

Your Guide to Childhood Illnesses



STAYWELL

NHS

Cambridgeshire and
Peterborough
Clinical Commissioning Group

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.

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 temperature, but cold feet and hands.
- A high temperature that doesn't come down with paracetamol or ibuprofen.
- Your child is quiet and listless, even when their temperature is down.
- A high temperature in a baby less than eight weeks old.
- Rapid breathing or panting.
- A throaty noise while breathing.
- Your child is finding it hard to get their breath and is sucking their stomach in under their ribs.
- Blue, very pale, mottled, blotchy, or ashen (grey) skin.
- Your child is hard to wake up, or appears disorientated or confused such as not recognising you.
- Your child is unable to stay awake, even when you wake them.
- They're crying constantly and you can't console or distract them, or the cry doesn't sound like their normal cry.
- Green vomit.
- Your child has a fit (convulsion or seizure) for the first time.
- Your child is under eight weeks old and doesn't want to feed.
- Nappies that are drier than usual – this is a sign of dehydration.
- In babies, a bulging fontanelle (soft spot on their head).
- Neck stiffness in a child.
- Not drinking for more than eight hours (taking solid food is less important).
- A spotty, purple-red rash anywhere on the body that doesn't fade when you press a glass against it – this could be a sign of blood poisoning associated with meningitis; but do not wait for a rash if you suspect meningitis.
- Blood in your child's poo.

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.**

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.

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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 that it's in date, you give the correct dose for your child's age, and that your child is old enough to have it.



Preventing the spread of diseases

Many of the illnesses in this booklet are contagious and this means that they can spread through the air or through contact. You can help to prevent the spread of diseases by following these steps:

- Make sure that everyone in your household washes their hands after using the toilet and before eating or drinking.
- If someone in your house isn't well, then change towels daily and use separate ones if possible.
- Clean hard or plastic toys with water and washing up liquid and store them when dry.
- If your child is ill with diarrhoea and vomiting, then keep them at home until they have had no symptoms for 48 hours.

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 or visit an Urgent Care Centre. In an emergency call 999 or go straight to your nearest A&E 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, and a cough. Further symptoms then usually develop over the next few days including:

- a slight high temperature
- a dry persistent cough
- difficulty feeding
- rapid or noisy breathing (wheezing).

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:

- They are having some difficulty breathing.
- They have taken less than half the amount they usually do during the last two or three feeds, or have had a dry nappy for 12 hours or more.
- They have a persistent high temperature.
- They seem very tired or irritable.

Your GP will usually be able to diagnose bronchiolitis based on your child's symptoms and by examining their breathing.

Chickenpox

Chickenpox is common and mostly affects children. Children usually catch chickenpox in winter and spring, particularly between March and May.

Chickenpox starts with feeling unwell, a rash and a slight temperature. Spots develop, which are red, itchy and become fluid-filled blisters within a day or two. They eventually dry into scabs, which drop off. The spots normally appear in clusters on the belly, chest, under the arms, ears, face, scalp, arms and legs.

You don't need to go to your GP unless you're not sure that it is chickenpox, or if your child has a pain in their chest or difficulty breathing, or the blisters look like they are infected. You can give your child plenty to drink and use liquid paracetamol to relieve the fever and discomfort. Never give your child aspirin or ibuprofen if you suspect or know that they have chickenpox. Children with chickenpox who take aspirin can develop a potentially fatal condition called Reye's syndrome, which causes severe brain and liver damage. Speak to your GP or pharmacist if you are not sure which medicines to give your child.

To ease the itchiness try baths, loose comfortable clothes and cooling gels or calamine lotion. Try to stop your child from scratching or picking at their spots as this will increase the risk of scarring. Encourage your child to drink plenty of water to avoid dehydration. The blisters crust up and fall off naturally within one to two weeks. To prevent spreading the infection, keep children off nursery or school, and away from public areas until all the spots have crusted over.

Chickenpox is a potentially life-threatening disease for adults who have not had chickenpox or may have impaired immunity. You should also keep your child away from anyone who is pregnant or trying to get pregnant and newborn babies. Your child should be considered infectious until a week after the last crop of spots have appeared.

If you're pregnant, chickenpox can occasionally cause complications. For example, your risk of developing pneumonia is slightly higher if you're pregnant, especially if you smoke. The further you are into your pregnancy, the more serious the risk of pneumonia can be. If you get chickenpox while you're pregnant, there is also a small but significant risk to your unborn baby.

There are also other risks from catching chickenpox after week 20 of pregnancy. It's possible that your baby may be born prematurely (before week 37 of the pregnancy). If you are infected with chickenpox seven days before or seven days after giving birth, your newborn baby may develop a more serious type of chickenpox. In a few severe cases, this type of chickenpox can be fatal.

See your GP urgently if you're pregnant or have given birth in the last seven days and you think you may have chickenpox, or if you've been exposed to someone who has chickenpox.

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. If your child's fever doesn't respond to paracetamol or ibuprofen then see your GP.
- 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.



Colic

Colic is the medical term for excessive, frequent crying in a baby who appears to be otherwise healthy and well fed. It is a common condition, and affects around one in five babies.

If your baby has colic, they may appear to be in distress. However, the condition is not harmful, and your baby will continue to feed and gain weight normally. There is no evidence that colic has any long-term effects on a baby's health.

If you think your baby has colic, it is recommended that you contact your GP when the excessive crying begins. This is so your GP can rule out conditions that may be causing your baby's crying, such as eczema (a skin condition) or gastro-oesophageal reflux disease (GORD), where stomach acid leaks back out of the stomach and into the throat. Also see your GP if nothing seems to be working and you're struggling to cope.

If your GP can find no other cause of your baby's symptoms a diagnosis of colic can be made (although this is simply a term used to describe a baby that cries a lot). Your GP can advise you about the things you can do to help your baby.

Conjunctivitis

Conjunctivitis is redness and inflammation of the thin layer of tissue that covers the front of the eye (the conjunctiva) and is very common. It can affect one or both eyes. Other symptoms of conjunctivitis include itchiness and watering of the eyes and sometimes, if it's caused by an allergy, a sticky coating on the eyelashes.

It can be caused when the eye becomes inflamed (swollen) as a result of infection; an allergic reaction such as a pollen allergy; or the eye coming into contact with an irritant such as an eyelash rubbing against the eye. It isn't usually serious and is very common.

Conjunctivitis caused by an infection does not usually need medical treatment. It should clear up in one to two weeks. Antibiotics aren't usually prescribed for infective conjunctivitis because it is usually viral and there's a very low risk of complications for untreated conjunctivitis. If it is getting worse, or associated with pain, then speak to a pharmacist for help.

It's possible for it to spread from one eye to the other by touching one eye and then the other. It's important to wash your hands regularly. Avoid sharing pillows or towels which will also help to prevent it spreading. Sometimes the eyes will have a yellow discharge, you might need to clean this away. You should use cotton wool and cooled boiled water to clean the eyes, use a separate piece of cotton wool for each eye. Start at the corner of the eye and move the cotton wool over to the outer edge of the eye.

See your GP immediately if your newborn baby has conjunctivitis.

Dental care

As soon as your baby's teeth start to come through, you can start brushing them. You will need to buy a baby toothbrush and toothpaste specially for babies. Use a baby toothbrush with a tiny smear of fluoride toothpaste but don't worry if you don't manage to brush much at first. As they get older you can use a pea-sized amount of toothpaste.

Start by getting your baby used to having their teeth brushed by brushing them twice a day. If your baby or child is reluctant you can try to make it into a game, such as brushing each other's teeth, or you can brush your teeth at the same time.

Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. Try to brush your child's teeth twice a day. Carry on helping your child to brush their teeth until you're sure that they can do it well enough themselves. This will normally be until they're at least seven.

NHS dental treatment for children is free and you can take your child with you when you go for your own dental appointments, so they get used to the idea.

Diabetes and Diabetic Ketoacidosis (DKA)

Type 1 diabetes

Type 1 diabetes is a long-term condition that most commonly starts in children and young adults and it can occur at any age, from six months of age onwards. It cannot be prevented or cured, and the onset is usually very fast.

Type 1 diabetes occurs when the pancreas fails to make something called insulin which is needed to control blood glucose (sugar) levels. Without insulin, these blood glucose levels rise dangerously high and can cause severe illness.

The main symptoms are:

- Drinking a lot and feeling excessively thirsty.
- Passing a lot of urine.
- Bedwetting after having previously been dry at night and for naps.
- Weight loss.
- Feeling very tired.

Other symptoms may include:

- Breath that smells like fruit.
- Headaches.
- Abdominal pain.
- Thrush.
- Tiredness (lethargy).
- Constipation.
- Vomiting.
- Recurrent infections.

It is vital that type 1 diabetes is diagnosed as early as possible so that treatment can be started, so if you believe your child is experiencing these symptoms, contact your GP immediately. If it is not picked up at this stage, diabetic ketoacidosis may occur.

Diabetic Ketoacidosis (DKA)

Diabetic ketoacidosis (DKA) is a serious life-threatening illness that can happen with type 1 diabetes. It happens when there is so little insulin (needed to control blood glucose levels) that glucose (sugar) cannot be used for energy and the body starts to burn fat instead. This produces something called “ketones”, which make the blood very acidic.

DKA can be fatal and always needs urgent medical attention. The symptoms of DKA include:

- Vomiting.
- Deep, sighing respiration/breathing.
- A reduced level of consciousness.
- Abdominal/tummy pain.

Not all children will develop all the symptoms listed above. If your child does develop some of these symptoms, seek medical help immediately and ask for a test for type 1 diabetes. For further help, information and support, call the Diabetes UK Careline on 0345 123 2399.

Diarrhoea and vomiting

Diarrhoea and vomiting is common in young children. Also known as a stomach or tummy bug, it's usually caused by an infection.

Most babies and toddlers who have diarrhoea and vomiting don't need treatment and you can safely look after them at home.

But it's important to look out for signs of dehydration. Babies and toddlers can become dehydrated more quickly than older children when they have diarrhoea and vomiting. If dehydration becomes severe, it can be dangerous, particularly in young babies.

Looking after a baby or toddler with diarrhoea and vomiting

- Carry on offering babies their usual milk feeds. Bottle-fed babies can also have drinks of water between feeds. Keep giving them formula at the usual strength – never water it down.
- Toddlers over 1 can have other drinks, such as full-fat cows' milk, but avoid fruit

juice and fizzy drinks as these can make diarrhoea worse.

- If your child is having solid foods, offer them food as usual if they seem to want it.
- If you wish, you can give your baby oral rehydration salt (ORS) solution to help prevent dehydration. This is available from your pharmacist.
- If you're worried about your child, you can speak to your GP, health visitor or pharmacist, or call NHS 111 for advice.

Vomiting usually lasts for 1 to 2 days, while diarrhoea lasts for about five to seven days. If your child's symptoms last longer than this or they're showing signs of dehydration, speak to your GP.

Your child may be dehydrated if they have:

- Sunken eyes.
- In young babies, a sunken soft spot (fontanelle) on their head.
- Few or no tears when they cry.
- A dry mouth.
- Fewer wet nappies.
- Dark yellow urine.

Get medical advice urgently if your baby or toddler:

- Seems to be deteriorating rather than getting better.
- Has a temperature of over 38°C (100.4°F) for a baby less than 3 months old, or over 39°C (102.2°F) for a baby aged 3 to 6 months old (over 6 months a child's temperature isn't the most useful indicator of how seriously ill they are).
- Has blood or mucus in their poo.
- Has bile-stained (green) vomit.
- Has severe abdominal pain.



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 usually just get better by themselves within about three days.

You should contact your GP or local out-of-hours service if:

- Your child also has other symptoms, such as a high temperature (fever), vomiting, a severe sore throat, swelling around, or discharge from the ear.
- There is something stuck in your child's ear.
- The earache doesn't improve within a few days.

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.



Hand, foot and mouth disease

Hand, foot and mouth disease (HFMD) is a contagious infection that can affect young children. It doesn't usually pose a serious threat to your child's health, but it can be an unpleasant condition, particularly if it affects younger children.

Typical symptoms of hand, foot and mouth disease include cold-like symptoms, such as loss of appetite, cough and a moderately high temperature of around 38-39°C (100.4-102.2°F), a sore throat and mouth, a non-itchy red rash that develops on the hands, fingers, feet, knees, elbows, groin and buttocks; sometimes the rash can develop into painful blisters (the spots and blisters can become itchy and uncomfortable), painful mouth ulcers and tummy pain.

Hand, foot and mouth disease will get better on its own without treatment and symptoms will usually pass within seven to ten days. There is no cure, so treatment involves making your child as comfortable as possible while waiting for the infection to take its course. This could include using paracetamol, ibuprofen and mouth gels specifically for children (making sure you follow the guidelines on the packaging) and drinking plenty of fluids to help relieve a high temperature.

Hand, foot and mouth disease is highly contagious until about a week after the symptoms begin. If you are not sure if your child has hand, foot and mouth disease then speak to your GP. You should also get medical advice if:

- Your child is unable or unwilling to drink any fluids.
- Your child has signs of dehydration, such as unresponsiveness, passing small amounts of urine or no urine at all, or cold hands and feet.
- Your child develops fits (seizures), confusion, weakness or a loss of consciousness.
- Your child is under three months old and has a temperature of 38°C (101°F) or above, or is between three and six months old and has a temperature of 39°C (102°F) or above.
- The skin becomes very painful, red, swollen and hot, or there's a discharge of pus.
- The symptoms are getting worse or haven't improved after 7 to 10 days.

Head lice

Head lice are tiny mites that live in human hair and are particularly common in children. Head lice are whitish to grey-brown in colour, and when fully grown they're about the size of a sesame seed. They spread by head-to-head contact only, climbing from the hair of an infected person to the hair of someone else. All types of hair can be affected, regardless of its length and condition. Head lice only affect humans and can't be passed on to animals or be caught from them.

Head lice often cause a person's scalp to itch. Itching isn't caused by lice biting the scalp, but by an allergy to the lice. However, not everyone is allergic to head lice, so you or your child may not notice a head lice infestation. Head lice can be difficult to see, even when the head is closely inspected.

Detection combing is the best way of finding out if there is an active head lice infestation. It involves using a special fine-toothed head lice comb with a tooth spacing of 0.2-0.3mm to comb through the hair. The comb can trap even the smallest lice. It works better on wet hair but can also be used on dry hair.

Head lice can usually be effectively treated with lotions or sprays designed to kill head lice, or by wet combing, using a specially designed head lice comb. Wet combing can be done without lotions or sprays, but it needs to be done regularly and can take a long time to do thoroughly.

Lotions or sprays can be used as an alternative. However, to be totally effective they need to be applied correctly and thoroughly. Your pharmacist will be able to recommend an over-the-counter lotion or spray and give you advice about how to use it correctly.

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.

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 over 37.5°C, cold hands and feet.
- Fretful, dislikes being picked up or held.
- Rapid breathing or grunting.
- Unusual cry, moaning, high pitched cry.
- Stiff neck, dislikes bright lights.
- Lack of energy.
- Have a stiff body.
- Refusing food and vomiting.
- Drowsy, floppy, unresponsive.
- Pale, blotchy skin, spots/rash.
- Tense, bulging fontanelle (soft spot on young baby's head).
- Convulsions/seizures (fits).

Septicaemia 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

Mental Health

Having a baby is a big life event, and it's natural to experience a range of emotions and reactions during your pregnancy and in the years after your child is born. But if they start to have a big impact on how you live your life, you might be experiencing a mental health problem.

Around one in five women will experience a mental health problem during pregnancy or in the year after giving birth. If you have had in the past, or now have, severe mental health problems such as bipolar affective disorder or psychosis, you are more likely to become ill during pregnancy or in the first year after giving birth than at other times in your life. Other less severe mental health problems such as depression, OCD or anxiety may also become more problematic during these times, though this might not necessarily happen to you. Everyone is different, with different triggers for becoming unwell.

It can be really difficult to feel able to talk openly about how you're feeling when you become a new parent. You might feel pressure to be happy and excited, like you have to be on top of everything, worried you're a bad parent if you're struggling with your mental health, worried that your baby will be taken away from you if you admit how you're feeling. But it's important to ask for help or support if you need it. You're likely to find that many new mothers are feeling the same way.

Examples of how you feel might include (this can be whilst pregnant, or at any time when you're a parent and whether you're a mother or a father):

- Mood changes – different to how you usually are.
- Withdrawing – from people (close family, friends or work colleagues) .
- Not taking care of yourself like you usually would.
- Having increased thoughts about your life not being worth living.
- Excessive worry.
- Feeling out of control or unable to cope.
- Changes in the way you think.
- Unusual ideas, hearing voices or seeing things that others can't.
- Feeling anxious about leaving the house.
- Or, thinking about harming yourself.

There is help and support, so don't be afraid to talk about how you are feeling with your midwife, GP or psychiatrist – they will be happy to discuss your particular problem and care with you. Alternatively you can contact the First Response Service which provides 24-hour access, seven days a week, 365 days a year, to mental health care, advice, support. If you are experiencing something that makes you feel unsafe, distressed or worried about your mental health you should contact the First Response Service (FRS) on 111, then press option 2.

By calling 111, and selecting option 2, you will be put through to a member of the FRS who will speak to you and discuss your current mental health needs. First Responders are mental health nurses and social workers who can provide support and the best possible action for you at the time. They can also refer you to a Sanctuary, a safe place run by mental health charity Mind in Cambridgeshire that offers people short-term practical and emotional support between 6pm and 1am.

Further information on how best to manage your mental health is available at: www.cpft.nhs.uk/about-us/mental-health-crisis.htm

Scarlet fever

Scarlet fever, also called Scarlatina, is a bacterial illness that causes a blotchy pink-red rash and is usually mild but contagious. It's most common in young children. The characteristic symptom of scarlet fever is a widespread, fine pink-red rash that feels like sandpaper to touch. It may start in one area but soon spreads to many parts of the body such as the ears, neck and chest. The rash may be itchy. Other symptoms include a high temperature (over 38°C), sore throat, headache, being sick, a flushed face and a red, swollen tongue.

Symptoms of scarlet fever usually develop two to five days after infection, although your child will be contagious before showing signs of the illness. It usually follows a sore throat or a skin infection (impetigo) caused by particular strains of streptococcus bacteria.

See your GP as soon as possible if you think your child has scarlet fever. A GP can usually diagnose scarlet fever by looking at the characteristic rash and other symptoms, although a sample of saliva will need to be taken from the back of the throat and tested to confirm the diagnosis. It can be treated with antibiotics and most people recover within a week.

There's no evidence that catching scarlet fever when pregnant will put your baby at risk. However, heavily pregnant women should tell healthcare staff if they have been in contact with someone who has scarlet fever.

Sepsis

Also known as septicaemia or blood poisoning, sepsis is when your body's response to an infection goes wrong and begins to injure its own tissues and organs. It affects about 10,000 children every year in the UK.

It's important to know that sepsis could happen as a result of any infection. If your child is unwell with either a fever or a very low temperature (or has had a fever in the last 24 hours) then think sepsis.

There is no single sign for sepsis. Go straight to A&E or call 999 if your child has any of these symptoms:

- Feels abnormally cold to touch.
- Looks mottled, bluish, or has very pale skin.
- Has a rash that does not fade when you press it.
- Less urine production than normal (eg. Not urinating for a day).
- Is breathing very fast.
- Has a fit or convulsion.
- Is very lethargic or difficult to wake up.

If your child has any of the symptoms listed below, is getting worse or is sicker than you'd expect (even if their temperature falls), trust your instincts and seek medical advice urgently from NHS 111.

- Temperature over 38°C in babies under three months.
- Temperature over 39°C in babies aged three to six months.
- Any high temperature in a child who cannot be encouraged to show interest in anything.
- Low temperature (below 36°C – check three times in a 10-minute period).
- Finding it much harder to breathe than normal – looks like hard work.
- Making “grunting” noises with every breath.
- Can't say more than a few words at once (for older children who normally talk).
- Breathing that obviously “pauses”.
- Not had a wee or wet nappy for 12 hours.
- New baby under one month old with no interest in feeding.
- Not drinking for more than eight hours (when awake).
- Bile-stained (green), bloody or black vomit/sick.
- Soft spot on a baby's head is bulging.
- Eyes look “sunken”.
- Child cannot be encouraged to show interest in anything.
- Baby is floppy.
- Weak, “whining” or continuous crying in a younger child.
- Older child who's confused.
- Not responding or very irritable.
- Stiff neck, especially when trying to look up and down.

Temperatures and febrile convulsions/seizures

In children under five, a fever is considered to be a temperature higher than 37.5°C (99.5°F). 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. If you're worried about your child call your GP and if it's closed call NHS 111. See page 2 on how to spot the signs of a serious illness.

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. They happen most often 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, and some children might wet themselves. 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.

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; it lasts longer than five minutes and shows no sign of stopping; you suspect the seizure is being caused by another serious illness such as meningitis; your child is having breathing difficulties, take them to your nearest A&E (listed in this booklet) 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. 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 eight weeks your child will be offered:

- **6-in-1 (DTaP/IPV/Hib/HepB)** vaccine. This single jab contains vaccines to protect against six separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children) and Hepatitis B.
- **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 twelve weeks your child will be offered:

- **6-in-1 (DTaP/IPV/Hib/HepB)** vaccine (second dose).
- **Rotavirus** vaccine (second dose).

At 16 weeks your child will be offered:

- **6-in-1 (DTaP/IPV/Hib/HepB)** vaccine (third dose).
- **Pneumococcal (PCV)** vaccine (second dose).
- **Men B** vaccine (second dose).

At one year your child will be offered:

- **Hib/Men C**, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose).
- **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.
- **Pneumococcal (PCV)** vaccine (third dose).
- **Men B vaccine** (third dose).

At two to eight years (including children in school years 1, 2, 3 and 4) will be offered:

- **Flu** vaccine as a nasal spray (annual).

At three years and four months your child will be offered:

- **Measles, mumps and rubella (MMR)** vaccine, given as a single jab (second dose).
- **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 and will protect both you and your baby. 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. The best time to be vaccinated to protect your baby is from 20 weeks, after you've had your scan, up to 32 weeks of pregnancy. If you miss having the vaccine you can still be vaccinated up until you go into labour, however your baby is less likely to get protection from you. Ask your GP or midwife for details.

Whooping cough

Whooping cough, or pertussis, is a highly contagious bacterial infection of the lungs and airways. The condition usually begins with a runny nose, red and watery eyes, a sore throat and slightly raised temperature similar to a cold. Intense bouts of coughing start about a week later. These are followed by a distinctive 'whooping' noise, which is how the condition gets its name. Other symptoms include vomiting after coughing, coughing up thick mucus, gasping for breaths between coughs, a red face from coughing and young children can sometimes turn blue briefly if they have trouble breathing - this often looks worse than it is and their breathing should start again quickly. See your GP if you think your child has whooping cough.

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 48 hours 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.

While you're recovering at home, it can help to get plenty of rest, drink lots of fluids, clean away mucus and snot from your or your child's mouth, and take painkillers such as paracetamol or ibuprofen for a fever. Avoid using cough medicines, as they're not suitable for young children and are unlikely to be of much help.

Children are vaccinated against whooping cough with the 6-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.

Stay 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 Minor Injury Unit / Urgent Treatment Centre

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 25 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 e.g 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.

Local health services

Use this page to fill in your local details so you have them to hand if you need them:

Health Visitor

Name:

Number:

Nearest pharmacy

Name:

Number:

Dentist

Name:

Number:

GP

Name:

Number:

Nearest A&E department:

You can get emergency treatment by calling 999 or going straight to your nearest A&E department:


- **Peterborough City Hospital**
Edith Cavell Campus, Bretton Gate, Peterborough PE3 9GZ
- **Addenbrooke's Hospital**
Hills Road, Cambridge CB2 0QQ
- **Hinchingbrooke Hospital**
Hinchingbrooke Park, Huntingdon PE29 6NT
- **The Queen Elizabeth Hospital**
Gayton Road, King's Lynn PE30 4ET



Urgent Treatment Centre (previously Minor Illness and Injury Unit)

Peterborough MIU

City Care Centre
Thorpe Road
Peterborough
PE3 6DB

 01733 847 090 or 01733 847 091

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


Opening hours:

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

Minor Injury Units (MIU) - do not see children under two years old

North Cambridgeshire Hospital

The Park, Wisbech
PE13 3AB


 01945 468 787

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


 01353 656 675

Opening hours:

Monday-Sunday, 8.30am-6pm;
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

 01354 637 078


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, Sunday and Bank Holidays, 1pm-4.45pm.

Walk-in Centre - no diagnostic/x-ray facilities

St Neots Health Centre

24 Moores Walk
St Neots
PE19 1AG

 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.

Useful links

- **Breastfeeding help and support**

An independent source of support and information for breastfeeding women and those involved in their care visit www.breastfeedingnetwork.org.uk or call 0300 100 0210 or visit www.nhs.uk/start4life/breastfeeding

- **First Aid from the Red Cross for babies and children**

Visit their website at www.redcross.org.uk/BabyandChildFirstAid. You can also download an app for Apple and Android: www.redcross.org.uk/babyandchildapp

- **Meningitis**

Information, guidance and support via the website www.meningitisnow.org or a 24-hour helpline on 0808 80 10 388. They also have an app available for Apple or Android which describes the signs and symptoms of meningitis and is like a mini version of their website.

- **NHS Choices**

NHS Choices www.nhs.uk is the UK's biggest health website. It provides a comprehensive health information service to help put you in control of your healthcare.

- **Postnatal depression**

Depression after a baby is born can be extremely distressing and is thought to affect around one in 10 women (and up to four in 10 teenage mothers). See your GP or visit: www.nhs.uk/conditions/pregnancy-and-baby/feeling-depressed-after-birth/

- **Baby and toddler safety**

Including preventing falls, choking, fitting smoke alarms and bath safety: www.nhs.uk/conditions/pregnancy-and-baby/baby-safety-tips/

- **Safe sleep for babies**

The Lullaby Trust's website has tips on how to give your baby the safest sleep possible and reduce the risk of Sudden Infant Death Syndrome (SIDS) when putting your baby to bed, not only at night, but for day time naps too. www.lullabytrust.org.uk/safer-sleep

- **Start4Life**

Give your baby a better start in life. Getting babies healthy and active from birth gets them off to the best start www.nhs.uk/start4life

- **Suncare**

How to stay safe in the sun: www.nhs.uk/Conditions/pregnancy-and-baby/safety-in-the-sun

- **Teething tips and tooth care**

In most babies, teeth start to emerge through the gums when they are around six months old. This process is known as teething. NHS dental treatment for children is free. Take your child with you when you go for your own dental appointments, so they get used to the idea: www.nhs.uk/Conditions/pregnancy-and-baby/teething-and-tooth-care

- **Weaning**

Introducing your baby to solid foods, often called weaning on to foods, should start when your baby is around six months old: www.nhs.uk/Conditions/pregnancy-and-baby/solid-foods-weaning

- **Your pregnancy and baby guide**

Whatever you want to know about getting pregnant, being pregnant or caring for your new baby www.nhs.uk/Conditions/pregnancy-and-baby



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

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

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