

Winter Edition

NHS

Cambridgeshire and
Peterborough
Clinical Commissioning Group

Your Guide to Childhood Illnesses



Spotting the signs of a serious illness

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

The following symptoms should always be treated as serious and you should always get medical advice:

- ▶ a high-pitched, weak or continuous cry, or if your baby cries inconsolably and doesn't stop crying
- ▶ a lack of responsiveness, marked slowdown in activity or increased floppiness
- ▶ in babies, a bulging fontanelle (the soft spot on a baby's head)
- ▶ neck stiffness (in a child)
- ▶ not drinking for more than eight hours (taking solid food is not as important)
- ▶ a temperature of 38C (100.4F) or higher for a baby less than three months old, or 39C (102.2F) or higher for a baby aged three to six months old.
- ▶ a high temperature, but cold feet and hands
- ▶ a high temperature, coupled with quietness and listlessness
- ▶ fits, convulsions or seizures
- ▶ turning blue, blotchy, very pale, mottled or ashen
- ▶ difficulty breathing, fast breathing, grunting while breathing, or if your child is working hard to breathe, for example, sucking their stomach in under their ribs
- ▶ your baby or child is unusually drowsy, hard to wake up or doesn't seem to recognise you
- ▶ your child is unable to stay awake, even when you wake them
- ▶ a spotty, purple-red rash anywhere on the body (this could be a sign of septicaemia associated with meningitis); but do not wait for a rash if you suspect meningitis
- ▶ repeated vomiting or bile-stained (green) vomiting.

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

Always trust your instincts as you know what's different or worrying behaviour in your child.

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

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

Registering you baby with a doctor

It's worthwhile registering your baby with your local doctor as soon as you get a chance, just in case you need to book an appointment to see the doctor. You can register by phoning your usual GP practice, who will be able to help you. If you are not registered with a GP then visit www.nhs.uk to find one near you.

Medicine cupboard essentials

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

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

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



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

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

Bronchiolitis

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

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

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

Contact your GP if you are worried about your child, or if your child develops any of the following symptoms:

- ▶ struggling to breathe
- ▶ poor feeding (your child has taken less than half the amount that they usually do during the last two or three feeds)
- ▶ no wet nappy for 12 hours or more
- ▶ a breathing rate of 50-60 breaths a minute
- ▶ a high temperature of 38°C (100.4°F) or above
- ▶ seeming very tired or irritable.

It is particularly important to seek medical advice if your baby is under 12 weeks old or if they have an underlying health problem, such as a congenital (present from birth) heart or lung condition.

Colds and coughs

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

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

If your child is feeding, drinking, eating and breathing normally, and there's no wheezing, a cough isn't usually anything to worry about. Nasal congestion and coughs can last an additional two weeks.

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

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

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



Ear infections

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

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

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



Diarrhoea and vomiting

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

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

Green

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

If your child:

- ▶ looks well, is awake and responsive
- ▶ is having wet nappies or passing urine
- ▶ has warm hands and feet
- ▶ has normal skin colour
- ▶ wants to drink.

What to do:

- ▶ continue breastfeeding or offering other milk feeds
- ▶ encourage drinking
- ▶ try not to give fruit juices and fizzy drinks, even flat fizzy drinks
- ▶ offer rehydration fluids available from your GP or local pharmacy.

Diarrhoea usually lasts for five to seven days and stops within two weeks. Vomiting usually lasts for one to two days and stops within three days.

Amber

If your child:

- ▶ looks unwell
- ▶ is irritable and/or lethargic
- ▶ has drier nappies and is passing less urine
- ▶ has warm hands and feet
- ▶ has normal skin colour
- ▶ is not wanting to drink.

▶ **What to do:**

- ▶ continue breastfeeding
- ▶ offer rehydration fluids available from your GP or local pharmacy
- ▶ give fluids often and in small amounts
- ▶ try not to give fruit juices and fizzy drinks, even flat fizzy drinks
- ▶ at this stage try not to give solid food
- ▶ when fluid is tolerated without vomiting start usual milk feeds and food.

Red

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

- ▶ unable to tolerate any fluids
- ▶ has had six or more episodes of diarrhoea in the past 24 hours
- ▶ has vomited three times or more in the past 24 hours
- ▶ stopped breastfeeding in the past 24 hours.

Contact your local GP for advice.

Call for immediate medical help if:

- ▶ you are unable to wake your child
- ▶ they have pale or mottled skin
- ▶ they have cold hands and feet
- ▶ they have sunken or dark eyes
- ▶ they have a sunken soft spot on the top of the head (for babies).

Meningitis

Meningitis can affect anyone but babies and young children are the most at risk, with around half of all cases occurring in the under-fives. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. Many different organisms can cause meningitis but the most common are viruses and bacteria. Some bacteria that cause meningitis also cause septicaemia (blood poisoning).

Early symptoms of meningitis may be similar to having a cold or the flu (these include fever, vomiting, irritability and restlessness). However, children with meningitis and/or septicaemia can become seriously ill within hours, so it's important to recognise the signs. **Trust your instincts – get medical help immediately if you are concerned.**

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

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

Some bacteria can cause meningitis and septicaemia, which people often have together. Despite effective vaccines being available to prevent some types of meningitis, there are still thousands of cases in the UK every year.

It is important to be aware of all the signs and symptoms. **If someone is ill and getting worse, get medical help immediately, do not wait for a rash.** Below is a list of common signs and symptoms of meningitis and septicaemia (symptoms can appear in any order and some may not appear at all):

- ▶ fever, cold hands and feet
- ▶ refusing food and vomiting
- ▶ fretful, dislike being handled
- ▶ drowsy, floppy, unresponsive
- ▶ rapid breathing or grunting
- ▶ pale, blotchy skin, spots/rash
- ▶ unusual cry, moaning
- ▶ tense, bulging fontanelle (soft spot on a young baby's head)
- ▶ stiff neck, dislike bright lights
- ▶ convulsions/seizures (fits).

Glass test: A person with septicaemia may have a rash of tiny 'pin pricks' that later develops into purple bruising. If you press the side of a clear glass firmly against the skin and the rash doesn't fade under pressure, it's a sign of meningococcal septicaemia. **A fever with a rash that doesn't fade under pressure is a medical emergency, and you should seek immediate medical help.** However, not everyone will get a rash so do not wait for a rash. If someone is ill and getting worse, get medical help immediately.

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

Whooping cough

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

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

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

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

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

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

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

Temperatures and febrile convulsions/seizures

In children under five, a fever is considered to be a temperature higher than 37.5C (99.5F). Fever is very common in young children. Fever is usually caused by a minor viral infection, such as a cough or cold, and it can normally be treated at home.

Your child may have a fever if they:

- ▶ feel hotter than usual when you touch their forehead, back or stomach
- ▶ feel sweaty or clammy
- ▶ have flushed cheeks.

Check your child's temperature with a thermometer, preferably a digital ear thermometer. You can buy these from your local pharmacy, supermarket or online and make sure you follow the instructions on using it. Forehead thermometers should not be used as they can give inaccurate results.

If your child has a fever then you should encourage them to drink plenty of fluids (or offer regular feeds if you are breastfeeding) and only offer them food if they seem to want it. Keep an eye out for signs of dehydration, which can include a dry mouth, no tears, sunken eyes and, in babies, fewer wet nappies and a sunken fontanelle (the soft spot on the head). You should also check on your child from time to time during the night. You should also keep them away from childcare, nursery, preschool or school and let them know your child is unwell.

If your child seems distressed, consider giving them children's paracetamol or ibuprofen, but these shouldn't be given together. Always check the instructions on the bottle or packet carefully, and never exceed the recommended dose. Never give aspirin to children under the age of 16.

There's no need to undress your child or sponge them down with tepid water. Research shows that neither helps to reduce fever, also avoid bundling them up in too many clothes or bedclothes.

A **febrile seizure** or **convulsion** is a fit that can happen when a child has a fever. They are quite common and, in most cases, aren't serious. Around one in 20 children will have at least one febrile seizure at some point but they most often occur between the ages of six months and three years.

The cause of febrile seizures is unknown, although they're linked to the start of a fever and in most cases they are caused by an infection.

During a febrile seizure, the child's body usually becomes stiff, they lose consciousness and their arms and legs twitch, some children might wet themselves.

If your child is having a febrile seizure, place them in the recovery position by laying them on their side, on a soft surface, with their face turned to one side. This will stop them swallowing any vomit, keep their airway open and help prevent them from hurting themselves. Stay with your child and try to make a note of how long the seizure lasts.

If it's your child's first seizure, or it lasts longer than five minutes, take them to your nearest A&E as soon as possible, or dial 999 for an ambulance. While it's unlikely that there's anything seriously wrong, it's best to be sure.

If your child has had febrile seizures before, and the seizure lasts for less than five minutes, phone your GP or NHS 111 for advice.

Don't put anything, including medication, in your child's mouth during a seizure because there's a slight chance that they might bite their tongue.

Almost all children make a complete recovery after having a febrile seizure.



Vaccination schedule (NHS)

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

Some babies and children will have side effects from their vaccinations and these include:

- ▶ redness, swelling or tenderness where they had the injection (this will slowly disappear on its own).
- ▶ a bit of irritability and feeling unwell.
- ▶ a high temperature (fever).

If your baby develops a fever, you can treat them with paracetamol or ibuprofen.

Never give painkillers before the vaccination.

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

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

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

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

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

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

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

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

Two, three and four year olds and children in primary school will be offered:

- ▶ Flu vaccine as a nasal spray vaccine.

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

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

Vaccinations during pregnancy

- ▶ Flu vaccine is normally available from September until early the following year. It is free to all pregnant women. Contact your midwife or GP for details.
- ▶ Whooping cough vaccine is an effective way of protecting your baby from whooping cough in the first weeks of their life. You should have the vaccine between 28-32 weeks pregnancy, although it may be given up to 38 weeks.

Choose Well

Your local NHS has a whole range of services which can help you and your family. The information below outlines the different NHS services available in Cambridgeshire and Peterborough.

Treat at home

There are lots of minor conditions you can treat at home with your medicine cupboard and plenty of rest. These include headaches, sore throats, chickenpox, cuts and grazes, stomach aches, coughs and colds, bumps and bruises. See page 4 for what you can have in your medicine cupboard.

Call NHS 111

Call NHS 111 if you urgently need medical help or advice but it's not a life-threatening situation.

You can also call NHS 111 if you're not sure which NHS service you need. You will speak to a highly trained adviser, supported by healthcare professionals.

They will ask you a series of questions to assess your symptoms and immediately direct you to the best medical care for you.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.



**when it's less
urgent than 999**

See your local pharmacist (chemist)

Your local high street pharmacy can provide confidential, expert advice and treatment for a range of common illnesses and complaints, without having to wait for a GP appointment. They can help with aches, pains, allergies, hay fever, skin conditions, coughs and colds, and medicines advice.

See your local GP

If you have an illness or injury that won't go away make an appointment with your GP or telephone for advice. They provide a range of services by appointment and when absolutely essential can make home visits. Some things GPs can help with are flu jabs, earache, persistent vomiting and diarrhoea, long-term conditions and emotional problems.

Visit your nearest Walk-in Centre or Minor Illness and Injury Unit

These offer convenient access to treatment for a range of minor illnesses and injuries. Conditions that can be treated include things that need an X-ray (available on weekdays (see page 18 for details); wounds – cuts and bruises (Tetanus immunisation can also be given); bites – human, insect and animal; minor burns and scalds; muscle and joint injuries – strains, sprains, limb fractures; sports injuries; emergency contraception; eye problems eg. removal of foreign bodies, conjunctivitis; earache (patients aged two years and over). Cystitis (not children or male patients); and minor head injuries (with no loss of consciousness).

Dial 999 or go to your nearest Emergency Department

You should only go to the Emergency Department or call 999 when it's a critical or life-threatening emergency. Emergency situations include choking, loss of consciousness, serious or life threatening conditions and severe bleeding that cannot be stopped. However, always trust your instincts and go to straight to the Emergency Department if you think it is an emergency.

Minor Illness and Injury Units / Walk-in Centre

Minor Illness and Injury Unit (MIIU):

Peterborough MIIU

City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 847 090

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

Opening hours:

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

Minor Injuries Units (these do not see children under two years old):

North Cambridgeshire Hospital

The Park, Wisbech
PE13 3AB
Tel: 01945 488 068

Opening hours:

Monday-Friday, 8.30am-6pm;
Closed Saturday, Sunday and Bank Holidays.
X-ray facilities: Monday-Friday, 9am to 4.45pm.

Princess of Wales Hospital

Lynn Road, Ely
CB6 1DN
Tel: 01353 656 675

Opening hours:

Monday-Sunday, 8am-8pm;
Bank Holidays, 8.30am-6pm;
Closed Christmas Day and New Year's Day.
X-ray facilities: Monday-Friday, 9am-4.45pm.

Doddington Community Hospital

Benwick Road
Doddington
PE15 0UG
Tel: 01354 644 243

Opening hours:

Monday-Friday, 8.30am-6pm;
Saturday, Sunday and Bank Holidays, 9am-5pm;
Closed Christmas Day and New Year's Day.
X-ray facilities: Monday-Friday, 9am-5.45pm;
Saturday and Sunday, 1pm-4.45pm.

Walk-in Centre

St Neots Health Centre

24 Moores Walk
St Neots
PE19 1AG
Tel: 01480 219 317

Out of hours service available:

Monday-Friday, 8am-9am and 6pm-8pm;
Saturday-Sunday, 9am-4pm;
Closed Christmas Day and Easter Sunday.



This document is also available in other languages, large print, and audio format upon request.

આ દસ્તાવેજ અન્ય ભાષાઓ, મોટા પ્રિન્ટ અને વનિંતી પર ઓડિયો બંધારણમાં માં પણ ઉપલબ્ધ છે.

Pageidaujant šį dokumentą galima gauti ir kitomis kalbomis, atspausdintą dideliu šriftu bei garso formatu.

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

Mediante solicitação, este documento encontra-se também disponível noutras línguas, num formato de impressão maior, em Braille e em áudio.

Su richiesta, questo documento è anche disponibile in altre lingue, in formato a caratteri ingranditi, Braille e audio.

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

by email to capccg.contact@nhs.net

by calling us on **01223 725317**

Website: www.cambridgeshireandpeterboroughccg.nhs.uk

