

THE LITTLE ORANGE BOOK

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

WELCOME TO THE LITTLE ORANGE BOOK

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

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

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

We very much hope you'll find it useful. It can be downloaded for free at: www.newcastlegatesheadccg.nhs.uk

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

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

Using the Book

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

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



Example infobar

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

GREEN

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

AMBER

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

RED

Urgent help required at a hospital

Remember if you're unsure what to do **call 111 or visit 111 online at www.111.nhs.uk**

Think Pharmacy First

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

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

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

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

Toddler diarrhoea
Gastritis and gastroenteritis
See - Being sick and having lots of very runny poos

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**

SELF CARE

Your Baby is bringing up milk feeds without any effort

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



CONTACT 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.

It can be confusing to know what to do when your child is unwell or injured, however the information in this resource will help to guide you to the correct service to support your child.

Your local pharmacy, GP, hospitals and NHS 111 are still providing the same safe care 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:



- 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

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AMBER

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

RED

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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 6 **A normal temperature**
- Page 7 **Patterns of fever in children**
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WHEN TO SEEK URGENT HELP

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A normal temperature

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

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



TOP TIP

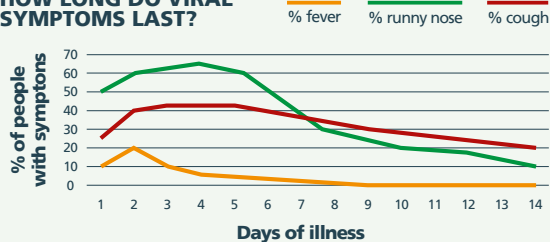
The best thermometer for little babies under a few months of age is a digital under arm thermometer. At all other ages, use either an under arm or an ear thermometer.



Patterns of fever in children

- Most fevers in children are caused by viruses; for example a cold or sore throat virus. These infections are very common. Most last about a week, but the symptoms of cough and runny nose may last 2-3 weeks. The fever should settle after 5 days, with the temperature usually being highest early in the illness. (see graph below)
- Sometimes a child's fever may be due to a bacteria. It can be difficult to tell the difference between a fever due to a virus and one due to a bacteria, particularly early in the illness. If your doctor suspects a bacterial infection, they may give your child antibiotics. Fevers from bacterial infections usually settle after 1-3 days of starting the antibiotics.
- Sometimes a fever lasts longer than 5 days and might be due to a rarer cause. Children with prolonged fevers should be reviewed by their GP.

HOW LONG DO VIRAL SYMPTOMS LAST?



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 9).

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



Higher fever (temperature of 38°C or higher)



SELF
CARE



CONTACT
YOUR GP

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

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

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

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

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

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 glass test in the section on meningitis/sepsis page 28).

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

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

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

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



UNSURE WHICH
SERVICE TO USE?
CONTACT 111

111 is the urgent health advice phone service and website (www.111.nhs.uk). The phone line is available 24 hours a day, including overnight and at weekends, and is free, even from a mobile.

When to seek urgent help



CALL
111

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



TOP TIP

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

Fever and medicines

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



TOP TIP

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

Febrile fits (seizure)



CALL
111

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

When to seek advice



CONTACT
YOUR GP



CALL
111

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

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?
CONTACT 111

111 is the urgent health advice phone service and website (www.111.nhs.uk). The phone line is available 24 hours a day, including overnight and at weekends, and is 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 glass test page 28). Fits/Seizures.

COUGHS, COLDS AND NOISY BREATHING

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

USUALLY MANAGED AT HOME WITH SELF CARE

Page 12 **Noisy breathing in young babies**

Page 13 **Coughs and colds**



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

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Page 17 **Croup**

Page 18 **When to seek more help**



WHEN TO SEEK URGENT HELP

Page 19 **Signs of a possible emergency**



Noisy breathing in young babies



SELF CARE



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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



USUAL LENGTH OF ILLNESS



OFF NURSERY OR SCHOOL?

- Coughs and colds are common (sneezing, sore throat, sore eyes, fever, runny nose-snot is often green). 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!
Germ 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



7-10 DAYS 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 immunisation which is part of the Childhood Immunisation Programme. Your child should also receive immunisations 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 CONTACT 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 narrow and the chest feels 'tight'.
- The main symptoms are wheeze (a whistling sound on breathing out), cough and being out of breath.
- Pre-school children can sound wheezy with viral colds, but this does not mean they have asthma. However, inhalers via a spacer may still help.
- If you are concerned that your child may have asthma, please contact 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.

○ All inhalers should be used with a "spacer device". You should be shown how to use one; if you don't know, please ask!



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



Bronchiolitis



SELF CARE

7-10 DAYS

USUAL LENGTH OF ILLNESS



OFF NURSERY OR SCHOOL?



CONTACT YOUR GP IF THE PROBLEM DOESN'T SETTLE

Unless too unwell to attend.

- Bronchiolitis is a viral infection that affects babies and toddlers up to age 2 during winter.
- It starts with a "cold" and a "musical" cough with fever.
- After 2-3 days the lungs make mucus too so your baby will sound like a "coffee machine" and their chest will rattle and wheeze. This can make it harder for them to feed. It is a virus and antibiotics won't help.
- Most cases are MILD and last 7-10 days and your baby will be much better after 5 days. They may still sound rattly for a few more weeks but will be happy and well otherwise.
- Some children may have difficulty feeding or breathing and may need hospital.

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



TOP TIP

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?



CONTACT YOUR GP IF THE PROBLEM DOESN'T SETTLE

- Croup is a viral infection causing swelling of the voice box which gives it the typical barking seal-like cough and hoarse, croaky voice. The swelling occasionally affects your child's breathing.
- Your child may have a raised temperature - a dose of paracetamol or ibuprofen can help.
- Croup may start with child suddenly finding it difficult to breathe in the middle of the night with a barking cough. The loud barking cough can be very upsetting and you and your child may not get a lot of sleep for a few nights.
- If your child develops a persistent high-pitched noise on breathing in (**stridor**), they may need to be seen immediately (see page 19).
- A loud barking cough only (**without stridor**) tells us that there is good movement of air in and out of your child's lungs and although it can sound and be distressing, your child will be getting plenty of air to their lungs. See Top Tip for how to help settle your child.
- Give them plenty of fluids or ice pops/lollies to suck on.

- 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.
- An old wives tale was that steam helped croup, but this has been shown not to be true. Don't steam therefore, as there is no benefit and there is a risk of scalding!
- **Stridor** is a high-pitched rasping sound made on **breathing in** which can mean that the swelling of the voice box is more than that causing the barking cough. If your child develops a stridor only when they are very upset, or they are breathing a bit faster than their usual (but less than a breath per second) or are unable to get any sleep at all - then steroid medication from your GP the next day can be helpful for the following night. See Top Tip below for how to settle your child.
- **However, if the stridor is present when your child is calm, not just when upset, then you should seek help straight away (see page 19).**

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

0300 123 1044



TOP TIP

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.

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



CONTACT
YOUR GP



CALL
111

If your child

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

When to call 999



CALL
999

If your child

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



BEING SICK, RUNNY POOS AND TUMMY ACHES

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

USUALLY MANAGED AT HOME WITH SELF CARE

- Page 20 **Possetting and Reflux**
See - Your baby is bringing up milk feeds without any effort
- Page 21 **Toddler diarrhoea**
- Page 21 **Gastritis and gastroenteritis**
See - Being sick and having lots of very runny poos
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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 24 **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 up 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



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 dehydrated. Babies under 6 months have the greatest chance of becoming dry (see page 22).

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

HEALTH VISITOR
TOP TIP

Prevent diarrhoea and vomiting spreading by

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

What are the signs of being dehydration?

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

SEE PAGE 24 FOR SIGNS OF MORE SERIOUS DEHYDRATION



TOP TIP

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



Most dehydrated children can be looked after at home

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

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

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



Y N

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



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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



Y N

OFF NURSERY OR SCHOOL?

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

Cows Milk Allergy (CMA)



CONTACT HEALTH VISITOR OR GP

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

Urinary Tract Infection (UTI)



CONTACT GP

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

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

Appendicitis



CALL 111

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

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



**CONTACT
YOUR GP**



**CALL
111**

If your baby or child

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

When to call 999



**CALL
999**

If your baby or child

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



UNSURE WHICH
SERVICE TO USE?
CONTACT 111

111 is the urgent health advice phone service and website (www.111.nhs.uk). The phone line is available 24 hours a day, including overnight and at weekends, and is free, even from a mobile.

CONSTIPATION

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

USUALLY MANAGED AT HOME WITH SELF CARE

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



How often should a child have a poo?

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

