

THE LITTLE ORANGE BOOK

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

WELCOME TO THE LITTLE ORANGE BOOK

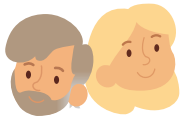
Our babies and children are so precious to us. When they're unwell, we worry about what's wrong and what we can do to help them. We want them to get better as soon as possible.

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 originally produced by NHS Newcastle Gateshead Clinical Commissioning Group and has been revised by NHS County Durham and NHS Tees Valley Clinical Commissioning Groups with invaluable help from GPs, Health Visitors, Practice Managers and staff, Pharmacists, Paediatricians, Children's Nurses, parents and carers. We very much hope you'll find it useful.

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.



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.

 **SELF CARE**  **1-2 DAYS** **USUAL LENGTH OF ILLNESS**  **OFF NURSERY OR SCHOOL?**  **Y**  **N**

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

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, many can be managed with self care at home.

USUALLY MANAGED AT HOME WITH SELF CARE

Page **Posseting and Reflux**
See - Your baby is bringing up milk feeds without any effort

Toddler diarrhoea
Gastritis and gastroenteritis
See - Reasons for Tummy ache other than a viral tummy bug

Coughs, Colds and Sore Throats
See - Reasons for Tummy ache other than a viral tummy bug

Colic
See - Reasons for Tummy ache other than a viral tummy bug

Constipation
See - Reasons for Tummy ache other than a viral tummy bug

WHEN TO TALK TO 111 OR YOUR GP?

Page **Cows Milk Protein Allergy (CPMA)**
Appendicitis
Signs you may need more help

WHEN TO SEEK URGENT HELP

Page **Signs of a possible emergency**

Your Baby is bringing up milk feeds without any effort


SELF CARE

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. The baby is well. Reflux usually settles by itself as the baby gets older.

You can help reflux by feeding slightly smaller amounts, but more often and keeping baby upright after a feed.

UNSURE, OR IF THE PROBLEM CARRIES ON SPEAK TO YOUR HEALTH VISITOR OR GP



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

ADVICE FOR PARENTS DURING CORONAVIRUS

Whilst coronavirus is infectious to children it is rarely serious. If your child is unwell it is likely to be a non-coronavirus illness, rather than coronavirus itself.

Whilst it is extremely important to follow Government advice to stay at home during this period, it can be confusing to know what to do when your child is unwell or injured.

Remember that NHS 111, GPs and hospitals are still providing the same safe care that they have always done.

Here is some advice to help with thanks to the Royal College of Paediatrics and Child Health:



If your child has any of the following:



GO TO
A & E



CALL
999

- Becomes pale, mottled and feels abnormally cold to the touch
- Has pauses in their breathing (apnoeas), has an irregular breathing pattern or starts grunting
- Severe difficulty in breathing becoming agitated or unresponsive
- Is going blue round the lips
- Has a fit/seizure
- Becomes extremely distressed (crying inconsolably despite distraction), confused, very lethargic (difficult to wake) or unresponsive
- Develops a rash that does not disappear with pressure (the 'glass test')
- Has testicular pain, especially in teenage boys

If your child has any of the following:



**CONTACT
YOUR GP**



**CALL
111**

During the current coronavirus crisis at peak times, access to a health care professional may be delayed.

- Is finding it hard to breathe including drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession) or head bobbing
- Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- Has extreme shivering or complains of muscle pain
- Babies under 3 months of age with a temperature above 38°C / 100.4°F
- Infants 3-6 months of age with a temperature above 39°C / 102.2°F
- For all infants and children with a fever above 38°C for more than 5 days
- Is getting worse or if you are worried
- Has persistent vomiting and/or persistent severe abdominal pain
- Has blood in their poo or wee
- Any limb injury causing reduced movement, persistent pain or head injury causing persistent crying or drowsiness

If symptoms persist for 4 hours or more and you have not been able to speak to either a GP or 111, then take your child to the nearest A&E

If none of the above features are present:



**SELF
CARE**

- You can continue to provide your child care at home. Information is also available on the NHS website at www.nhs.uk. If you are still concerned about your child, call NHS 111
- Additional advice is available to families for coping with crying of well babies
- Additional advice is available for children with complex health needs and disabilities



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 over the counter medicines for common childhood problems such as:

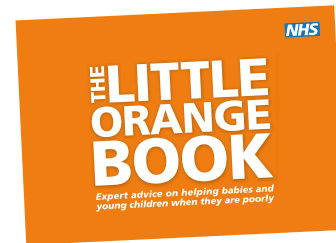
- Earache
- Eye infections
- Bites and stings
- Hayfever
- Cough
- Sore throat
- Worms
- Cold sores
- Thrush
- Nappy rash
- Athletes foot
- Warts and verrucae
- Headaches
- Teething

So the next time your child is troubled by any of these problems think **pharmacy** first!



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



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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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 8 **A normal temperature**
- Page 9 **Patterns of fever in children**
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WHEN YOU MIGHT NEED TO SEEK HELP FROM YOUR GP OR 111

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WHEN TO SEEK URGENT HELP

- Page 13 **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 12).

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



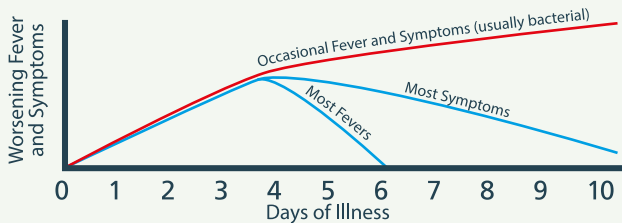
TOP TIP

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°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 11).

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 26).

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 30).

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 13).
- 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 13).

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 30).

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).

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.

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).





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 14 **Noisy breathing in young babies**

Page 15 **Coughs and colds**



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

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Page 18 **Bronchiolitis**

Page 19 **Croup**

Page 20 **When to seek more help**



WHEN TO SEEK URGENT HELP

Page 21 **Signs of a possible emergency**



Noisy breathing in young babies



SELF CARE



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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.

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



7-10 DAYS

USUAL LENGTH OF ILLNESS



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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



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



OFF NURSERY OR SCHOOL?

Y

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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.
- 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.
- 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.
- Your child may be upset with the barking cough and have a mild fever - a dose of paracetamol or ibuprofen can help.

- 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!
- If your child becomes very upset and does not want to sleep, or if their breathing is a bit faster and deeper than usual, or if they make a high-pitched rasping sound when they're upset and when breathing in (known as stridor), then steroid medication from your GP on the following day can be very helpful. However, please note, if your child has stridor, even when they are calm, then you should seek help straight away (see page 21).
- 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



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



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.

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 30).



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 22 **Possetting and Reflux**
See - Your baby is bringing up milk feeds without any effort
- Page 23 **Toddler diarrhoea**
- Page 23 **Gastritis and gastroenteritis**
See - Being sick and having lots of very runny poos
- Page 25 **Coughs, Colds and Sore Throats**
See - Reasons for Tummy ache other than a viral tummy bug
- Page 25 **Colic**
See - Reasons for Tummy ache other than a viral tummy bug
- Page 27 **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 25 **Cows Milk Allergy (CMA)**
- Page 25 **Urinary Tract Infection (UTI)**
- Page 25 **Appendicitis**
- Page 26 **When to seek more help**



WHEN TO SEEK URGENT HELP

- Page 26 **Signs of a possible emergency**



Your baby is bringing up milk feeds without any effort



SELF CARE



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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



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



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 24).

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.

Prevent diarrhoea and vomiting spreading by

HEALTH VISITOR
TOP TIP

- 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 26 FOR SIGNS OF MORE SERIOUS DEHYDRATION



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 ml), 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.

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 27).

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 38.

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



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 24)
- 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 27 **How often should a child have a poo**

Page 28 **Choose your poo!**

Page 29 **Signs of Constipation**

Page 29 **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 because if it is too strong, this can cause constipation.
- Some children will have 3 poos every day, others 1 poo a day and some might only have a poo every 3-4 days. All are normal as long as their poos are soft, with no blood or slime in the poo, they are not straining, and the child is growing well.
- 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.



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.

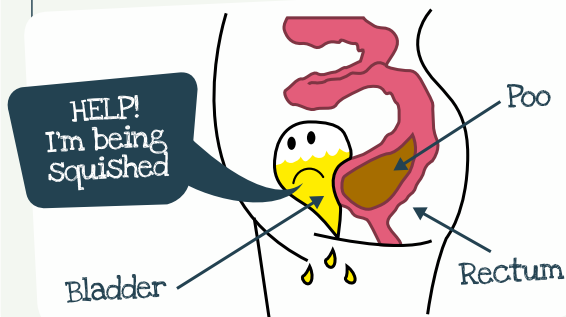
Why does it happen?

- 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 plops, full-looking firm tummies, and the child may be generally 'under the weather'.
- Extra large size plops!
- Accidental loose plops (Type 7 - after passing Type 1's or 2's) causing soiling of underwear. This happens because looser plops 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 plops squeeze the child's bladder.



What to do if your child starts to get constipated

- If your child starts to have harder plops, 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

