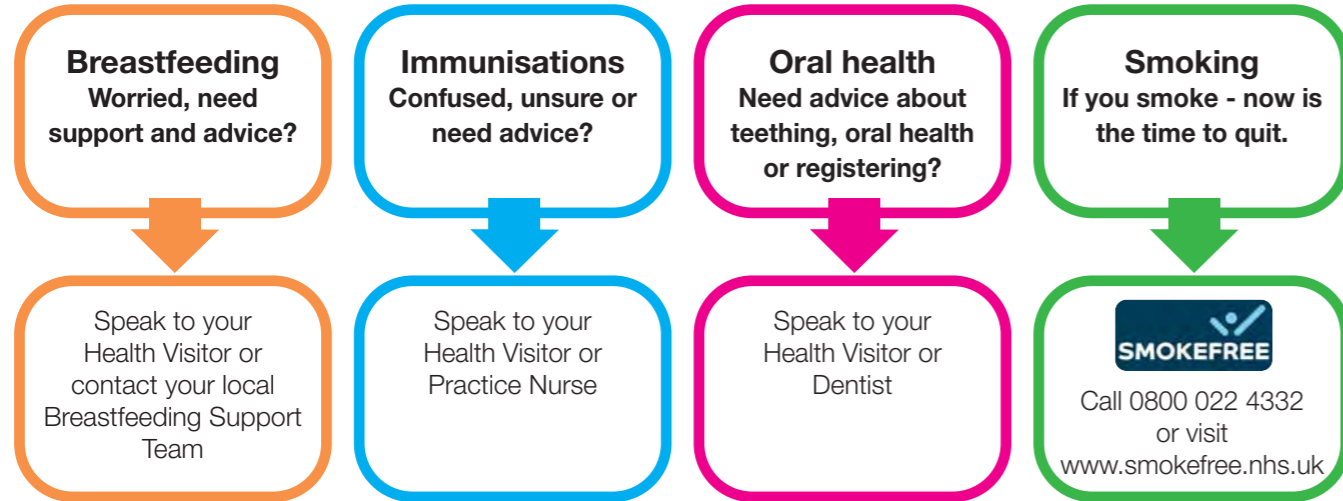


A guide

for **parents** and **carers** of children aged **birth-5 years**

Common childhood illnesses & well-being



There are many everyday illnesses or health concerns which parents and carers need advice and information on.

This handbook has been produced by NHS Cannock Chase Clinical Commissioning Group.
www.cannockchaseccg.nhs.uk

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Cannock Chase
Clinical Commissioning Group



Welcome

This book has been put together by NHS Cannock Chase Clinical Commissioning Group with local Health Visitors, GPs and other healthcare professionals.

Every parent or carer wants to know what to do when a child is ill - use this handbook to learn how to care for your child at home, when to call your GP and when to contact the emergency services. Most issues your child will experience are part of growing up and are often helped by talking to your Midwife, Health Visitor or local Pharmacist. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and earache.

Some of these are easily treated at home with advice from your Pharmacist, your GP or your Health Visitor rather than going to your surgery or A&E.

This handbook will point you in the right direction and explain what you can do at home, or where you need to go to get assistance and advice. Trust your instincts, you know your child better than anyone else. If you are worried, get further advice.

This handbook also contains general welfare information which will help you keep you and your child safe and healthy.

To view this booklet and extra topics online
www.childrensguide.cannockchaseccg.nhs.uk

All factual content has been sourced from Department of Health, Birth to Five, 2009 edition, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE. This information cannot replace specialist care. If you are worried get further advice, you know your baby best.

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To view this booklet online scan this code with your smartphone

A guide to services

Self care

Many illnesses can be treated in your home by using over the counter medicine from your Pharmacist and getting plenty of rest. Self care is the best choice to treat very minor illnesses and injuries. **If you are still worried contact NHS 111 or your GP.**



111

If you think you need help urgently during the day or night you should call NHS 111 before you go to any other health service.

By calling **NHS 111** you will be directed straight to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call **NHS 111**:

- when you need help fast but it's not life threatening
- when you think you need to go to A&E or another NHS urgent care service
- when it's outside of your GP's surgery hours
- when you do not know who to call for medical help
- if you do not have a local GP to call.



Health Visitor

Health Visitors are specialist Nurses who can support you and your family during your child's early years. They will visit you at home or see you in local clinics and Children's Centres to routinely assess your child and family's health and development needs. They can help you get extra support if you need it and can refer you to other services. Health Visitors link with Midwives and will offer to see you antenatally. They will then continue to support you until your child is almost 5. After this you can get advice, information and guidance from your School Nurse/ School Health Service.



Pharmacist

Your local Pharmacists can provide advice on most common health issues. They can suggest and dispense medicine and other health products. There are often Pharmacists in supermarkets and many are open late. Visit www.nhs.uk where you can find the service locator that will help you find the Pharmacist nearest to you.



GP

You will need to register with a GP - to find a GP in your area, use NHS Choices at: www.nhs.uk/service-directories. Your GP can offer advice, give medicines and provide information on other services. You will need to make an appointment but most GPs will see a baby quite quickly if you are worried. After 6.30pm weekdays, at weekends and public holidays you can contact **NHS 111**.



Dentist

Make sure you see a Dentist on a regular basis. Discuss registering your child early on with your Dentist and take them with you to appointments. To find your nearest Dentist visit www.nhs.uk. For out-of-hours Dentist information call **NHS 111**.

Children's Centres

Families can access a wide range of information in a friendly environment. Children's Centres provide a range of advice including health promotion, advice on safety and promote all aspects of child health and well-being. Contact Staffordshire Families Information Service ([see page 64 for details](#)).

Minor Injuries Unit (MIU)

If your child's injury is not serious, you can get help from a Minor Injuries Unit (MIU), rather than going to A&E. MIUs offer help with a range of injuries including minor head injuries and burns.



A&E

For immediate, life-threatening emergencies, please call 999.

A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness such as choking or breathing difficulties, when they are unconscious or unaware of surroundings, have taken poison or tablets, or have severe abdominal pain.

The NHS has a wide range of healthcare services. See which service or professional is best to help you.

This guide will help you choose well when deciding where to go for advice if your child is ill or injured.

Minor bumps, cuts and bruises, sore throat, coughs and colds, mild tummy pain or headache	Self Care	You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk
If, as a parent, you are unsure, confused, need help or advice	 Health Visitor or NHS 111	Write your Health Visitor's telephone number here: <input type="text"/>
Mild diarrhoea, constipation, mild skin irritations including spots/rash, mild fever	Pharmacist For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist
High temperature, persistent cough, head injuries not involving loss of consciousness, headache, tummy pain, vomiting/diarrhoea, worsening health conditions (inside GP hours)	GP For the treatment of illnesses and injuries that will not go away.	Write your GP's (family Doctor) telephone number here: <input type="text"/>
Unexpected and sudden sickness, severe pain, worsening health conditions (outside GP hours)	NHS 111 For 24 hour health advice and information.	As directed by NHS 111
Struggling for breath or choking, fitting, loss of consciousness, broken bones, swallowed poisons or tablets, blood loss, gaping wound, serious burns	A&E or 999 For very severe or life threatening conditions.	As directed by 999 call handler 

NHS 111 is free to call from any landline or contract mobile phone. Pay-as-you-go mobile phones require 1p credit to make a call.

Know the basics

Being prepared and knowing the signs

It is normal to worry that you won't recognise the signs that your baby is unwell. Parents are usually good at noticing when something is wrong with their baby/child from quite early on. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary. Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. See box on the right for things to have at home just in case. **Make sure you've got the right strength of medicine for the age of your child, always follow instructions carefully and check use-by dates. Read the label carefully. Do not give aspirin to children under 16.**

Paracetamol and ibuprofen

Consider using either paracetamol or ibuprofen in children with fever who appear distressed - as a general rule a temperature of over 37.5°C (99.5°F). Paracetamol can help to reduce fever and distress in children and so can ibuprofen. Treat them with either paracetamol OR ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should not be given together at the same time. However, if your child remains distressed before the next dose of paracetamol OR ibuprofen is due, then you may want to try a dose of the other medicine later.
For example: 8am - paracetamol dose given, 11am - child remains distressed, ibuprofen dose given, 2pm - child remains distressed, paracetamol dose given. Ibuprofen should not be used if a child is at risk of dehydration (eg if not drinking).



Pharmacist says

Keep a small supply of useful items. Include things like:

-  Thermometer
-  Plasters
-  Liquid painkillers (eg paracetamol or ibuprofen)
-  Barrier cream
-  Natural oils like vegetable oil (for dry skin)
-  Antihistamine



Health Visitor says

You will know your baby best of all. Try to understand what it is they need. Finding out why your baby is crying is often a matter of going through all the possible options.

Things to check first are:

- ✓ Does their nappy need changing?
- ✓ Could they be hungry?
- ✓ Could they be too hot?
- ✓ Could they be too cold?
- ✓ Does their cry sound different?

These are simple things which could be causing your baby to cry.



Crying and colic

Understanding why

All babies cry, especially in the first few weeks after birth. Crying is their way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle. Always burp your baby after a feed as this will help.

Look out for signs that your baby is trying to tell you they are hungry. Early signs are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed.

Colic

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping.

1

My baby is crying more than usual.

2

When a baby cries, it can be upsetting.

3

It is very important to stay calm and don't be afraid to ask for help. **Do not shake your baby.**



GP says

If your baby's crying seems different in any way (such as a very high-pitched cry or a whimper), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. Trust your instincts - you know your baby best.



Health Visitor says

Possetting is 'normal' during or after a feed. If this carries on at other times, between feeds it may be a tummy bug. It is important for babies to have plenty of fluids to stop any dehydration. If baby is exclusively breastfeeding they may just need additional feeds and not additional fluids.



Being sick

A problem likely to get better on its own

It is common for babies to be sick in the early weeks as they get used to feeding and their bodies develop. Bringing up small amounts of milk is known as possetting. When your baby vomits there will be a much larger amount. It can be frightening for your baby, so they are likely to cry. Lots of things can cause your baby to be sick.

Make sure your baby is positioned correctly when breast or bottle feeding. Incorrect positioning can cause a baby to be sick.

Being sick often or with large amounts may be due to 'gastric reflux' where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during a feed to make them more upright. Feeding smaller amounts and more often may also help.

1

I have a new baby. I have just given my baby a feed.

2

They always seem to bring up small amounts of milk.

3

This is known as 'possetting'. As they develop it will stop naturally. Talk to your Health Visitor.

GP says

After the first few months, if your baby is suddenly sick it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is a tummy bug (see [upset tummy page 3.](#)), which can come with diarrhoea (runny poo).

This is more serious in babies than older children because babies easily lose too much fluid from their bodies and become dehydrated. If they become dehydrated they may not pass enough urine, lose their appetite and have cold hands and feet.

Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your GP's advice straight away.



Health Visitor says

Some babies have watering eyes. Massaging the tear ducts may help to dislodge tears that have collected in the upper part of your baby's tear duct, as well as encouraging the tear duct to develop. This can be done by applying light pressure with your clean, index finger and massaging from the corner of your baby's eye towards their nose. Repeat several times a day for a couple of months. If this persists past one year, your baby may be referred to an eye specialist for treatment.

Source NHS choices



Sticky eyes and conjunctivitis

Two different issues

'Sticky eyes' are common in newborn babies and young children while their tear ducts are developing. You may see some sticky stuff in the corner of the eyes or their eyelashes may be stuck together.

It normally clears up on its own, but you may have to clean your baby's eyes regularly with damp cotton wool. Use clean, cooled boiled water.



Wipe each eye from the corner by the nose outwards. Use a clean piece of cotton wool for each wipe. Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection.

1 Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?

2 Sticky eyes is a common condition that affects most babies, speak to your Health Visitor.

3 Use cooled boiled water on a clean piece of cotton wool for each wipe.

Source: DoH 2006.



Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are yellowy, green sticky goo which comes back regularly and the white part of the eyes may be red. If you notice this and it continues for more than 24 hours, contact your Health Visitor or GP. This can be passed on easily, so wash your hands and use a separate towel for your baby.



Health Visitor's cradle cap tips

This is the name given to the large greasy yellow or brown scales that appear on your baby's scalp. Sometimes they may flake and the skin may be red. It should not cause your baby any discomfort and should settle over time. It is important not to pick at the scales as this may cause infection.



Massaging baby oil or natural oil - such as almond or olive oil - into their scalp at night can help loosen the crust.



Gently wash the scalp and use a soft baby brush or cloth and gently remove any loose scales.

If this does not settle, the redness spreads or your baby is itchy then seek medical advice.



Health Visitor's nappy rash tips



Leave your baby in a warm, safe place with no clothes or a nappy on, to let the air get to their skin.



Use a barrier cream. (see Pharmacist says box opposite).



Remember to change and check their nappy often.

Rashes and dry skin

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (see page 26).

Nappy rash

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. A nappy rash causes your baby's skin to become sore.

Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the Pharmacist. With a mild nappy rash, your baby won't normally feel too much discomfort.

Dry skin

A baby's skin is thinner and needs extra care. Dry, flaky skin, some blemishes, blotches and slight rashes are normal in newborns and will naturally clear up. If your baby is otherwise well but has a rash and you are worried about it contact your Health Visitor.

1

There is a red, sore rash around the nappy area. Baby is uncomfortable and cries a lot.

2

Has baby been in a dirty nappy for a long time? Have you followed advice from your Health Visitor, or spoken to your Pharmacist?

3

Change nappy often. Speak to your Health Visitor and if you are worried see your GP.



Pharmacist says

Call in and talk to us about creams we can provide you with over the counter.

There are two types of nappy cream available. One is a barrier cream to keep wee away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional.



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
Two months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib) • Pneumococcal disease • Rotavirus
Three months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Meningococcal group C disease (MenC) • Rotavirus
Four months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Pneumococcal disease
Between 12 and 13 months old - within a month of the first birthday	<ul style="list-style-type: none"> • Hib/MenC • Pneumococcal disease • Measles, mumps and rubella (German measles)
Two and three years old	<ul style="list-style-type: none"> • Influenza - The flu nasal spray vaccine is to be gradually rolled out to other age groups in future years, consult your Practice Nurse or Health Visitor
Three years four months old or soon after	<ul style="list-style-type: none"> • Measles, mumps and rubella • Diphtheria, tetanus, pertussis and polio (Pre-School Booster)

Health Visitor says

Make sure you keep your child's Red Book in a safe place. It is your only complete record of their childhood immunisations and they are often needed later in life. Check with your Health Visitor on any updates and future immunisations.

Immunisations

Protect your child now and in the future

Immunisations, also known as vaccinations are usually given by injection. Children in the UK are offered vaccinations against a variety of diseases as part of the Healthy Child Programme. You can get advice on the vaccinations from your GP or Health Visitor. A record is kept in the Parent Held Child Health Record (Red Book), which is a book you keep containing information on your child's health.

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. It is normal to worry about vaccinations, so don't hesitate to ask your Health Visitor or GP for advice - that's what they are there for! Childhood immunisations are free and most are given at your GP's surgery.

Some immunisations are given more than once to make sure the protection continues. This is known as a booster, so make sure your child gets it.

The whooping cough vaccine is recommended for all women between 28 and 38 weeks pregnant. You should be offered this at your routine antenatal appointment.

1

Immunisation begins at two months, when baby's natural immunity to illness, begins to drop.

2

Your Health Visitor will tell you when local immunisation sessions are taking place.

3

Immunisations don't just protect your child during childhood, they protect them for life.



GP says

Immunisations are used to protect children from diseases which can be very serious and sometimes even cause death.

The protection immunisations offer your child are worth the small amount of pain.

You may have concerns about the safety of immunisations, discuss these with your GP. Mild side effects are possible.

Dentist's 4 tooth care tips:

1. Clean teeth twice a day, for two minutes, especially at night.
2. Reduce sugars to meal times only. Do not give fizzy drinks.
3. Visit the Dentist regularly and discuss your child's oral health.
4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.

For help accessing an NHS Dentist call **NHS 111** or visit www.nhs.uk



Health Visitor says

It can help to give your baby something hard to chew on, such as a teething ring. Teething rings give your baby something to safely chew on, which may help to ease their discomfort or pain. Some teething rings can be cooled first in the fridge.

All sorts of things are put down to teething - rashes, crying, bad temper, runny noses, extra dirty nappies. Be careful not to explain away what might be the signs of illness by assuming it's 'just teething'.

Source: DoH Birth to five edition 2009.

Teething trouble

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as 'teething'. Some babies show few signs while others find it more uncomfortable. Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your Health Visitor. Source: www.nhs.uk

Toothpaste needs to contain a minimum of 1,000 ppm of fluoride to be effective (most family toothpaste contains more, check tube). Under 3s should have a smear of family toothpaste, over 3s should be using a pea sized amount. Novelty electric toothbrushes often have large heads that can cause damage in a child's mouth.

1

My baby has red cheeks and seems a bit frustrated and grumpy.

2

Have you asked your Health Visitor about teething? Have you discussed options with your Pharmacist? Have you booked a dental check-up for your child yet?

3

Try some of the gels or baby paracetamol available. If you are worried and things do not feel right contact your Health Visitor or GP.

Source: DoH Birth to five edition 2009.



Pharmacist says

If your baby is uncomfortable, you can buy some medicine from your local pharmacy. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. The medicine should also be **sugar-free**. Make sure you read all instructions and that the product is suitable for the age of your child.

You can try **sugar-free** teething gel rubbed on the gum.

Ask your Health Visitor about free oral health packs given at regular health checks.

Health Visitor's tips

Increase 'tummy time' - put your baby on his front to play. Supervise him at all times and don't let him fall asleep like this.

- Get down to your baby's level for face-to-face fun so he'll enjoy lying on his tummy.
- Use a sling to carry your baby upright so he is not always on his back in a car seat or pram.
- Do lots of active play with your baby on your lap.
- Change the position of toys and mobiles in their cot to encourage them to turn their head to the non-flattened side.
- Don't use a car seat except when travelling.

It may take 6-8 weeks before noticing any improvement.



Flat head syndrome

Sleep on his back and let him play on his tummy

Flat head syndrome can occur in the womb or can be caused by a baby sleeping, resting and playing in one position.

Many babies develop a flattened head when they are a few months old, usually from sleeping on their back. FHS happens when the back or one side of the baby's head is squashed against a firm mattress for a long time, which eventually forces the soft bone of the skull to flatten.

It often corrects itself over time and is usually nothing to worry about.

The solution is not to change your baby's sleeping position from lying on their back at night. It is important for babies to sleep on their back as this reduces the risk of sudden infant death syndrome (SIDS). Put your baby to sleep on his back and let him play on his tummy.

No treatment is normally needed. Your baby's skull should naturally correct itself over time. You can take some simple measures to take pressure off the flattened part of their head and encourage them to try different positions (see Health Visitor's tips).

1

I have heard about helmets that a baby can wear to help.

2

Their use is controversial, expensive and there is still not enough evidence to prove it will correct the problem.

3

If you have tried the Health Visitor's tips and are still worried talk to your Health Visitor or GP.



GP says

In cases of craniosynostosis, where the plates of your baby's skull have fused too early, surgery will be needed to unlock and move the bones. This is a more serious condition but is very rare. Talk to your Health Visitor or GP if you are concerned and have tried the measures suggested.

A safe sleeping environment

- 1 Place your baby in the 'feet to foot' position i.e. baby's **feet** at the **foot** of the cot.
- 2 Newborn babies sleep in a cot in parent's bedroom.
- 3 Make sure baby is not too hot nor too cold.
- 4 Put baby to sleep on their back.
- 5 Keep baby's head uncovered.
- 6 Do not smoke.
- 7 No pillow, stuffed animals, toys or bumper pad.
- 8 No heavy or loose blankets.
- 9 If a blanket is used, it must be tucked in and only as high as the baby's chest.
- 10 Crib sheets must fit tightly over mattress.
- 11 Use a clean, firm, well-fitting mattress. Mattresses should carry the BSI number BS-1877-10:1997.



Call 0800 022 4332 or visit www.smokefree.nhs.uk

Sleeping

Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts.

Try to establish a regular night time sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Adult beds are not designed for babies and toddlers and do not conform to safety standards. It is advised that bottle-fed babies should not be fed in bed. If breastfed, babies can be breastfed sitting up and then placed back in their cot, or your Health Visitor can show you how to breastfeed in a safe, comfortable position.

Reading to your child at bedtime helps them to unwind, and gives you some special time together. If your child is scared of the dark, try keeping a night light on. Bedwetting may be stressful for both of you and can wake your child. It is not easy to know why some children take longer to be dry at night than others. Try not to lose your patience or punish them, your child is not doing this on purpose. Children learn at their own pace and praise and support will help.

- 1 I am so tired when my baby wakes up at night it seems easier to share the bed.
- 2 The safest place for your baby to sleep is in a cot by your bedside for at least the first six months. Try to establish a regular sleep routine.
- 3 Speak to your Health Visitor about how to keep your baby safe and get some sleep.

Bed-sharing with your baby is never completely safe. It is particularly dangerous for your baby to sleep in your bed if you (or your partner):

- Are a smoker (even if you never smoke in bed or at home).
- Have been drinking alcohol or taken any drugs.
- Have taken any medication that makes you drowsy.
- If your baby was premature (born before 37 weeks).
- If your baby was low birth weight (less than 2.5kg).
- If you or your partner are overweight.

It is very dangerous to fall asleep together on a sofa, armchair or settee. It is also risky to allow a baby to sleep alone in an adult bed.



Babies under six months:

Always contact your GP, Health Visitor, Practice Nurse, Nurse Practitioner or local clinic GP if your baby has other signs of illness, as well as a raised temperature and/or if your baby's temperature is 37.5°C (99.5°F) or higher.

Older children:

A little fever isn't usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature which doesn't come down.

- It's important to encourage your child to drink as much fluid as possible. Water is best.
- Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion.

To help reduce temperature:

- Undress to nappy/pants.
- Keep room at comfortable temp (18°C).
- Encourage your child to drink more (even little amounts often).
- Give paracetamol or ibuprofen in the correct recommended dose for your child (see page 7 for advice on usage).

1

My toddler is hot and grumpy.

2

Have you tried infant paracetamol? Have you made sure they are drinking lots of fluids?

3

If their temperature remains over 37.5°C and doesn't come down, contact your GP.

Fever

Over 37.5°C means a fever

If your child has a fever, he or she will have a body temperature above 37.5°C. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit (don't use in the mouth of under 5s). However, bear in mind that these measurements are less accurate as the armpit is slightly cooler.

A fever is part of the body's natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important in preventing your child from becoming dehydrated, which can lead to more serious problems. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids.

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a urinary tract infection, pneumonia, meningitis or a severe bacterial infection of the blood (septicaemia).

You should also contact your GP if fever symptoms are not improving after 48 hours. Check your child during the night.

Always seek medical advice if your child develops a fever soon after an operation, or soon after travelling abroad.

Source: DoH Birth to five edition 2009.



GP says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot in babies.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a non-blanching rash (see page 26).
- Check child during the night.

Source: NICE, Feverish illness in children



The glass test

The glass test is a really useful way of spotting suspected meningitis. If your child has a cluster of red or purple spots, press the side of a clear drinking glass firmly against the rash.

Go straight to the Accident and Emergency Department



In this example the spots are still visible through the glass. This is called a non-blanching rash - it does not fade. Contact a Doctor immediately (e.g. your own surgery or Walk-in/ Urgent Care Centre). If you cannot get help straight away go to A&E.



In this example the spots under the glass have virtually disappeared. It is unlikely to be meningitis but if you are still worried call **NHS 111**, contact your GP or go to A&E.

Find out more from www.meningitisnow.org

Meningitis

Not common but serious and contagious

Babies and toddlers are most vulnerable as they cannot easily fight infection because their immune system is not yet fully developed. They can't tell you how they are feeling and can get a lot worse very quickly. Keep checking them.

Meningitis is a swelling around the brain. It is a very serious, contagious illness, but if it is treated early most children make a full recovery.

You should always treat any case of suspected meningitis as an emergency.

Early signs may be like having a cold or flu. Children with meningitis can become seriously ill very fast, so make sure you can spot the signs. Your child may have a cluster of red or purple spots. Do the glass test. This rash can be harder to see on darker skin, so check for spots over your baby or child's whole body as it can start anywhere (check lightest areas first). **However, the rash is not always present - be aware of all the signs/symptoms.**

The presence of fever and any other of the above symptoms should be taken extremely seriously. Not all children will show all the signs listed on the right.

1

My child has a rash and is unwell.

2

Have you tried the glass test?

3

If the spots do not fade under pressure contact a Doctor (e.g. your GP or Walk-in Clinic). If you cannot get help straight away go to A&E.



GP says

If any of the signs below are present contact a Doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning



1

My child keeps coughing and sneezing, has a mild temperature and seems generally unwell.

2

Have they recently started nursery? Catching colds is very common. Have you spoken to your Pharmacist about paracetamol and cough medicines?

3

If symptoms last for more than 10 days or your child is coughing up yellow 'goo' they may have an infection. Contact your GP.

Don't pass it on:

- Catch it** Germs spread easily. Always carry tissues and use them to catch coughs or sneezes.
- Bin it** Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.
- Kill it** Hands can pass on germs to everything you touch. Clean your hands as soon as you can.

Coughs, colds and flu

Not usually serious

You will probably find when your child starts mixing with other children they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system.

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may feel achy and uncomfortable, and be ill for a week or more.

Most bugs will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available as part of the NHS Childhood Vaccination Programme. Ask your Health Visitor for details.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try paracetamol or ibuprofen (not aspirin) ([see page 7 for advice on usage](#)).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure they get plenty of sleep/rest.

See your GP if:

- ✓ Your baby has a temperature of 37.5°C or more.
- ✓ They have a fever with a rash.
- ✓ They are not waking up or interacting.
- ✓ Your child is finding it hard to breathe.

Source: 2013 NICE guidance.



Pharmacist says

Children can often be treated using over the counter medicines to help to bring down a raised temperature. Paracetamol or ibuprofen can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of about three months. Check with the Pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your GP.



Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies and young children under a year old. The early symptoms are similar to those of a common cold and include a runny nose and cough.

As it develops, the symptoms of bronchiolitis can include: A slight fever, a persistent cough and difficulty feeding.

Symptoms usually improve after three days and in most cases the illness isn't serious. However, contact your GP or Health Visitor if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source: www.nhs.uk/conditions/Bronchiolitis/



Call 0800 022 4332 or visit www.smokefree.nhs.uk



1

My child with croup has a distinctive barking cough and makes a harsh sound, when they breathe in.

2

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can often be managed at home.

3

If your child has a fever, children's paracetamol will help lower their temperature.

Wheezing and breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. It is often nothing to worry about and illnesses like bronchiolitis, mild croup and a cough can often be treated at home.

Use your instincts with newborns and babies. It could be:

- Rapid breathing or panting, which is common. There is no other sign of illness, it comes and goes and your baby is breathing comfortably most of the time, there's normally no need to worry.
- Breathing may sound a bit rattly. Try holding your baby upright.
- Occasional coughing or choking which may occur when a baby takes in milk too quickly with feeds. Try to slow things down a bit. Check feeding position.
- A cold or mild cough. Keep an eye on them at this stage and use your instincts. If you are worried talk to your Health Visitor.

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 28 coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.
- Child appears pale.

Source: NHS Choices - Symptoms of bronchiolitis



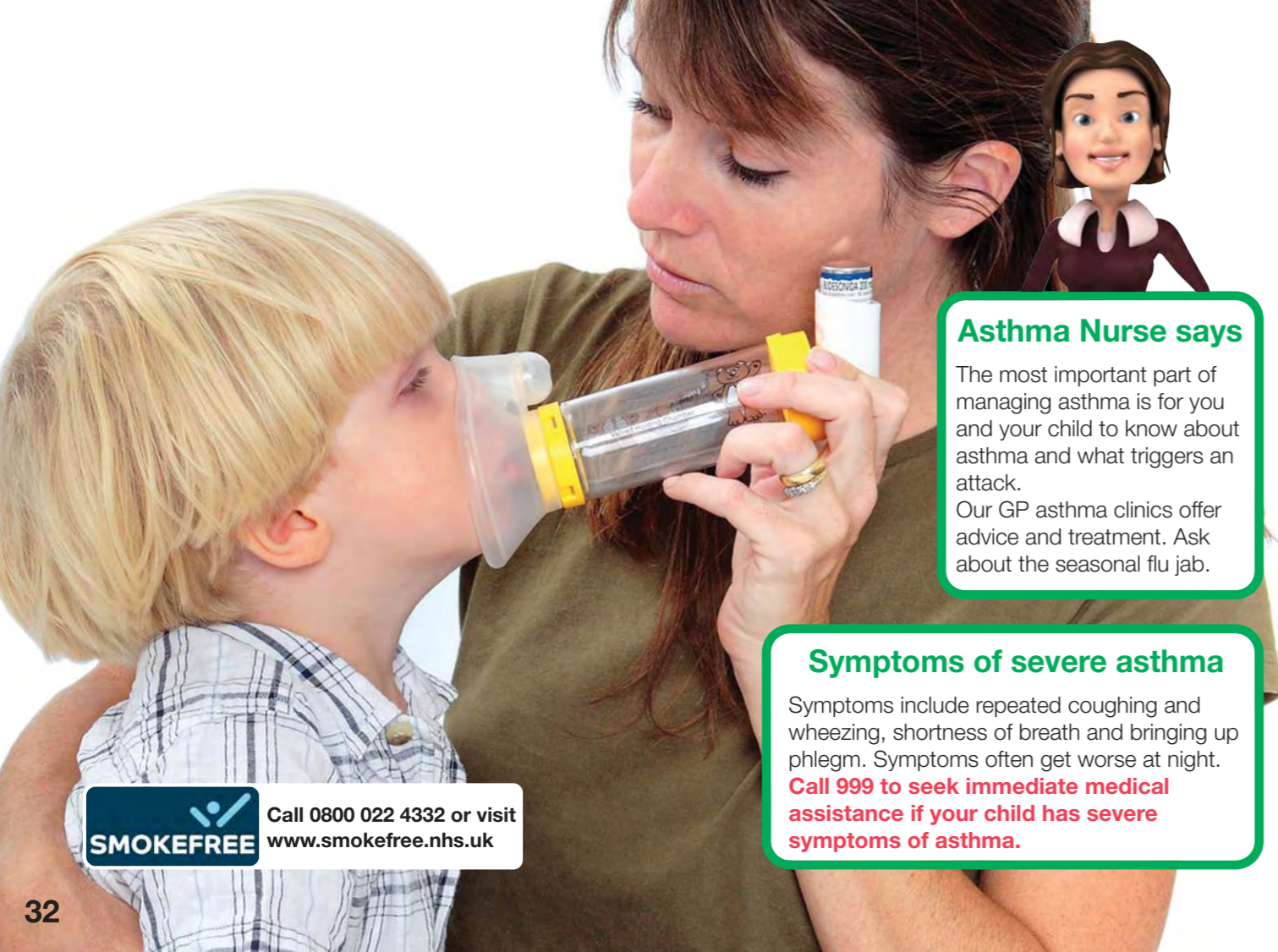
GP's tips

Get help and contact your GP now if your child:

- ✓ Seems to find breathing hard work and they are sucking in their ribs and tummy.
- ✓ They can't complete a full sentence without stopping to take a breath.

Get help and call 999 or go to A&E now if:

- ✓ Their chest looks like it is 'caving in.'
- ✓ They appear pale or even slightly blue-ish.



Asthma Nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack. Our GP asthma clinics offer advice and treatment. Ask about the seasonal flu jab.

Symptoms of severe asthma

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night. **Call 999 to seek immediate medical assistance if your child has severe symptoms of asthma.**

 **SMOKEFREE** Call 0800 022 4332 or visit www.smokefree.nhs.uk

Asthma

Know the symptoms

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma has multiple causes and it is not uncommon for two or more different causes to be present in one child. Asthma is more than wheezing. Coughing, recurrent bronchitis and shortness of breath, especially when exercising, are also ways that asthma appears.

The two most common triggers of asthma in children are colds and allergies. After infancy allergies become particularly important and avoiding the allergens to which your child is allergic may help improve their asthma.

A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment. If your child has asthma, make sure you know how to use your child's inhaler properly and attend the yearly review with your GP.

Asthma often runs in families and parents should avoid smoking indoors or near to their children.

- 1 My child seems to wheeze and cough a lot, it seems to get worse at night.
- 2 Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you talked to your Health Visitor?
- 3 If symptoms persist see your GP. If your child has a serious asthma attack **call 999.**

Source: Department of Health, Birth to five 2009



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing.

Parents should regularly attend their local asthma clinic and get regular support on better management of their child's asthma at home. This will save unnecessary trips to hospital. All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid are offered the seasonal flu vaccine. In addition, any child over six months who has been admitted to hospital with a lower respiratory tract infection should also be offered the seasonal flu vaccine.

Spotting symptoms

This example shows areas where allergy sufferers may experience symptoms. Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

Eyes

Itchy eyes, watery eyes, prickly eyes, swollen eyes, 'allergic shiners' - dark areas under the eyes due to blocked sinuses.

Airways

Wheezy breathing, difficulty in breathing, coughing (especially at night time), shortness of breath.

Nose, throat and ears

Runny nose, blocked nose, itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of sense of smell and taste, sore throat, swollen larynx (voice box), itchy mouth and/or throat, blocked ear and glue ear.

Skin

Urticaria

Wheals or hives, bumpy, itchy raised areas, rashes.

Eczema

Cracked, dry or weepy, broken skin.

Digestion

Swollen lips/tongue, stomach ache, feeling sick, vomiting, constipation, diarrhoea, bleeding from the bottom, reflux, poor growth.

Allergies

Managing and understanding your child's allergy

50% of children in the UK have allergies. For parents it is a learning curve in understanding what to avoid and how to control and manage the allergy. Find out as much as you can. There are many types of allergies.

An allergy is when the body has a reaction to a protein such as foods, insect stings, pollens, house dust mite or another substance such as antibiotics. There are many common allergies. Some families seem to include more individuals with allergies than other families. Children born into families where allergies already exist show a higher than average chance of developing allergies themselves.

Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood illnesses. Urticaria can be one of the first symptoms of an allergic reaction. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your GP.

1

Food allergies occur when the body's immune system reacts negatively to a particular food or food substance.

2

Allergens can cause skin reactions (such as a rash or swelling of the lips, face and around the eyes), digestive problems such as vomiting and diarrhoea, and hay-fever-like symptoms, such as sneezing.

3

Children are most commonly allergic to cow's milk, hen's eggs, peanuts and other nuts, such as hazelnuts and cashew.

Anaphylactic shock

Anaphylaxis is a dangerous type of allergic reaction which is most likely to be caused by particular foods, insect bites or medicines.

Early signs of allergic reaction:

- Swelling and itching; the face may be flushed and wheals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting or abdominal pain.

Anaphylaxis or severe reactions:

- Difficulty breathing, coughing and/or wheezing.
- Loss of colour; cold and clammy.
- Loss of consciousness (may appear asleep).

Call 999 and tell the operator you think the child has anaphylaxis.

If available, an adrenaline injection should be given as soon as a serious reaction is suspected. If you already have an EpiPen or injection device, make sure you know the correct way to use it in advance of an emergency.



Call 0800 022 4332 or visit www.smokefree.nhs.uk

Source: Allergy UK

Source: NICE - Testing for food allergy in children and young people



Health Visitor says

If you are breastfeeding continue to do so. While breastfeeding you should increase your fluid intake to help maintain milk supply.

Source: www.nhs.uk/conditions



Pharmacist says

There are lots of ways you can care for your child at home. Things to try are:

- ✓ Give them regular drinks - try small amounts of cold water. Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or anti-bacterial hand gel and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with water. It helps with dehydration.

If your child is unwell for more than 24 hours speak to your GP. If your baby is newborn or very unwell contact your GP straight away.

Upset tummy

Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. If your child is not vomiting frequently, is reasonably comfortable in between and you are able to give them frequent small amounts of water, they are less likely to become dehydrated and probably don't need to see a Doctor.

Speak to your GP if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration. →

If you're breastfeeding, keep on doing so even more frequently. Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

Keep them away from others, especially children, who may pick up infection. Be extra careful with everyone's handwashing.

1

My baby has diarrhoea and is being sick.

2

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your Pharmacist and ask about a rehydrating solution.

3

Speak to your GP if symptoms show no sign of improvement after 24 hours or straight away if they are newborn.

Signs of dehydration

- ✓ Less wet nappies (i.e. they wee less).
- ✓ More sleepy than usual.
- ✓ Dry mouth.
- ✓ Sunken fontanelle (i.e. the soft spot is more dipped in than usual).

Try rehydrating solution from your Pharmacist.



Bottle-fed baby

If a bottle-fed baby becomes constipated you can try offering cooled boiled water between feeds (never dilute baby milk). If the problem doesn't go away, talk to your Health Visitor or GP again.



Constipation

Easy to treat

Constipation is a very common problem in children. Many children normally pass stools as far apart as every few days. Regardless, you should treat hard stools that are difficult to pass and those that happen only every three days as constipation.

From day four and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools. Switching the type of milk or formula can also cause constipation.

Many things contribute to constipation but infants and children who get well-balanced meals typically are not constipated.

Ask your Health Visitor for advice. In rare cases, constipation can be due to an underlying illness, so if the problem doesn't go away in a few days, it's important to talk to your GP.

1

Does my child have a balanced diet?

2

If your child is constipated, they may find it painful to go to the toilet.

3

Ask your Health Visitor or Pharmacist whether a suitable laxative may help.

Source: NICE guidelines 2009, constipation in children



Health Visitor says

For babies over six months

To avoid constipation and help stop it coming back make sure your child has a balanced diet including plenty of fibre such as fruit, vegetables, baked beans and wholegrain breakfast cereals. We do not recommend unprocessed bran (an ingredient in some foods), which can cause bloating, flatulence (wind) and reduce the absorption of micronutrients. Drink plenty of fluids.



Earache and tonsillitis

A baby's ears need to be treated with care

Ear infections, which can result in earache are common in babies and toddlers. They often follow a cold and can sometimes cause a temperature. A child may pull at their ear, but babies often cannot tell where their pain is coming from, so they just cry and seem generally uncomfortable.

Babies have some natural protection against infections in the first few weeks - this is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles and painkillers from the Pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Tonsillitis

Earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your GP if symptoms last longer than four days or become more serious with severe pain, a very high temperature or breathing difficulties.

What are the signs of an ear infection?

The signs are a raised temperature, general irritability and pain or discomfort. The ears may be red and your baby may pull them because they are uncomfortable. They may even have a pus-like discharge, which can also be associated with a blocked feeling in the ear or hearing loss. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks).

1

My toddler has earache but seems otherwise well.

2

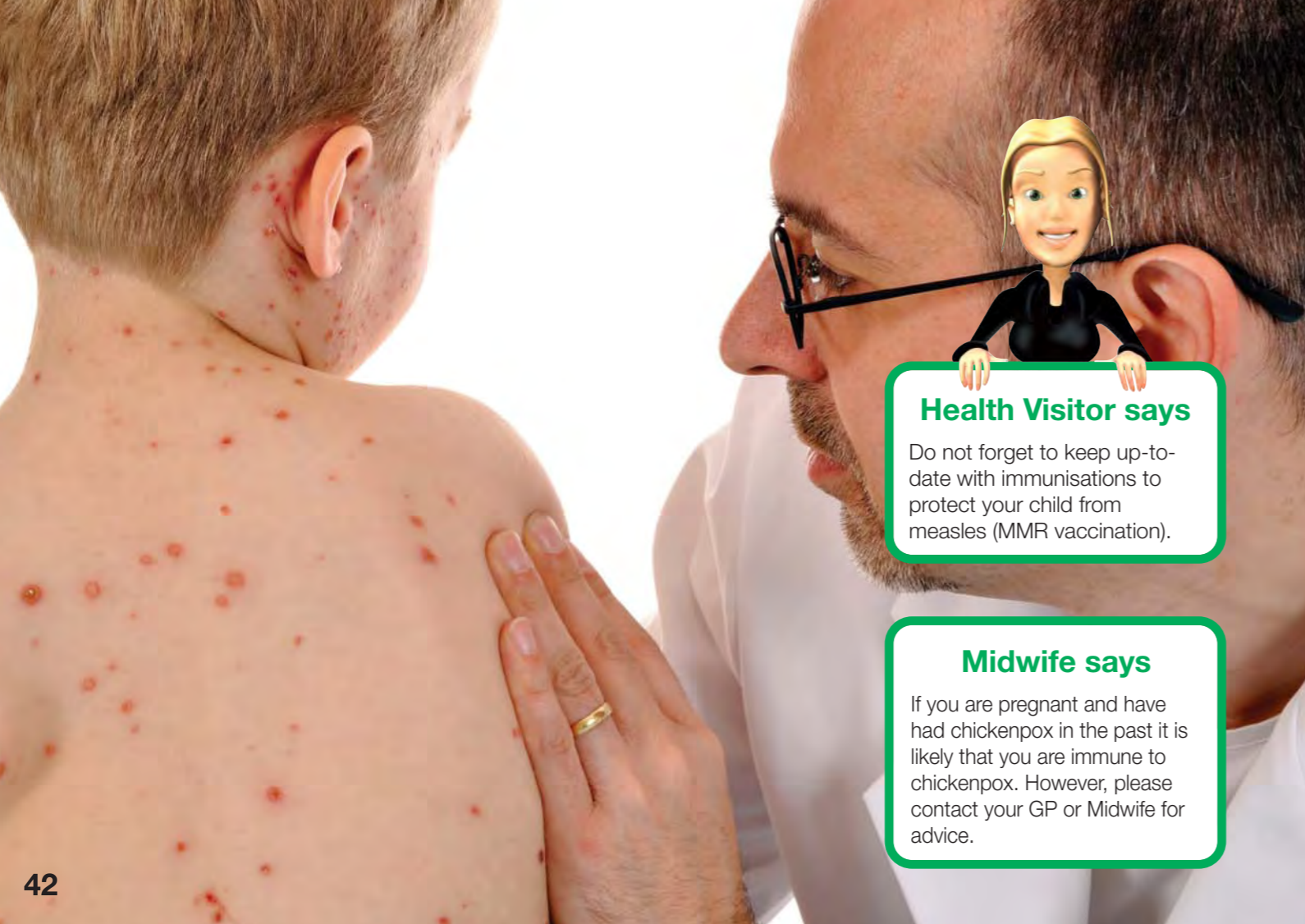
Have you tried infant paracetamol or ibuprofen from your Pharmacist?

3

Most ear infections get better by themselves. Speak to a Doctor if symptoms show no sign of improvement after 24 hours, your child seems in a lot of pain or you notice fluid coming from the ear.

To reduce ear infections

- A baby's ears need to be treated with care.
- Never use a cotton bud inside your child's ear.
- If they have a temperature wax may ooze out.
- Use different, clean, damp cotton wool on each ear to gently clean around the outer area.
- Avoid smoke.
- Do not use ear drops or oil unless prescribed by your GP.
- If your child is still not hearing six weeks after infection, your Health Visitor can refer them to audiology.



Health Visitor says

Do not forget to keep up-to-date with immunisations to protect your child from measles (MMR vaccination).

Midwife says

If you are pregnant and have had chickenpox in the past it is likely that you are immune to chickenpox. However, please contact your GP or Midwife for advice.

Chickenpox and measles

Take rashes seriously

Chickenpox

Chickenpox is a mild disease that most children catch at some point. The spots often look like mosquito bites and can appear on any part of the body. After having chickenpox, the virus stays in the body. Later in life the virus can come back in a different form known as shingles.

Chickenpox is easy to pass on to someone who has not had it before. If your child has chickenpox keep them away from others.

Chickenpox can be incredibly itchy, but it's important for children to not scratch the spots so as to avoid future scarring. One way of stopping scratching is to keep fingernails clean and short. You can also put socks over your child's hands at night to stop them scratching the rash as they sleep.

If your child's skin is very itchy or sore, try using calamine lotion or cooling gels. These are available in pharmacies and are very safe to use. They have a soothing, cooling effect.

Painkillers

If your child is in pain or has a high temperature (fever), you can give them a mild painkiller, such as paracetamol or ibuprofen (available over-the-counter in pharmacies) ([see page 7 for advice on usage](#)).

Do not give aspirin to children under the age of 16.

Measles

Measles is a very infectious illness. About one in five children with measles experiences complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. One in 10 children with measles ends up in hospital. There is no treatment for measles. Vaccination is the only way of preventing it. If your children have not yet had the **MMR vaccination**, do not delay. Speak to your Health Visitor.

Once the rash starts, your child will need to rest and you can treat the symptoms until your child's immune system fights off the virus. If there are no complications due to measles, the symptoms will usually disappear within 7-10 days.

Closing curtains or dimming lights can help reduce light sensitivity.

Damp cotton wool can be used to clean away any crustiness around the eyes. Use one piece of cotton wool per wipe for each eye. Gently clean the eye from inner to outer lid.



Foods to avoid:

There is controversy over the role of diet in people with long-term hives. There are two groups of chemicals in some foods that may trigger urticaria. It is important to discuss your child's diet with your Health Visitor.

Avoid:

- Shellfish
- Strawberries, bananas, mangoes, pumpkin, tangerines, kiwi
- Tomatoes, peas
- Fish
- Chocolate
- Pineapple

Cut down on:

- Spices
- Orange juice
- Raspberries
- Tea

Source: Allergy UK



Urticaria or hives

Easy to confuse with more serious illnesses

Childhood rashes are very common and often nothing to worry about. Most rashes are harmless and go away on their own.

Urticaria or hives is a raised, red, itchy rash that appears on the skin. It can be frightening especially if you don't know the cause. It happens when a trigger causes a protein called histamine to be released in the skin. Histamine causes redness, swelling and itching, the rash can be limited to one part of the body or spread across large areas of the body. It can sometimes be confused with other types of more serious rashes such as meningitis.

Hives can be triggered by many things, including allergens (such as food or latex), irritants (such as nettles), medicines or physical factors, such as exercise or heat. But usually no cause can be identified. It's a common skin reaction that's likely to affect children. The rash is usually short lived and mild, and in many cases does not need treatment as the rash often gets better within a few days. If you're struggling with it, a medication called antihistamine usually helps. Creams help with the itching and are available over-the-counter at pharmacies. Speak to your Pharmacist for advice.

1

My child has developed itchy red spots.

2

It can be difficult to identify what has triggered the rash. Try to think about any new or different foods they have had.

3

If itching persists ask your GP about anti-histamine medication.



GP says

Some things which can trigger urticaria can be avoided, these include:

- Food such as peanuts, shellfish, eggs and cheese.
- Environmental factors such as pollen, dust mites or chemicals.
- Insect bites and stings.
- Emotional stress.
- Some medications - do not stop any prescribed medicines before you speak to your Health Visitor or GP.
- Physical triggers such as pressure to the skin, change in temperature, sunlight, exercise or water.

Source: www.nhs.uk/conditions/skin-rash-children

Dietician says

Salt and Sugar is added to nearly all processed products. Three-quarters of the salt and sugar we eat is already in the food, the rest is what we add to cooking or shake on our meals. Children need less than 5g of salt a day (2g sodium).



Juice drink

23g sugar
(5 teaspoons)



Pizza slice

2.8g salt



Fromage frais

12.4g sugar
(2 teaspoons)



What can I do?

Many parents are unaware of the dangers of childhood obesity but by following the top tips below you can make a difference to your child's health.

- 1. Sugar Swaps** - Swapping sugary snacks and drinks for ones that are lower in sugar can make a huge difference.
- 2. Meal Time** - It's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 3. Snack Check** - Many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try and keep a careful eye on how many the kids are having.
- 4. Me Size Meals** - It's important to make sure kids get just the right amount for their age.
- 5. 5 A Day** - 5 portions of fruit and/or vegetables a day.
- 6. Cut Back Fat** - Too much fat is bad for us. It's not always easy to tell where it's lurking.
- 7. Up and About** - Most of us spend too long sitting down. Keep active. Encourage your child to walk, you may need to use child safety reins.

Source: www.nhs.uk/Start4Life
DoH 2009 (www.dh.gov.uk/obesity).



Healthy lifestyles

Means many things

Living a healthy lifestyle means many things: having fun, eating well, being active, staying safe, getting enough sleep, taking care of our minds and bodies. Practical things too like making sure your child visits the Dentist regularly, their immunisations are kept up to date, they are receiving their free daily vitamin drops and that they attend health and development checks. Look out and be aware of your child's health in order to prevent illness and discuss any concerns with your Health Visitor. Developing a healthy attitude early on will help to ensure they become healthy throughout life.

Being physically active every day is important for healthy growth and development and impacts on their developing social skills. Babies should be encouraged to be active from birth. Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing during supervised floor play, including tummy time.

Minimise the amount of time children spend sitting watching TV, in a buggy, playing computer games and travelling by car, bus or train. Try to make exercise fun and part of everyday life for all the family.

1

How much exercise should my child have daily?

2

Children who can walk on their own should be active every day for at least three hours. This should be spread throughout the day, indoors and outside.

3

Safe, active play, such as using a climbing frame, riding a bike, playing in water, chasing games and ball games should be supervised.



Screen time

The first two years of life are a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, thinking and interacting, which all encourage learning and healthy physical and social development. Children who consistently spend more than four hours per day watching TV are more likely to be overweight (less time for play). TV and electronic media can limit communication and speech skills, resulting in the child preferring to listen rather than take part in a real-life conversation. TV can affect sleep patterns too.



Childhood obesity

Get the healthy future they deserve

Many parents are unaware of the serious health implications of children being overweight (or obese) with a greater risk of long-term health problems, including cardiovascular problems and type 2 diabetes. Overweight babies and toddlers are more than five times as likely to be overweight as children and adults. Good eating and exercise habits need to be developed early in life. Talk to your Health Visitor about healthy meal ideas for all the family.

Being overweight is rarely to do with a medical problem, and is simply due to an unhealthy diet and not enough exercise. It is better to prevent your child becoming overweight in the first place. Good sleep patterns, a healthy varied diet and regular exercise will all help keep your child to a healthy weight.

The emotional consequences of obesity in childhood can be severe and long-lasting, including bullying and low self-esteem. Parents can find it difficult to talk to their child about being overweight as they feel guilty and they do not want to upset them by talking about it.

Parents often underestimate the amount of food that children eat and overestimate the amount of activity they do. Many parents believe their children are already active enough confusing 'being boisterous' with 'being active'

1

My mum confuses giving her grandson chocolate with being kind to him. She only wants him to be happy but I am worried.

2

It can be difficult, but try to explain to her why you would prefer him to have healthy snacks and that in the long run it is best for him.

3

Give her some healthy meal ideas and maybe send him along with some fruit or vegetable slices to snack on.



Be in control

It can be easy for busy parents (or family members) to prioritise their children's immediate happiness over their long-term health, by giving them the chocolate bar or sugary drink they are crying for. Many parents allow children to decide what goes into the supermarket trolley in order to avoid rows. You are responsible for what your child eats. What your child eats now will set up a pattern for life and overweight children are being set up for a lifetime of sickness and health problems.



Keeping them safe

Being a toddler means your child is discovering the world around them. This can result in bumps and bruises. It is almost impossible to prevent every accident although there are things we can do at home which might help.

Bumps and bruises

Part of growing up

Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected, which are the more serious bumps. If your child has unexplained bruising or injury you need to find out how this happened.

If it looks like the bump may swell then use a cold flannel (soaking the cloth with cold water) or ice pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

If your child has had a bump to the head and it looks serious or symptoms worsen call a Doctor. Read the information on the right. ➡

If your child is under a year old and has a bump on the head get advice from your GP.

- 1** After a fall comfort the child, check for injuries, treat bumps and bruises.
- 2** Give the child some painkillers and let them rest whilst watching them closely.
- 3** Seek immediate help if:
 - They have seriously injured themselves.
 - They are unconscious.
 - They have difficulty breathing.
 - They are having a seizure.

If you are still worried, contact your GP or GP out-of-hours service. If you cannot get help go straight away to the Accident and Emergency Department.

Head injury

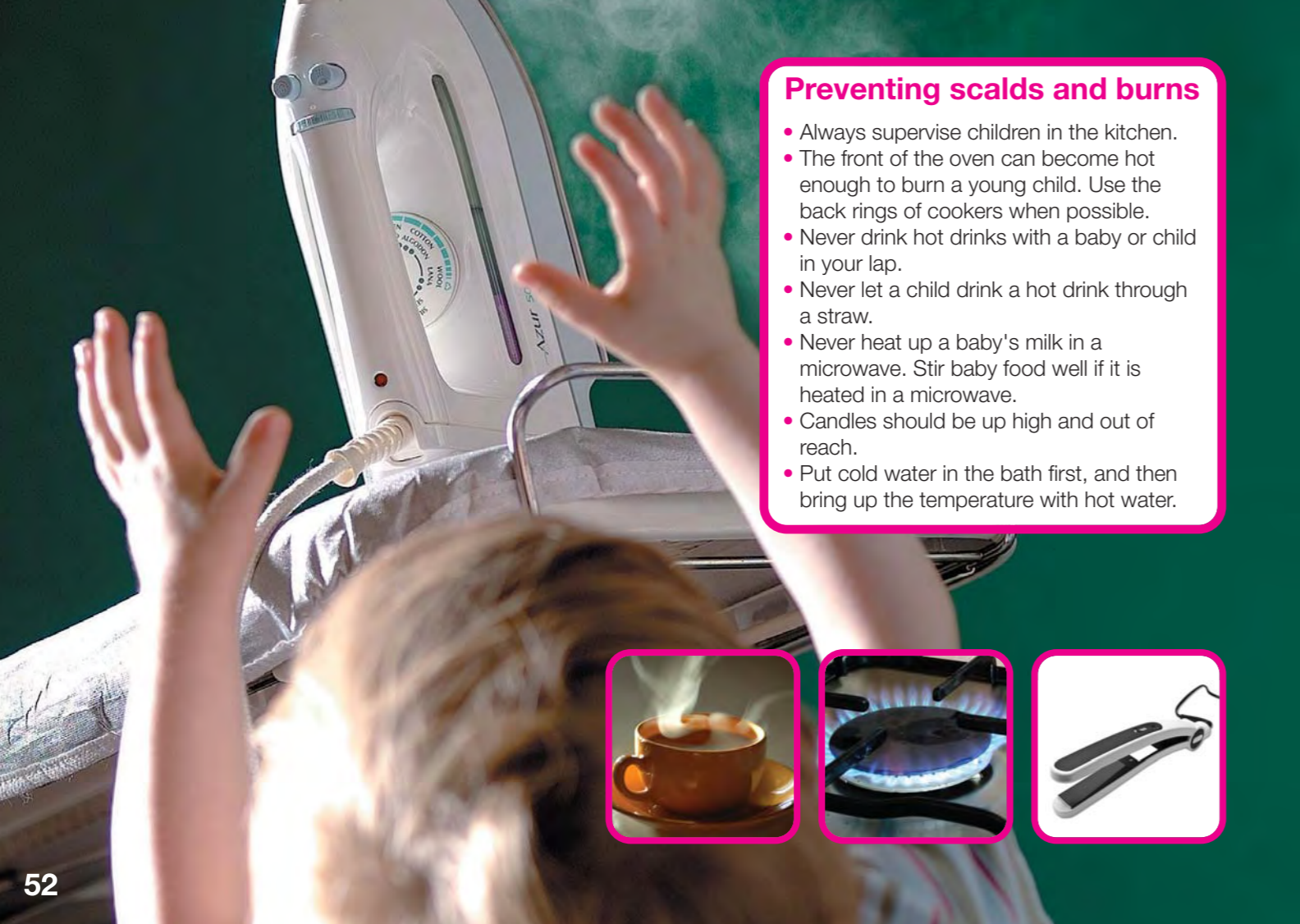
One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

You need to get medical attention if:

- **They are vomiting persistently (more than three times).**
- **They are complaining it hurts.**
- **They are not responding at all.**
- **Pain is not relieved by paracetamol or ibuprofen.**

If they are tired from what's happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their drowsiness, then you should wake your child an hour after they go to sleep.

Check that they are okay, and that they are responding normally throughout the night.



Preventing scalds and burns

- Always supervise children in the kitchen.
- The front of the oven can become hot enough to burn a young child. Use the back rings of cookers when possible.
- Never drink hot drinks with a baby or child in your lap.
- Never let a child drink a hot drink through a straw.
- Never heat up a baby's milk in a microwave. Stir baby food well if it is heated in a microwave.
- Candles should be up high and out of reach.
- Put cold water in the bath first, and then bring up the temperature with hot water.



Burns and scalds

Knowing what to do

A burn is damage to the skin, which is caused by direct contact with something hot. Burns can also be caused by certain chemicals, electricity and friction. A scald is a burn that is caused by a hot liquid or steam. Scalds are treated in the same way as burns.

Treat any burn or scald straight after the accident but always take your child to hospital for anything more than a very small burn or scald. A baby's skin is very delicate and can be scarred without the right treatment.

Cool the burnt area by placing under cool running water for at least 20 minutes (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Give paracetamol or ibuprofen ([see page 7 for advice on usage](#)). Take your child to hospital.

Babies/toddlers pull up on everything when learning to stand and walk. Keep hot drinks out of reach and not on tablecloths that they may pull onto themselves. Look at home safety equipment like a stairgate to keep them safe.

1

My child has burnt or scalded themselves.

2

Treat the burn or scald straight after the accident by running under cold water for 20 minutes. Do not use creams, lotions or ointments on the burn or scald.

3

For small burns take your child to the Practice Nurse or Minor Injuries Unit. **For large or facial burns you should go to A&E.**



GP says

Do

Hold the affected area under cold water for at least 20 minutes. Cover the burn with cling film if you have some, then wrap in a cloth soaked in cool water.

Don't

Apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who'll have to clean the area before it can be treated.

If you are still worried call **NHS 111**. If you cannot get help straight away go to the Accident and Emergency Department.

Cuts

Glass causes serious cuts with many children ending up in A&E.

PREVENTION:

Do not leave drinking glasses on the floor. Make sure glass bottles are kept up high.

WHAT TO DO:

- If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth.
- If the cut is serious, is bleeding a lot or has a piece of glass under the skin (maybe they trod on some glass) go to A&E.

Drowning

Many children drown, often in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or fill in a garden pond to use as a sand pit.
- Make sure your child learns to swim.

WHAT TO DO:

Get your child out of the water. Try to get them to cough up any water. If they are not responding **call 999**.
www.redcrossfirstaidtraining.co.uk

Poisoning

Poisoning from medicines, household products and cosmetics are common.

PREVENTION:

Lock all chemicals, medicines and cleaning products away.

WHAT TO DO:

Find out what your child has swallowed and take it with you when you go to A&E.

Strangulation

Window blind cords and chains can pose a risk for babies and children who could injure or even strangle themselves on the hanging looped cords.

PREVENTION:

- Install blinds that do not have a cord, particularly in a child's bedroom.
- Pull cords on curtains and blinds should be kept short and kept out of reach.
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.
- Do not place a child's cot, bed, playpen or highchair near a window.
- Do not hang toys or objects on the cot or bed that could be a hazard.
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR.
www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

Untangle child, **call 999** and start CPR.

Source: The Royal Society for the Prevention of Accidents (RoSPA)

Household accidents

Falls

For babies the biggest danger is rolling off the edge of a bed, or changing surface. For toddlers it is more about falling from furniture or down stairs.

PREVENTION:

- Make sure your baby cannot roll off any surfaces, put pillows around them.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile. Make sure balconies are locked and fit restrictors and safety locks to windows.

WHAT TO DO:

If your child has a serious fall **call 999**.

Choking

Babies and toddlers can easily swallow, inhale or choke on small items like balloons, peanuts, buttons, plastic toy pieces, strings or cords.

PREVENTION:

- Check on the floor and under furniture for small items.
- Check that toys are age appropriate and in good condition.
- Find out more about CPR (a first aid technique that is a combination of rescue breaths and chest compressions. Sometimes called the kiss of life).

WHAT TO DO:

If your child is choking act immediately and calmly. Make sure you do not push the object further down the throat. Encourage your child to cough. Use back blows, if they become unconscious call for help (do not leave your child alone) and start CPR.

www.redcrossfirstaidtraining.co.uk

Head injury

One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

You need to get medical attention if:

- They are vomiting persistently (more than three times).
- They are complaining it hurts.
- They are not responding at all.
- Pain is not relieved by paracetamol or ibuprofen.

If they are tired from what's happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their drowsiness, then you should wake your child an hour after they go to sleep.

WHAT TO DO:

Check that they are okay, and that they are responding normally throughout the night.



Health Visitor says

Babies and toddlers can easily swallow, inhale or choke on small items like lolly sticks, balloons, peanuts, buttons, nappy sacks, plastic toy pieces or cords. Is your baby's environment safe?

Choking

Act immediately and calmly

Children, particularly between the ages of about one and five, often put objects in their mouth. This is a normal part of how they explore the world. Some small objects, like marbles and beads, are just the right size to get stuck in a child's airway and cause choking. The best way to avoid this is to make sure small objects like these are out of your child's reach.

In most cases you, or someone else, will see your child swallow the object that causes the choking. However, there can be other reasons for coughing. If your child suddenly starts coughing, is not ill and often tries to put small objects in their mouth, then there is a good chance that they are choking.

If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows. If back blows don't relieve the choking, and your child is still conscious, give chest thrusts to infants under one year or abdominal thrusts to children over one year. Even if it is expelled, get medical help.

Unconscious child with choking:

If a choking child is, or becomes unconscious, put them on a firm flat surface.

- Call out or send for help. **Call 999.**
- Don't leave the child at this stage.
- Open the child's mouth. If the object is clearly visible, and you can grasp it easily, remove it.
- Start cardiopulmonary resuscitation (CPR).
Visit www.redcrossfirstaidtraining.co.uk

If your child is choking:

- If you can see the object, try to remove it. But **do not poke blindly with your fingers**. You could make things worse by pushing the object in further.
- If your child is coughing loudly, there is no need to do anything. Encourage them to carry on coughing and don't leave them.
- If your child's coughing is not effective (it's silent or they cannot breathe in properly), shout for help immediately and decide whether they are still conscious. **Call 999.**
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows.



Back blows for children under one year

- Support your child in a head-downwards position. Gravity can help dislodge the object.

- Sit or kneel and support the child on your lap. If this is not possible, support your child in a forward-leaning position and give the back blows from behind.
- Don't compress the soft tissues under the jaw as this will make the obstruction worse.
- Give up to five sharp blows to the back with the heel of one hand in the middle of the back between the shoulder blades.

If back blows don't relieve the choking and your child is still conscious, and under one year give chest thrusts.

Chest thrusts for children under one year

- Support the baby down your arm, which is placed down (or across) your thigh as you sit or kneel.
- Find the breastbone and place two middle fingers in the middle.
- Give five sharp chest thrusts, compressing the chest by about a third of its diameter.



Abdominal thrusts for children over one year

- Stand or kneel behind the child. Place your arms under the child's arms and around their upper abdomen.

- Clench your fist and place it between navel and ribs.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to five times.
- Make sure you don't apply pressure to the lower ribcage as this may cause damage.

If back blows don't relieve the choking and your child is still conscious, and over one year give abdominal thrusts.

Back blows for children over one year

- Back blows are more effective if the child is positioned head down.
- Put a small child across your lap as you would a baby.
- If this is not possible, support your child in a forward-leaning position and give the back blows from behind.

Following chest or abdominal thrusts, reassess your child:

- If the object is not dislodged and your child is still conscious, continue the sequence of back blows and either chest thrusts or abdominal thrusts.
- Call out or send for help if you are still on your own.
- Don't leave the child at this stage.

How to resuscitate a child

Back blows, chest thrusts & cardiopulmonary resuscitation (CPR)

Babies under one year old

1. Open the baby's airway by placing one hand on the forehead while gently tilting the head back and lifting the chin. Remove any visible obstructions from the mouth or nose.
2. Place your mouth over the mouth and nose of the infant and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**.
3. Place two fingers in the middle of the chest and press down by one-third of the depth of the chest. After 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two **rescue breaths**.
4. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives.

Children over one year old

1. Open their airway by placing one hand on the forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from the mouth or nose.
2. Pinch their nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**.
3. Place your hands on the centre of their chest and, with the heel of your hand, press down by one-third of the depth of the chest using one or two hands.
4. After every 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two **rescue breaths**.
5. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives.



There are 100,000 new cases of skin cancer in the UK every year. Cancer groups are working together to tell us about sun damage from an early age. As parents we can take simple measures to protect our children. Remember babies and toddlers are not interested in tanning and sunburn can cause damage to their skin.

Source: www.britishskinfoundation.or.uk
www.nhs.uk

Vitamin D

Is your child getting enough?

Vitamin D is important for good health, strong bones and growth. Most foods contain very little vitamin D naturally and it is mostly made in the skin by exposure to sunlight. However, you shouldn't over-expose your child to the sun, as casual sun exposure is enough.

Vitamin D helps your baby's body absorb calcium, which is needed for the healthy development of strong bones and teeth.

Sun safety

Protect their skin

Keep your child cool and protect them from the sun and heat. Babies under six months should be kept out of the sun and older children should be allowed in the sun for a limited time only, and their skin should be well protected. Stay out of the sun, especially during the middle of the day. All types of skin, fair or dark, need protection.

Attach an effective sunshade to the pushchair to keep them out of direct sunlight. A sun hat, with a wide brim or a long flap at the back, will protect your child's head and neck from the sun. Try to use loose long sleeved clothing. Apply high factor suncream regularly, particularly if your child is in and out of the sea or a paddling pool.

If your baby is under six months, offer more fluids and if breastfeeding, breastfeed more often. If your baby is over six months old encourage them to drink water. For older toddlers and children, plenty of fruit will also help to keep their fluid levels up.

1

It is a bright day and your child is playing outside.

2

Are they in the shade and wearing sunscreen? Are they wearing a hat, long sleeves and trousers?

3

Make sure you protect your child's head, skin and eyes especially during the middle of the day.



Pharmacist says

The higher the SPF (Sun Protection Factor) the better the protection for the skin. You should use a complete sun block on your baby or toddler. SPFs of up to 60 are available and these block out almost all of the sun's rays. Even with suncream, keep them in the shade whenever you can and make sure newborn babies are never in the sun. Don't forget to protect their head, skin and eyes. For older children, you can buy sunglasses from a pharmacy.



If you are the victim

Many people find it difficult to understand why people stay in abusive situations. Fear, love, the risk of homelessness and money worries can make it difficult for women with children to leave. If you are a victim of domestic abuse, you are not the only victim - your children are too. You can report domestic abuse to any professional. There are many agencies working in Staffordshire who will help you to access support. For more information, call Staffordshire Women's Aid 24 hour freephone helpline 0870 2700 123.

Even if you think an incident is just a one-off, other professional agencies may already have concerns. So your information could be very important.

Long-term abuse is much more likely to cause problems for a child or young person as they get older. The longer children are exposed to violence, the more severe the effects on them are. These can include a lack of respect for the non-violent parent, loss of self-confidence (which will affect their ability to form relationships in the future), being over-protective of a parent, loss of childhood, problems at school and running away.

Domestic abuse

Keeping your child safe

You are not responsible for your abuser's behaviour. You or your child do not deserve to experience any form of abuse. Your abuser may blame you and other things like being drunk, pressure of work, unemployment and minimise or deny what they are doing. You may have tried changing what you do, say and wear to try to pacify and not to antagonise the situation. Violence rarely happens only once and will get more and more serious as time goes on. You need to make sure you and your child are safe. It's not easy to accept that a loved one can act in this way and you may be trying to make the relationship work.

Domestic abuse can affect children in many ways. They may feel frightened, become withdrawn, aggressive or difficult, bedwet, run away, have problems at school, lack concentration and suffer emotional upset. Domestic abuse places children at risk of significant harm and professional support is needed. It is best that action is taken early to stop things getting worse. Keeping your child safe is your responsibility. Children can often get caught up in the crossfire and become victims.

Children need time to discuss the feelings they have about violence or abuse. Children need to know that it is not their fault and that this is not the way relationships should be.

1

I am being abused and it is effecting my child but if I contact someone it may get worse.

2

Don't keep what is happening secret, you have nothing to be ashamed of. The longer abuse goes on the harder it gets to take some action.

3

Don't suffer alone, get help by talking to someone you trust or contact one of the organisations listed. Be a survivor - not a victim.

What is domestic abuse?

Abuse can take many forms:

- Physical including sexual violence.
- Mental and verbal cruelty.
- Financial control.
- Controlling behaviour.

The facts

Domestic abuse affects many families. Women are at increased risk of domestic abuse during pregnancy and the first year after giving birth, even if there has not been any abuse before. Men can also be victims. Children do hear, they do see and they are aware of violence at home, even if you think they do not. Children react in different ways to violence and research suggests that they are more likely to become abusers or victims later in life.

Useful national contacts

Allergy UK

01322 619 898 www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453
9.30am-10.30pm www.abm.me.uk

Asthma UK

0800 121 62 44 www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

Child Accident Prevention Trust

020 7608 3828 www.capt.org.uk

Cry-sis

08451 228 669 www.cry-sis.org.uk

Dental Helpline

0845 063 1188

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222 www.familylives.org.uk

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

0845 120 2918 available 24 hours
7 days a week. www.laleche.org.uk

The Lullaby Trust

www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388 www.meningitisnow.org

National Breastfeeding Network Helpline

0300 100 0212, 9.30am-9.30pm
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700 8am-10pm 7 days a week
www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

NHS Choices

Online information from the NHS on conditions, treatments, local services and healthy living. www.nhs.uk

Red Cross

Information on CPR (kiss of life).
www.redcrossfirstaidtraining.co.uk

Start4Life

Healthy tips.
www.nhs.uk/start4life

Stay at Home Dads

Dad's views, chat, news and support.
www.stayathomedads.co.uk

To find an NHS Dentist

Call **NHS 111** or visit www.nhs.uk
In an emergency or for out-of-hours treatment call your Dentist or **NHS 111**

The Institute of Health Visiting

Tips for parents. www.iHV.org.uk

For local services

www.healthwatchstaffordshire.co.uk/information-hub/resources/choose-well or www.nhs.uk/Service-Search
This includes late night Pharmacies, Minor Injuries Units and Walk-in Centres.

Staffordshire Mental Health Helpline

For over 18s feeling concerned, worried, stressed or low or who are worried about someone they know.
0808 800 2234
www.staffordshirementalhealth.info

Young Minds

Worried about your child's behaviour, emotional problems or mental health?
www.youngminds.org.uk

Staffordshire Families Information Service

Information on childcare, Children's Centres and family activities.
0300 111 8007
fis@staffordshire.gov.uk

First Response

If you are worried about the safety or care of a child. 0800 1313 126

Useful local contacts

Staffordshire Cares

Family advice and advice on improving your health visit.
0300 111 8010
www.staffordshirecares.info

Staffordshire Marketplace

Parent support, services and things to do.
www.staffordshiremarketplace.co.uk

GP Out of hours

GPs are experts in everyday health problems. If you need to contact a GP out of hours call **NHS 111**.

Minor Injuries Units/Walk-in Centres

If you are in any doubt about which service you need, or which is your closest service, please call **NHS 111**.

Cannock Chase Minor Injury Unit (10.30am-6.30pm)

Cannock Chase Hospital, Brunswick Road, Cannock WS11 5XY.
01543 576200

Samuel Johnson Community Hospital (24h)

Trent Valley Road, Lichfield, Staffordshire WS13 6EF.
01543 412900 Ext 3130

Accident and Emergency (A&E)

For immediate life-threatening emergencies call 999

County Hospital (Not 24h)

Stafford ST16 3SA. 01785 257731 Press 4

New Cross Hospital

Wolverhampton WV10 0QP. 01902 307999 Ext 5080

Manor Hospital

Walsall WS2 9PS. 01922 721172 Ext 7045

Queen's Hospital

Burton-upon-Trent DE13 0RB. 01283 566333 Ext 5004

Russells Hall Hospital

Dudley DY1 2HQ. 01384 456111 Ext 2300

Alcohol and drugs

T3 - Young people's service

01785 241393

www.cri.org.uk/t3_staffs.php

One Recovery - Adult service

www.adsolutions.org.uk/one-recovery-staffordshire

The Good Life

Home grown by the community of Cannock Chase, this website is packed with activities to show living a healthy lifestyle is great fun. www.thegoodlife.uk.net