

YOUR GUIDE TO CHILDHOOD ILLNESSES



There are many childhood illnesses that can be treated at home, by a pharmacist or by your GP. This leaflet gives you some information on some of these illnesses, and lets you know when you should seek urgent medical treatment.

It also lets you know about local health services and it has links to other information you might find useful.

Contents

Registering your baby with a doctor.....	3
Medicine cabinet essentials.....	3
Bronchiolitis.....	4
Chickenpox.....	5
Colds.....	6
Colic.....	6
Conjunctivitis	7
Coughs.....	7
Diarrhoea and vomiting.....	8
Ear infections.....	9
Hand, foot and mouth disease.....	10
Meningitis.....	10
Scarlet fever.....	11
Whooping cough.....	11
Preventing the spread of diseases.....	12
Spotting the signs of a serious illness.....	12
Local health services.....	13
Minor Illness and Injury Units and Walk-in Centre.....	14
Useful links.....	15
NHS vaccination schedule.....	16

Registering your baby with a doctor

You can register your baby with your local GP practice any time after it is born. It's worthwhile doing it as soon as you get a chance, just in case you need to book an appointment to see the doctor. You can do this by phoning your usual GP practice who will be able to help you.



Medicine cabinet essentials

It's a good idea to have a medicine cupboard for your child just in case you need something. The following medicines might be useful:

- painkillers such as infant paracetamol/ibuprofen
- rehydration mixtures for diarrhoea or vomiting
- a thermometer (preferably digital) to check for fever
- antihistamine medicine for infants
- teething gel or granules
- decongestant drops/vapour rub
- colic drops or medicine
- antiseptic cream/spray and wipes
- cooling gel packs to help with fever/bumps/bruises
- tweezers
- saline solution and an eye bath
- sticky plasters in a variety of sizes.

Check the packaging on all medication to make sure it's in date, you give the correct dose for your child's age and your child is old enough to have it.

Here are some common childhood illnesses with information on their symptoms, how to treat them and when to seek further help.

However if you are ever concerned about your baby's health, do not hesitate to call your GP, health visitor, NHS 111 if your surgery is closed or visit a Walk-in Centre or Minor Illness or Injury Unit. In an emergency call 999 or go straight your nearest Emergency Department.

Bronchiolitis

Bronchiolitis is a common condition affecting babies and young children. It causes inflammation and infection of the airways in the lungs called bronchioles, which reduces the amount of air entering the lungs, making it more difficult to breathe.

Approximately one in three babies in the UK will develop bronchiolitis in the first year of life. It usually occurs in the winter months from November to March.

The early symptoms of bronchiolitis can be very similar to a common cold - the first symptom is often a blocked or runny nose, which is sometimes followed by a cough or a slightly high temperature. These symptoms are likely to get slightly worse during the first five days, then gradually start to get better. Most cases of bronchiolitis are not serious, but these earlier mild symptoms can become more severe, so it is very important to regularly watch your child and look out for changes to their symptoms.

Sometimes you will need to seek medical advice and babies who may have a more severe case of bronchiolitis usually have four symptoms, the most obvious of which is a distinctive rasping cough.

You can use the acronym below to remember these symptoms:

Fast breathing: shallow, quick breaths not taking in much air

Appetite: inability to feed

Cough: distinctive rasping cough

Temperature: high temperature will usually accompany cold-like symptoms of a runny nose.

If your baby exhibits all four of these symptoms, take them to see your GP.

Severe symptoms usually last for two to three days, then gradually ease and stop within one to two weeks. In most cases the condition can be treated at home but more severe cases may need hospital treatment.

Chicken Pox

Chickenpox is a mild and common childhood illness that most children catch at some point. Children usually catch chickenpox in winter and spring, particularly between March and May.

Chickenpox starts with feeling unwell, a rash and a slight temperature. Spots develop, which are red and become fluid-filled blisters within a day or two. They eventually dry into scabs, which drop off. The spots normally appear in clusters on the belly, chest, behind the ears, face, scalp, arms and legs.

You don't need to go to your GP unless you're not sure that it is chickenpox; or if your child has a pain in their chest or difficulty breathing, or the blisters get infected. You can give your child plenty to drink and use paracetamol or ibuprofen to relieve the fever and discomfort.

To ease the itchiness try baths, loose comfortable clothes and cooling gels or calamine lotion. Try to stop your child scratching or picking at their spots as this will increase the risk of scarring. It's hard for children to do this, so give them plenty of praise and encouragement. In most children, the blisters crust up and fall off naturally within one to two weeks. To prevent spreading the infection, keep children off nursery or school until all the spots have crusted over.

Keep your child away from anyone who is pregnant or trying to get pregnant. If your child had contact with a pregnant woman just before they became unwell, let the woman know about the chickenpox.

Up to one in 10 pregnant women with chickenpox can develop pneumonia (inflammation of the lungs) and there can be other rare complications with the brain and liver.

If a pregnant woman catches chickenpox up to 28 weeks of pregnancy, there's no evidence that it increases their risk of miscarriage. However, there's a small risk that the baby can develop foetal varicella syndrome (FVS). FVS can damage the baby's skin, eyes, legs, arms, brain, bladder or bowel.

If a pregnant woman catches chickenpox between 28 and 36 weeks, the virus stays in the baby's body but doesn't cause any symptoms. However, it may become active again in the first few years of the baby's life, when it causes shingles. If a pregnant woman catches chickenpox after 36 weeks, the baby may be infected and could be born with chickenpox.

Colds

Most colds get better in five to seven days, but colds in younger children can last up to two weeks. Here are some suggestions on how to ease the symptoms for your child:

- increase the amount of fluid your child normally drinks
- saline nose drops can help loosen a dried up and stuffy nose. Ask your pharmacist, GP or health visitor about them
- if your child has a fever, pain or discomfort, paracetamol or ibuprofen can help. There are special products for children. It will state on the packet how much you should give your child depending on their age
- encourage the whole family to wash their hands regularly to stop the cold virus spreading.

Colic

Colic is the medical term for excessive, frequent crying in a baby who appears to be otherwise healthy and well fed. It is a poorly understood, yet common condition, and affects around one in five babies.

If your baby has colic, they may appear to be in distress. However, the condition is not harmful, and your baby will continue to feed and gain weight normally. There is no evidence that colic has any long-term effects on a baby's health.

If you think your baby has colic, it is recommended that you contact your GP when the excessive crying begins. This is so your GP can rule out conditions that may be causing your baby's crying, such as eczema (a skin condition) or gastro-oesophageal reflux disease (GORD), where stomach acid leaks back out of the stomach and into the throat.

Conjunctivitis

Conjunctivitis, sometimes called red eye, is redness and inflammation of the thin layer of tissue that covers the front of the eye (the conjunctiva) and is very common. It can affect one or both eyes.

Other symptoms of conjunctivitis include itchiness and watering of the eyes and sometimes, if it's caused by an allergy, a sticky coating on the eyelashes.

It can be caused when the eye becomes inflamed (swollen) as a result of bacterial or viral infection; an allergic reaction such as a pollen allergy; or the eye coming into contact with an irritant such as an eyelash rubbing against the eye. It isn't usually serious and is very common.

Conjunctivitis caused by a bacterial or viral infection can be cleared up with eye drops prescribed by your GP. It's possible for it to spread from one eye to the other by touching one eye and then the other. It's important to wash your hands regularly. Avoid sharing pillows or towels which will also help prevent it spreading.

Sometimes the eyes will have a yellow discharge and you might need to clean this away. You need to use cotton wool and cooled boiled water to clean the eyes and use a separate piece of cotton wool for each eye. Start at the corner of the eye and move the cotton wool over to the outer edge of the eye.

See your GP immediately if your new-born baby has conjunctivitis.

Coughs

If your child is feeding, drinking, eating and breathing normally and there's no wheezing, a cough isn't usually anything to worry about.

If your child has a bad cough that won't go away, see your GP, a persistent cough may be a sign of a more serious respiratory tract infection. If your child also has a high temperature and is breathless they may have a chest infection. If this is caused by bacteria rather than a virus, your GP will prescribe antibiotics to clear up the infection. Antibiotics won't soothe or stop the cough straight away.

Although it's upsetting to hear your child cough, coughing helps clear away phlegm from the chest of mucus from the back of the throat. If your child is over the age of one, try a warm drink of lemon and honey.

If your child seems to be having trouble breathing, seek medical help, even if it's the middle of the night.

Diarrhoea and Vomiting

Most babies have occasional loose stools (poo). Breastfed babies have looser stools than formula-fed babies. Diarrhoea is when your baby frequently passes unformed watery stools. Diarrhoea can be caused by an infection and may be accompanied by vomiting. This is called gastroenteritis (a stomach bug). It's usually caused by a virus, such as rotavirus.

You can use the following **traffic light system** to see if and when you need to seek medical advice.

Green

Your baby/child may have diarrhoea, vomiting or both of these symptoms.

<p>If your child:</p> <ul style="list-style-type: none"> • looks well • is awake and responsive • is having wet nappies or passing urine • has warm hands and feet • has normal skin colour • wants to drink. 	<p>What to do:</p> <ul style="list-style-type: none"> • continue breastfeeding or offering other milk feeds • encourage drinking • try not to give fruit juices and fizzy drinks • offer rehydration fluids available from your GP or local pharmacy.
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Diarrhoea usually lasts for five to seven days and stops within two weeks. Vomiting usually lasts for one to two days and stops within three days.

Amber

<p>If your child:</p> <ul style="list-style-type: none"> • looks unwell • is irritable and/or lethargic • has drier nappies and is passing less urine • has warm hands and feet • has normal skin colour • is not wanting to drink. 	<p>What to do:</p> <ul style="list-style-type: none"> • continue breastfeeding • offer rehydration fluids available from your GP or local pharmacy • give fluids often and in small amounts • try not to give fruit juices and fizzy drinks • at this stage try not to give solid food • when fluid is tolerated without vomiting start usual milk feeds and food.
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Red

If your child appears to be getting worse and has any of the symptoms below:

<ul style="list-style-type: none"> • Unable to tolerate any fluids • has had six or more episodes of diarrhoea in the past 24 hours • has vomited three times or more in the past 24 hours • stopped breastfeeding in the past 24 hours. <p>Contact your local GP for advice.</p>	<p>Call for immediate medical help if:</p> <ul style="list-style-type: none"> • You are unable to wake your child • They have pale or mottled skin • They have cold hands and feet • They have sunken or dark eyes • They have a sunken soft spot on the top of the head (for babies).
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Ear Infections

Ear infections often follow a cold and sometimes cause a temperature. Your child may pull or rub at an ear, but babies can't always tell where pain is coming from and may just cry and seem uncomfortable.

If your child has earache but is otherwise well, give them paracetamol or ibuprofen for infants for 12-24 hours. Don't put any oil, eardrops or cotton buds into your child's ear unless your GP advises you to do so. Most ear infections are caused by viruses, which can't be treated with antibiotics. They will just get better by themselves.

After an ear infection your child may have a problem hearing for two to six weeks. If the problem lasts for any longer than this, ask your GP for advice.



Hand, Foot and Mouth Disease

Hand, foot and mouth disease (HFMD) is a contagious infection that can affect young children. It doesn't usually pose a serious threat to your child's health, but it can be an unpleasant condition, particularly if it affects younger children.

Typical symptoms of hand, foot and mouth disease include:

- Cold-like symptoms, such as loss of appetite, cough and a moderately high temperature of around 38-39°C (100.4-102.2°F)
- A non-itchy red rash that develops on the hands and the feet but might also appear on the knees, elbows, groin and buttocks; sometimes the rash can develop into painful blisters
- Painful mouth ulcers.

Hand, foot and mouth disease will get better on its own without treatment and symptoms will usually pass within seven days. There is no cure, so treatment involves making your child as comfortable as possible while waiting for the infection to take its course. This could include using paracetamol, ibuprofen and mouth gels specifically for children (making sure you follow the guidelines on the packaging) and drinking plenty of fluids to help relieve a high temperature.

Hand, foot and mouth disease is highly contagious until about a week after the symptoms begin. If you are not sure if your child has hand, foot and mouth disease then speak to your GP. You should also contact your GP if your child isn't drinking any fluid or their symptoms last longer than seven days.

Meningitis

Meningitis can affect anyone but babies and young children are the most at risk, with around half of all cases occurring in the under 5s.

Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. Many different organisms can cause meningitis but the most common are viruses and bacteria.

Early symptoms of meningitis may be similar to having a cold or the flu (these include fever, vomiting, irritability and restlessness). However, children with meningitis can become seriously ill within hours, so it's important to recognise the signs.

Viral meningitis can make people very unwell but is rarely life-threatening. Most people make a good recovery, but sufferers can be left with aftereffects such as headaches, tiredness and memory loss.

Bacterial meningitis can kill, so urgent medical attention is essential. Most people make a good recovery, but many are left with debilitating aftereffects such as deafness, brain damage and, where septicaemia occurs, limb loss.

Some bacteria can cause meningitis and septicaemia (blood poisoning), which people often have together. It is important to be aware of all the signs and symptoms.

Despite vaccines being available for some types of meningitis, there are still thousands of cases in the UK every year. Knowing the signs and symptoms to look out for, and the action to take, saves lives.

For more information on the signs and symptoms visit: www.meningitisnow.org/symptoms

Scarlet Fever

Scarlet fever is a bacterial illness that causes a distinctive pink-red rash and is usually mild but contagious. It's usually caught by children aged two to eight years old.

The characteristic symptom of scarlet fever is a widespread, fine pink-red rash that feels like sandpaper to touch. It may start in one area but soon spreads to many parts of the body such as the ears, neck and chest. The rash may be itchy. Other symptoms include a high temperature, a flushed face and a red, swollen tongue.

Symptoms of scarlet fever usually develop two to five days after infection, although your child will be contagious before showing signs of the illness. It usually follows a sore throat or a skin infection (impetigo) caused by particular strains of streptococcus bacteria.

See your GP as soon as possible if you suspect your child has scarlet fever. A GP can usually diagnose scarlet fever by looking at the characteristic rash and other symptoms, although a sample of saliva will need to be taken from the back of the throat (throat swab) and tested in a laboratory to confirm the diagnosis. It can be treated with antibiotic tablets and most people recover after four or five days.

There's no evidence that catching scarlet fever when pregnant will put your baby at risk. However, heavily pregnant women should tell healthcare staff if they have been in contact with someone who has scarlet fever.

Whooping Cough

Whooping cough, or pertussis, is a highly contagious bacterial infection of the lungs and airways.

The condition usually begins with a persistent dry and irritating cough that progress to intense bouts of coughing. These are followed by a distinctive 'whooping' noise, which is how the condition gets its name. Other symptoms include a runny nose, raised temperature and vomiting after coughing.

If whooping cough is diagnosed during the first three weeks (21 days) of infection, a course of antibiotics may be prescribed. This is to prevent the infection being passed on to others. It is not prescribed after this time as your child will no longer be infectious. Take care to avoid the spread of infection to others, in particular babies under six months of age. Children should also be kept away from nursery or school for five days from the start of their antibiotics. The coughing can last for around three months - another name for whooping cough is the 'hundred day cough'.

Babies are affected most severely by whooping cough and are most at risk of developing complications. For this reason, babies under 12 months who contract whooping cough will often need treatment in hospital.

If your child is admitted to hospital for whooping cough treatment it is likely they will be treated in isolation. This means they will be kept away from other patients to prevent the infection spreading.

Children are vaccinated against whooping cough with the 5-in-1 vaccine at two, three and four months of age; and again with the 4-in-1 pre-school booster before starting school at the age of about three years and four months.

All pregnant women are offered vaccination against whooping cough when they are 28-38 weeks pregnant. Getting vaccinated while you're pregnant could help to protect your baby from developing whooping cough in its first few weeks of life.

Preventing the spread of diseases

Many of the illnesses in this booklet are contagious and this means that they can spread through the air or through contact. You can help to prevent the spread of diseases by following these steps:

- make sure that everyone in your household washes their hands after using the toilet and before eating or drinking
- if someone in your house isn't well, then change towels daily and use separate ones if possible
- clean hard or plastic toys with water and washing up liquid and store them when dry
- if your child is ill with diarrhoea and vomiting, then keep them at home until they have had no symptoms for 48 hours.

Spotting the signs of a serious illness

Although your GP and pharmacy can help with common illnesses, it's important that you know the signs of a serious illness too so that you can get your child medical attention as soon as possible.

The following symptoms should always be treated as serious:

- a high-pitched, weak or continuous cry
- a lack of responsiveness, reduction in activity or increased floppiness
- in babies, a bulging fontanelle (the soft spot on a baby's head)
- neck stiffness (in a child)
- not drinking for more than eight hours (taking solid food is not as important)
- a temperature of over 38°C for a baby less than three months old, or over 39°C for a baby aged three to six months old
- a high temperature, but cold feet and hands
- a high temperature coupled with quietness and listlessness
- fits, convulsions or seizures
- turning blue, blotchy, very pale, mottled or ashen
- difficulty breathing, fast breathing, grunting while breathing, or if your child is working hard to breathe, for example, sucking their stomach in under their ribs
- your baby or child is unusually drowsy, hard to wake up or doesn't seem to know you
- your child is unable to stay awake even when you wake them
- a spotty, purple-red rash that does not fade under pressure anywhere on the body (this could be a sign of septicaemia associated with meningitis); but do not wait for a rash if you suspect meningitis
- repeated vomiting or bile-stained (green) vomiting.

If you are ever concerned about your child when it has any of the symptoms above then seek medical help urgently.



Local Health Services

Use this page to fill in your local details so you have them to hand if you need them:

Health Visitor

Name:	Number:
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Nearest pharmacy

Name:	Number:
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Dentist

Name:	Number:
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GP

Name:	Number:
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**The Walk-in Centre and Minor Illness and Injury Units are listed overleaf.
 They can help with:**

- X-rays (available on weekdays see overleaf for details) • Wounds – cuts and bruises (Tetanus immunisation can also be given) • Bites – human, insect and animal • Minor burns and scalds • Muscle and joint injuries – strains, sprains, limb fractures • Sports injuries
- Emergency contraception • Eye problems eg. Removal of foreign bodies, conjunctivitis
- Earache (patients aged two years and over) • Cystitis (not children or male patients)
- Minor head injuries (with no loss of consciousness).

Nearest A&E department:

For life threatening and emergency conditions call 999 or go straight to your nearest A&E department:

- (1) The Queen Elizabeth Hospital**
 Gayton Road, King’s Lynn PE30 4ET

- (2) Norfolk and Norwich University Hospital**
 Colney Lane, Norwich NR4 7UY

- (3) Peterborough City Hospital**
 Edith Cavell Campus, Bretton Gate, Peterborough PE3 9GZ

Minor Illnesses and Injury Units and Walk-in Centre

Minor Illness and Injury Unit (MIIU):

Peterborough MIIU

City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 293 800

Includes x-rays, wound stitching and application of casts.

Opening hours:

Monday-Sunday, 8am-8pm;
Including weekends and Bank Holidays.

Minor Injuries Units:

North Cambridgeshire Hospital

The Park, Wisbech
PE13 3AB

Opening hours:

Monday-Friday, 8.30am-6pm;
Closed Saturday, Sunday and Bank Holidays

Tel: 01945 488 068

Walk-in Centre:

Timber Hill Health Centre
Level 4
115-117 The Castle Mall
NORWICH
NR1 3DD

Opening hours:

Monday-Friday, 7.00am-9pm
Including weekends and Bank Holidays.

Useful Links

- **Breastfeeding help and support**

An independent source of support and information for breastfeeding women and those involved in their care visit www.breastfeedingnetwork.org.uk or call 0300 100 0210.

- **First Aid from the Red Cross for babies and children**

Visit their website at www.redcross.org.uk/BabyandChildFirstAid. You can also download an app for Apple and Android: www.redcross.org.uk/babyandchildapp.

- **Meningitis**

Information, guidance and support via the website www.meningitisnow.org or a 24-hour helpline on 0808 80 10 388. They also have an app available for Apple or Android which describes the signs and symptoms of meningitis and is like a mini version of their website.

- **Postnatal depression**

Depression after a baby is born can be extremely distressing and is thought to affect around one in 10 women (and up to four in 10 teenage mothers). See your GP or visit: www.nhs.uk/Conditions/pregnancyand-baby/Pages/feeling-depressed-after-birth.aspx

- **Safety for babies**

Including preventing falls and choking:
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/baby-safetytips.aspx

- **Safety for under 5s**

Including fitting smoke alarms and bath safety:
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/safety-under-fives.aspx

- **Suncare**

How to stay safe in the sun:
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/safety-in-the-sun.aspx

- **Teething tips and tooth care**

In most babies, teeth start to emerge through the gums when they are around six months old. This process is known as teething. NHS dental treatment for children is free. Take your child with you when you go for your own dental appointments, so they get used to the idea:
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/teething-and-tooth-care.aspx

- **Weaning**

Introducing your baby to solid foods, often called weaning on to foods, should start when your baby is around six months old:
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/solid-foods-weaning.aspx

- **Your pregnancy and baby guide**

Whatever you want to know about getting pregnant, being pregnant or caring for your new baby
www.nhs.uk/Conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx

NHS vaccination schedule

Your child will be offered a schedule of vaccinations for free on the NHS. This is a schedule of the vaccinations and the ages they should ideally be given. If you're not sure whether you or your child have had all your routine vaccinations, ask your GP or practice nurse to find out for you.

At **two months old** your child will be offered:

- 5-in-1 (DTaP/IPV/Hib) vaccine. This single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children)
- Pneumococcal (PCV) vaccine. The pneumococcal vaccine protects against pneumococcal infections. These are infections caused by the bacterium Streptococcus pneumoniae and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis
- Rotavirus vaccine is an oral vaccine against rotavirus infection, a common cause of diarrhoea and sickness.

At **three months old** your child will be offered:

- second dose of the 5-in-1 (DTaP/IPV/Hib) vaccine
- second dose of the rotavirus vaccine
- Meningitis C vaccine also known as Men C, protects against infection by meningococcal group C bacteria, which can cause two very serious illnesses, meningitis and septicaemia. It's important to note that the Men C vaccine does not protect against meningitis caused by meningococcal group B bacteria, so it's important that you are aware of the symptoms of meningitis.

At **four months old** your child will be offered:

- third dose of the 5-in-1 (DTaP/IPV/Hib) vaccine
- second dose of the Pneumococcal (PCV) vaccine.

At **between 12 and 13 months** your child will be offered:

- third dose of Pneumococcal (PCV) vaccine
- Hib/Men C booster, given as a single jab containing meningitis C (second dose) and Hib (fourth dose)
- Measles, Mumps and Rubella (MMR) vaccine, given as a single jab which is a safe and effective combined vaccine that protects against three separate illnesses - measles, mumps and rubella (German measles) - in a single injection.

At **between two and three years old** your child will be offered:

- Flu vaccine as a nasal spray vaccine.

At **three years and four months** or soon after your child will be offered:

- Second dose of measles, mumps and rubella (MMR) vaccine, given as a single jab.
- 4-in-1 pre-school booster, sometimes called DtaP/IPV, which contains vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio.

If you would like further copies of this booklet please do not hesitate to contact us quoting 'Your Guide to Childhood Illnesses'

By email to contact.wnccg@nhs.net

Or by writing to the Communications Manager at:

West Norfolk Clinical Commissioning Group
King's Court
Chapel Street
King's Lynn
Norfolk
PE30 1EL

Telephone: 01553 666900

Website: <http://www.westnorfolkccg.nhs.uk/>

