

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.



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



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.

*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 32 **Nappy rash**

Page 33 **Chicken pox**

Page 34 **Dry skin patches (eczema) | Hand, Foot and Mouth**

Page 35 **Molluscum contagiosum | Warts**

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

Page 35 **Impetigo**

Page 36 **Scarlet fever | Measles**

WHEN TO SEEK URGENT HELP

Page 36 **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 5 days from onset of rash or until all the spots have crusted over.

- 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 form into very itchy blisters after about 12 hours.
- After a further 1-2 days, the blisters get cloudy and start to dry and crust over.
- New spots can keep appearing in crops for 3-5 days after the rash begins.
- After 1-2 weeks, the crusting skin will fall off naturally.
- There are several treatments that can help relieve 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



TOP TIP

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.

Dry skin patches (eczema)



SELF CARE



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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



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?
Y N

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?
Y N

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?
Y N

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



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 a 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



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 30 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



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 25)
- 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 Protein Allergy (CPMA)

Cows milk protein allergy is a specific allergy found in babies and young children. The symptoms of this allergy can be a delayed allergic reaction (see list above) or an immediate reaction (see page 37) It is much more common in formula fed babies (5 in every 100)

compared to breast-fed babies (less than 1 in every 100) this is because formula milk is made from cow's milk protein.

Breast fed babies are exposed to cow's milk protein through mum's diet or in weaning foods that contain cow's milk. Breast feeding can be safely continued with changes in mum's diet.

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

If you are worried your baby may have possible problem with cow's milk you should talk to your health visitor or GP. It is important that mum does not stop breast feeding or give up on cow's milk formula until you have spoken to a health professional.

If your GP or health visitor thinks that your baby might have CMPA they will advise you on how to take cow's milk protein out of baby's diet, by changing mums diet if she is breast feeding or by trying a prescribed formula for babies with CMPA. They may refer you to a children's dietitian for advice about weaning on a milk free diet. Milk alternatives from the supermarket such as soya milk and oat milk are not suitable as a replacement for infant formula or breast feeding in children under 1 year of age.



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 39 **Sticky eye**

Page 39 **How to clean the eyes**

Page 40 **Conjunctivitis**



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

Page 41 **When you need more help**



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



2-3 DAYS

USUAL LENGTH OF ILLNESS



OFF NURSERY OR SCHOOL?

Y



N

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.

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



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.



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

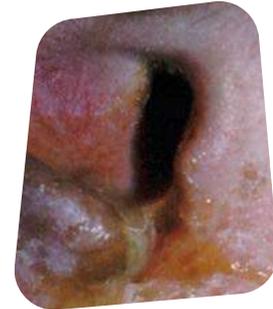


CONTACT
YOUR GP



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

Page 45 **Teething**

Page 45 **Seeing a dentist for the first time**



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

Page 46 **What is Tooth Decay?**

Page 46 **What should I do if my child has toothache or damages their teeth?**

Page 46 **When to seek urgent help**



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.

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



SELF CARE

- Children should have their teeth brushed twice a day morning and night, for 2-3 minutes at a time.
- 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 age 3 years) and pea-sized amount (over 3 years) of toothpaste which has at least 1000 ppm fluoride (most have this but ask your dentist or pharmacist if you are unsure).
- Whole pieces of fruit and unsweetened milk have natural forms of sugar and don't cause decay.
- Sugar (causing decay) is added to lots of food and drink (including 'healthy' foods like fruit juice and yoghurt), so check the ingredients list for anything ending in 'ose' such as glucose and syrups such as corn syrup which are all sugars.
- Your child should only have sugar four times a day including meals and drinks; this is three meals and one extra snack containing sugar, with only water and milk to drink except at meal times.

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 32)

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 52).



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.



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 48 **Preventing accidents in the home**

Page 49 **Bumps and Bruises**

Page 49 **Burns and Scalds**

Page 50 **Things your child may swallow that you don't need to worry about (and don't need to see a doctor for)**

Page 51 **Keeping your child safe from medicine and foreign objects**

Page 51 **When to seek urgent help at A & E**

Page 52 **Choking**

Page 52 **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 and 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



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.



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.



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



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.

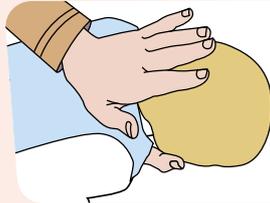


Baby under 1 year old still choking?

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.



Notes

Notes

My GP



My Health Visitor



My Local Pharmacy



Thanks to Newcastle Gateshead CCG for kind permission to reproduce this locally and for clinical assurance to the Paediatric Clinical Directors from County Durham and Darlington NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust and a Consultant Paediatrician from South Tees Hospitals NHS Foundation Trust. Annual clinical assurance will be undertaken by clinicians from the Managed Clinical Network.
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Further information is available from the
NHS website
www.nhs.uk

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

