate reaction (appearing within a few minutes)

- Red itchy rash around the mouth
- Runny nose and sneezing
- Swelling of the lips and face including eyelids (see **When to seek urgent help**)
- Red itchy lumps in the skin (hives/nettle-sting rash).

IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111



DR. KATE  
**TOP TIP**

*Anti-histamine medicine can help relieve these symptoms and is available from your Pharmacist.*

## When to Seek urgent help from 999



**CALL  
999**

Very rarely babies and children can get severe swelling of their lips, tongue and throat which can cause them to have noisy breathing, struggle to breathe, and go pale and floppy. This is called **anaphylaxis** and is an **EMERGENCY** situation for which you should call 999.

## Symptoms of a delayed reaction (appearing after 2 to 48 hours)

These symptoms are very different to the immediate allergic reaction, **and include:**

- eczema (dry areas) of the skin
- severe reflux of milk
- regular diarrhoea or constipation
- blood in the poo
- colic (see page 23)
- poor weight gain

These symptoms can also occur for many other reasons, which can make delayed allergic reactions difficult to detect.

**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111**



## Cow's Milk Allergy (CMA)

Cow's Milk Allergy is a specific allergy found in babies and young children. It is much more common in formula-fed babies (5 in every 100 babies) compared to breast-fed babies (less than 1 in every 100 babies) because formula milk is made from cow's milk.

The symptoms of CMA are those of a delayed allergic reaction (see page 36).

CMA sometimes occurs in breast-fed babies if they eat or drink even a little bit of cow's milk protein e.g. in mum's breast milk if she drinks cow's milk, or when weaned onto solids that contain cow's milk.



Although children usually grow out of CMA by 5 years of age, it can cause troublesome symptoms in those early years, which means it is important to detect and treat it sooner rather than later.

If you're worried your baby may have a possible problem with cow's milk you should talk to your Health Visitor or GP. Cow's milk contains many important substances that are difficult to find in other foods and milks, so don't stop giving your baby cow's milk until you have spoken to a health professional.

If your HV or GP thinks that your baby might have CMA, they will advise you what needs to be done including alternative milks, foods and food supplements. Soya milk is not a suitable replacement and should not be given to children.

# EYE PROBLEMS

Many babies and small children will get sticky or sore eyes at some time or another. The most common causes are described over the next few pages.

## USUALLY MANAGED AT HOME WITH SELF CARE

Page 37 **Sticky eye**

Page 37 **How to clean the eyes**

Page 38 **Conjunctivitis**



## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

Page 39 **When you need more help**



DR. DAVID  
**TOP TIP**

### *How to clean the eyes*

*Use 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 stop water running into the opposite eye and possibly spreading an infection.*



## Sticky eye



**SELF CARE**

**1-2 DAYS**

**USUAL LENGTH OF ILLNESS**



**OFF NURSERY OR SCHOOL?**

- Young babies up to 12 months of age often have 'sticky yellow stuff' collecting in the inner corner of their eyes and eyelashes.
- The whites of their eyes will not be red.
- Babies get 'sticky eye' because of the smaller size of their tear ducts in the inner corner of the eye, which drain tears from the eye. If tears cannot drain away quickly they form a sticky gunk. As babies get older their tear ducts get bigger and their tears drain away easily.
- 'Sticky Eye' does not need any treatment, but the sticky gunk can be cleaned away (see left for top tip on how to clean the eyes).



**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP**



## Conjunctivitis



**SELF  
CARE**



**USUAL LENGTH  
OF ILLNESS**



**OFF NURSERY  
OR SCHOOL?**

### Signs of conjunctivitis:

- Redness and swelling of the 'whites' of the eyes and the eyelids
- The eyes can be very watery, sore and itchy
- A sticky discharge which can be clear or coloured, often worse in the mornings
- Older children may say that their eyes feel sore or 'gritty' or that their eyes feel fuzzy or blurry.

DR. KATE  
**TOP TIP**



***Does my child need to be off school or nursery with conjunctivitis....NO!***

*The Health Protection Agency (who advise about the risks of infection being spread to others) say that children do not need to be off school or nursery with conjunctivitis, and do not need to be getting antibiotic drops before they can return. There is no more reason to keep a child at home than if they had a common cold.*

## Causes of conjunctivitis

- Infections:** Infective conjunctivitis can be due to a virus (with a clear sticky discharge) or a bacteria (with a yellow/green discharge). It often starts in one eye first. It is easily passed from one eye to another and from person to person, so it is important to use separate towels and hand washing and bathe the eyes (see how on page 37).
- Allergies:** Allergic conjunctivitis is due to an allergic reaction to a substance such as pollen or dust. It isn't infectious, and so can't be passed on to others. It is common in children with asthma or hayfever. Both eyes are affected at the same time, and are itchy.
- Irritants:** Irritant conjunctivitis occurs as a result of contact with a substance that irritates the eye, such as chlorine from swimming pools, shampoo, smoke, or a loose eyelash rubbing against the eye.



## Suggested Treatment

- Infective conjunctivitis, viral or bacterial infection, usually doesn't need treatment with antibiotics, because in most cases the symptoms of red eyes and discharge usually clear up by themselves within a week.
- If the eye redness and coloured discharge is worse between day 5-7, then antibiotic eye drops may help in these cases.
- Crusting on lids and discharge can be cleaned away with cotton wool and cooled boiled water. This is also soothing.
- Allergic conjunctivitis can be helped by antihistamine medicine and by avoiding pollen or dust.
- Irritant conjunctivitis will clear up within in a few days as long as the eyes are not still in contact with the irritant.

IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR HEALTH VISITOR OR GP



## When to Contact your GP or out of hours GP via 111 for advice



CONTACT  
YOUR GP



CALL  
111

- If your child's conjunctivitis is getting worse after 7 days
- If your child has had a fever for more than 5 days
- If your child has swelling and redness of the area around the eye 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 a baby is born to a mum who has a sexually transmitted infection such as chlamydia or gonorrhoea (these don't always cause symptoms in the woman so mums may not know that they're infected). It is important to get this treated **as soon as possible** because there is a small possibility of serious complications.





# EAR INFECTIONS

Ear infections are very common in small children age 6 months up to age 3 years especially. As children get older, the inside shape of their ears changes which makes infection less likely.

Infections often happen following a viral cold and cough.

After an ear infection or a simple cold, your child may have a hearing problem due to mucus in the ear (a 'glue ear') which can take 6-8 weeks to clear.

## Symptoms of an ear infection

- Babies and young children often pull or tug on the ear that's bothering them. Older children may say their ear hurts or that they can't hear properly.
- Your baby or child may be hot and unsettled.
- There may be a discharge coming out of the ear, and the ear may feel itchy.

## How to help your child with earache



**SELF CARE**

**3-5 DAYS**

**USUAL LENGTH OF ILLNESS**

☐ Y ☒ N

**OFF NURSERY OR SCHOOL?**

- If your child has earache, with or without fever, you can give them paracetamol or ibuprofen at the recommended dose (available from your Pharmacist). Try one first and, if it doesn't work, try the other one.
- Placing a warm flannel or washcloth over the affected ear may also help relieve pain until the condition passes.
- Use a hat or scarf to cover up the ears when outdoors.



**Dr. DAVID  
TOP TIP**

*Never use a cotton bud to try to clean or unblock an ear – there is a risk of damaging the ear as well as pushing infection further inside.*



## Antibiotics are not usually needed

Antibiotics are not usually necessary or helpful since most infections get better themselves over 3-5 days. In fact, antibiotics sometimes cause side effects such as a rash, vomiting or diarrhoea. There are clear guidelines to help doctors determine if antibiotics might be helpful or not.



## When to Contact your GP or call via 111

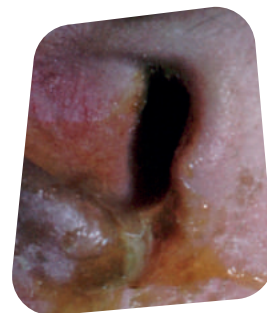


**CONTACT  
YOUR GP**



**CALL  
111**

- If the pain shows no signs of settling after 4 days
- If your child still has a fever after more than 5 days
- If your child is having regular paracetamol or ibuprofen and is still in a lot of pain
- If pus or fluid is discharging from their ear
- If you notice a smell from the ear or you think your child has put something in their ear
- If your child has a serious health condition such as cystic fibrosis or was born (congenital) with a heart disease that makes them more at risk of complications.



**IF YOU'RE UNSURE, OR IF THE PROBLEM DOESN'T SETTLE, SPEAK TO YOUR GP OR CALL 111**



# TEETH AND TEETHING

## USUALLY MANAGED AT HOME WITH SELF CARE

Page 42 **How to look after your children's teeth to stop them getting rotten**

Page 43 **Teething**

Page 43 **Seeing a dentist for the first time**



## WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

Page 44 **What is Tooth Decay?**

Page 44 **What should I do if my child has toothache or damages their teeth?**

Page 44 **When to seek urgent help**



## How to look after your children's teeth to stop them getting rotten



### SELF CARE

- Children should have their teeth brushed for 2 minutes twice a day, morning and night. Download free 'Brush DJ' app from NHS app library for advice and 2 mins. of music to help brushing.
- Remember to 'spit don't rinse' at the end of brushing.
- Children up to age 7 should have their teeth brushed for them or be supervised by a parent or carer.
- Use a thin smear (under 3 years) and pea-sized amount (over 3 years) of toothpaste with at least 1000ppm fluoride (ask dentist/pharmacist if unsure).
- Whole pieces of fruit and unsweetened milk have natural forms of sugar and don't cause decay.
- Sugar (causing decay) is found in lots of food/drink (including 'healthy foods' like fruit juice and yoghurt), check ingredients for things ending in 'ose', such as glucose and corn syrup which are all sugars.
- Your child should only have sugar four times a day including meals and drinks; three meals and one extra snack containing sugar and only water or milk to drink except at meal times.



### Dr. KATE TOP TIP

*If your child has sweets as a treat, it's better for their teeth if they eat them as their one extra sugary snack in the day instead of spreading them out into lots of smaller snacks throughout the day.*

## Teething

Most babies start to get their first teeth between 4-9 months of age (teething). Some babies don't have any symptoms, but others can have discomfort.

Common signs of teething are:

- dribbling more
- biting/gnawing/chewing on everything!
- flushed cheeks, red looking gums, being unsettled/grumpy
- a red sore nappy area (see page 30)

Teething rings that are safe for your baby to chew on can help your baby's gums feel better. Some teething rings can be cooled in the fridge (which feel nice to bite on) but NEVER put them in the freezer, as this can cause an ice burn to your babies mouth!

If your baby doesn't like teething rings, then a hard toy is ok, as long as it doesn't have bits that can break off and be swallowed!

Babies 6 months or older can chew on hard foods such as raw carrot or bread-sticks. REMEMBER to stay with your child when they are eating as there is a risk of choking (see page 50).

### TOP TIP

*Once your baby is 4 months old, you can rub a sugar free teething gel onto their gums which helps numb the discomfort. You can also give your baby or child sugar free paracetamol or ibuprofen.*

## Seeing a dentist for the first time

Remember NHS dental treatment for children under 18 is FREE.

- Children should see a dentist after their first baby tooth comes through.
- The dentist will check your child's teeth and give advice and your child will get used to seeing a dentist.
- Find an NHS dentist nearby on NHS Choices website or call 111.



## What is Tooth Decay?

- Every time we eat sugar bacteria in our mouths make acid for 20 minutes which eats away at our teeth, making them rotten. This is 'tooth decay' and can make teeth look grey, brown or black.
- When decay gets inside the tooth, it causes pain (toothache).
- When infection gets inside the gum or tooth, it causes an abscess.

## What should I do if my child has toothache or damages their teeth?

### CALL YOUR DENTIST OR 111

- Sugar free paracetamol or ibuprofen can help the pain of toothache.
- Call your dentist. If they are closed, then an answerphone message should give details of how to get help. If not call 111.
- Young children sometimes damage or chip their 'baby' (first) teeth. This doesn't usually need any immediate treatment but it's best to get them checked by a dentist within a few days.

## When to seek urgent help

### CALL YOUR DENTIST OR 111

- Call your dentist urgently or call 111 if your child damages their permanent or 'adult' teeth. These start to come in from 6 years old.
- If your child knocks out one of their 'adult teeth', put the tooth in milk and contact your dentist or 111 straight away.
- Emergency dental treatment is not given at A&E departments. Only go to A&E if there is very heavy bleeding which won't stop from a cracked tooth or if your child has had a serious accident causing injury to their head, face or teeth.
- Newcastle Dental Hospital Children's Emergency service can see children for a dental emergency, especially if the child has facial swelling or has severe trauma to their teeth. Your dentist or 111 should be aware of this service and know how to refer you to it.



DR. KATE  
**TOP TIP**

*Remember most medicines for children are available sugar free including paracetamol and ibuprofen.*

# IMMUNISATIONS

Immunisations help protect your child and other children from serious diseases including pneumonia, meningitis and sepsis, which can be life-threatening illnesses. The sooner you have your baby immunised the **SOONER** they'll be protected!

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

Pregnant mums can help protect their babies from whooping cough by being immunised against this illness between the 20th and 32nd week of their pregnancy. This offers protection until their baby is immunised at 2 months of age.

If your baby has a slight snuffle or cold there is no reason for them not to have their immunisation. If your child is poorly with a fever your GP may suggest delaying immunisation for a few days until the fever has gone because they won't want to make your child hotter and any more under the weather at that time.



## Fever after immunisation

Many children get a mild fever after immunisation which doesn't require treatment, but if they're unhappy then you can give them up to 2 doses of paracetamol within the first 24 hours after their jab. This would mean 2.5 mls of under 6 years paracetamol in a baby under 6 months of age, and higher doses in older children – check the label or ask your GP or Pharmacist.

Fever does not harm a baby, but can make your baby feel miserable, especially after the Meningitis B vaccination which is given at 2 and 4 months of age. With Meningitis B immunisation you should give your baby 3 doses of paracetamol automatically within the first 24 hours after the injection to stop them getting very hot and miserable:

- the 1st dose (2.5 ml of under 6 years paracetamol) should be given soon after their immunisation
- the 2nd dose 4-6 hours later
- the 3rd dose 4-6 hours after the 2nd.

Of course if your child seems very unwell, then you should seek appropriate advice and not simply assume it is because of a recent immunisation.

# FIRST AID

- Page 46 **Preventing accidents in the home**
- Page 47 **Bumps and Bruises**
- Page 47 **Burns and Scalds**
- Page 48 **Things your child may swallow that you don't need to worry about (and don't need to see a doctor for)**
- Page 49 **Keeping your child safe from medicine and foreign objects**
- Page 49 **When to seek urgent help at A & E**
- Page 50 **Choking**
- Page 51 **What to do if your baby or child is choking?**

## FREE Mobile Apps

There are FREE Mobile Phone apps for First Aid for Babies and Young Children from both the Red Cross and St John's Ambulance Service. It's worth downloading them and having a look at them in case you ever need to know what to do and you can use them wherever you are [www.redcross.org.uk](http://www.redcross.org.uk) and [www.sja.org.uk](http://www.sja.org.uk)



## Preventing accidents in the home

Our babies and children are precious and we want to protect them from harm. Sometimes accidents happen and can't be prevented, but 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 and scalds, poisoning, choking and falls.

Particular care needs to be taken therefore with:

- Household cleaning products
- Hot hair straighteners
- Nappy sacks
- Plastic bags
- Hot drinks
- Medicines
- Batteries



DR. KATE  
**TOP TIP**

*Remember to unplug phone chargers. If children place in their mouths it can cause electrical burns.*

## Bumps and Bruises



### FIRST AID SELF CARE

- Apply a cold cloth/flannel or bag of frozen vegetables wrapped in a tea towel/cloth
- Give a dose of paracetamol



- If your child has a minor bump to their head, they may cry or be distressed. This is normal – with attention and reassurance most children will settle down. Sometimes they will feel a little sickly and can even vomit once or twice in the next 24 hours.



Unsure, or if the problem carries on, **CALL 111**.



If the bruising or swelling is not severe, but there is no obvious reason (unexplained) for why your child is bruising then please see your GP.



### WHEN TO GO TO A+E

- If the area that they have bumped continues to swell or your child is in severe distress and pain after being given First Aid, then go to A+E.

## Burns and Scalds



### FIRST AID SELF CARE

- Run the affected area under cold water for 10 minutes (but if the burn is on the face apply a cold wet pad/cloth).
- Apply cling film to the affected area (unless it is the face) and cover with a cold wet cloth.
- Give paracetamol or ibuprofen to help with the pain.

- Get the burn/scald checked the same day by a GP or nurse.
- If the burn is very small, go to your local pharmacist.



If unsure, **GO TO A+E** to get the burn checked.



DR. DAVID  
**TOP TIP**

*DO NOT apply butter, toothpaste or ointment as they do not help and will have to be cleaned off.*



## Things your child may swallow that you don't need to worry about (and don't need to see a doctor for)

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 a slightly upset tummy or looser poos. Unless your child has any other symptoms, there is usually no need to take them to your GP or A&E. Examples of these substances include:

### Cosmetics & Toiletries

- Baby wipes
- Bubble bath
- Solid/liquid soap and washing up liquid
- Shaving foam
- Suntan lotion and cream

### Craft items

- Inks, gel pens and highlighters
- Children's paints
- Chalk
- Water-based glue
- Pencil lead (graphite)
- Blu Tack



### In the garden

- Bird poo
- Compost
- Slugs, snails and worms
- Small dead insects
- Grass and earth

### Other

- Food packaging
- Human wee and poo
- Mouldy or out of date food - unless your child becomes very unwell with lots of vomiting or lots of diarrhoea with blood in it (this is very unlikely to happen).
- Plasticine
- Polystyrene
- Sand
- Silica gel (desiccant sachet).

CHILDREN'S NURSE  
**TOP TIP**

*If you think your child has taken something which could harm them don't try to make them be sick. This can make things worse.*



**IF YOU'RE UNSURE, OR YOUR CHILD SEEMS UNWELL, SPEAK TO YOUR GP OR CALL 111**





## Keeping your child safe from medicine and foreign objects

Lock away in a cupboard (with a child proof locks/catches) all chemicals/medicines/cleaning products/alcohol and button batteries which your children might drink or put in their mouths.

Remember, keep medicines in their containers. Medicines and vitamin pills that we keep in our handbags or on our bedside tables can be deadly.



DR. DAVID  
**TOP TIP**

*Teach your child never to eat plants or berries in the garden without checking with you first; make sure you know what the plants are!*



## When to seek urgent help at A & E



**GO TO  
A & E**

### **If your child has swallowed:**

- your medication
- a button battery
- any household cleaning agents
- bleach
- gardening products

### **you should go immediately to A&E**

Take to A&E whatever your child has swallowed or the bottle or box which had the product in it or part of a plant/leaf/berry or battery. This will help the medical staff identify exactly what has been swallowed and the best way 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 struggling for breath.

It's easy for children to choke on small objects so make sure the area around your child is clear and don't give them whole grapes or nuts or boiled sweets, and stay with them whilst they are eating.



## What to do if your baby or child is choking



### FIRST AID SELF CARE

- **Try and keep calm**
- Look in the mouth and see if there is an object which can be easily taken from their mouth.
- **DO NOT** stick your fingers far back in their mouth or down their throat as this can push an object that you can't see 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, back blows (firm slaps on the back with the heel of the hand) may help.



## Baby under 1 year old still choking?

### START BACK BLOWS

Lie your baby face down across or along your lap.

Support the baby's head from underneath.



Give up to five firm slaps to the baby's back between their shoulder blades with the heel of your hand.

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

### IF STILL CHOKING THEN DO CHEST PUSHES

Put your arm on your lap and lie your baby face up along your arm.

Support the back of the 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 chest thrusts (pushes) with your fingers, compressing the chest by about a third of its depth.

### IF STILL CHOKING CALL 999

continue with the cycles of 5 back slaps and chest pushes until help arrives.

## Child older than 1 old still choking?

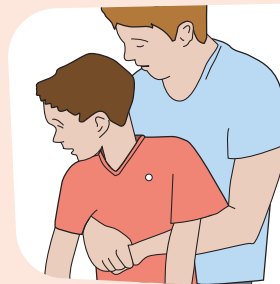
### START BACK BLOWS

Bend your child forward over your lap and give 5 firm blows with the heel of your hand to their back between the shoulder blades.



### IF STILL CHOKING THEN DO UPPER TUMMY THRUSTS

Stand behind your child with your hands joined around them just above their tummy button but just below their ribs. Press sharply inward and upward 5 times.



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

### IF STILL CHOKING CALL 999

continue with the cycles of 5 back slaps and tummy thrusts until help arrives.

## My GP



## My Health Visitor



## My Local Pharmacy



UNSURE WHICH SERVICE TO USE?  
CALL 111

**CALL 111**

*111 is the urgent health advice line that can be contacted 24 hours a day, including overnight and at weekends (and it's free even from a mobile).*

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There is a very useful application for smart phones  
available free for download from the App store  
and Google Play called  
**NHS child health**

