A guide

for parents and carers of children aged birth-5 years

Common childhood illnesses and wellbeing

Breastfeeding
Worried, need support and advice?
Speak to your health visitor or contact your local breastfeeding support team.

Immunisations
Confused, unsure or need advice?
Speak to your health visitor or practice nurse.

Oral health
Need advice about teething, oral health or registering?
Speak to your health visitor or dentist.

Smoking
If you smoke - now is the time to quit.
Call 0800 022 4332 or visit www.smokefree.nhs.uk

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

This handbook has been produced by NHS West Kent Clinical Commissioning Group.
www.westkentccg.nhs.uk
Welcome

This book has been put together by NHS West Kent 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 taking 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 a trip 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.

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.

To view this booklet online, scan this QR code with your smartphone.

Contents

Who can help?

- A guide to services 4
- Know the basics 6

The first months

- Crying and colic 8
- Being sick 10
- Sticky eyes and conjunctivitis 12
- Nappy rash, rashes and dry skin 14

Childhood illnesses, conditions and injuries

- Teething trouble 16
- Fevers 18
- Coughs, colds and flu 20
- Wheezing and breathing difficulties 22
- Asthma 24
- Allergies and rashes 26
- Upset tummy 28
- Constipation 30
- Ear infections and tonsillitis 32
- Chickenpox and measles 34
- Bumps and bruises 36
- Burns and scalds 38

More serious issues

- Choking 40
- How to resuscitate a child 42
- Meningitis 44
- Household accidents 46
- Immunisations 48
- Useful contacts 50

Contents
A guide to services

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

**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.

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 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 when it is required. They are there for you until your child is almost five when care is handed to the school nurse.

**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 these 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.

**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 wellbeing. Contact Kent Children and Families Information Service (see page 50 for details).

**Midwife**
Your midwife can support you during pregnancy and up to 14 days after the birth. Your midwife will then hand over your care to the health visitor.

**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 dental information call NHS 111.

**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 unresponsive, have taken poison or tablets, or have severe abdominal pain.

**111 Health visitor**
Health visitor

**Pharmacist**
Pharmacist

**GP**
GP

**Children’s centres**
Children’s centres

**Midwife**
Midwife

**Dentist**
Dentist

**A&E**
A&E

Self care

Health visitor

Pharmacist

GP

Children’s centres

Midwife

Dentist

A&E
This ‘at a glance’ guide will help you know where to go for advice if your child is ill or injured.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Care</td>
<td>Prevent illness and injuries.</td>
</tr>
<tr>
<td>Health Visitor or NHS 111</td>
<td>For 24 hour health advice and information.</td>
</tr>
<tr>
<td>GP</td>
<td>For the treatment of illnesses and injuries.</td>
</tr>
<tr>
<td>A&amp;E or 999</td>
<td>For very severe or life threatening conditions.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>For advice on common illnesses and medication.</td>
</tr>
</tbody>
</table>

### 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 is safer. Ibuprofen can help to reduce fever and distress in children and can be given. 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, 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.

#### Keep a small supply of useful items

- Thermometer
- Plasters
- Liquid paracetamol or ibuprofen
- Barrier cream
- Natural oil (e.g. vegetable oil for dry skin)
- Antihistamine

#### Pharmacist says

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

My baby is crying more than usual.

When a baby cries, it can be upsetting.

It is very important to stay calm and don’t be afraid to ask for help. Do not shake your baby.
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. Ask your health visitor for advice about positioning.

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 feeling 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.

Health visitor says

Possetting (brining up small amounts of milk) 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.

I have a new baby.

I have just given my baby a feed.

They always seem to bring up small amounts of milk.

This is known as possetting. As they develop it will stop naturally. Talk to your health visitor.

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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 28), 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.

Making your baby upset
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.

Two different issues

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

1. Sticky eyes is a common condition that affects most babies, speak to your health visitor.

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

3. If this persists past one year, your baby may be referred to an eye hospital for treatment.

Source: NHS Choices

GP says

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

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 hospital for treatment.

Source: DoH 2006.
Health visitor’s nappy rash tips

1. Leave your baby in a warm, safe place with no clothes or nappy on, to let the air get to their skin.
2. Use a barrier cream. (See pharmacist says box opposite).
3. Remember to change and check their nappy often.

Health visitor says

Cradle cap 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.

Massage a non-cosmetic moisturiser (emollient) which is oil-based, or liquid paraffin, into the scalp until it is absorbed and leave to scale in.

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

Massage a non-cosmetic moisturiser (emollient) which is oil-based, or liquid paraffin, into the scalp (not olive oil) and leave to soak in.

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

A common problem that’s easy to treat

Rashes and dry skin

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 46).

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.

A common problem that’s easy to treat

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.

Health visitor says

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

Has baby been in a dirty nappy for a long time? Have you followed advice from your health visitor, or spoken to your pharmacist?

Change nappy often. Speak to your health visitor and if you are worried see your GP.

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Change nappy often. Speak to your health visitor and if you are worried see your GP.
Health visitor says

It can help to give your baby something hard to chew on, such as a teething ring. Some teething rings can be cooled first in the fridge.

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

Try to use a trainer cup from 6 months (see dentist’s tooth care tips).

Source: DoH Birth to five edition 2009.

Dentist’s tooth care tips:
1. Clean teeth twice a day, for two minutes, especially at night.
2. Reduce sugars to meal times only.
3. Visit the dentist every six months.
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 juice plenty of time to damage teeth.

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

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. Be sure to choose ones that are 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.


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 feel it more uncomfortably. 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, grizzle 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.

Think about your child’s tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see your dentist regularly and discuss your child’s oral health with them.

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.

Fever

Over 38°C means a fever

If your child has a fever, he or she will have a body temperature above 38°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 6s). 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.

Fever is 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 severe bacterial infection of the blood (septicemia), urinary tract infection, pneumonia or meningitis.

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.

When looking after a febrile child at home you should:

• Get the child to drink more (usually a baby or child is breastfed the most appropriate fluid is breast milk).
• Look for signs of dehydration: fewer 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 44).
• Check child during the night.

Source: NICE, Feverish illness in children

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 38°C (100°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. 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 convolution.

My child is hot and grumpy.

Have you tried paracetamol or ibuprofen in the correct recommended dose for your child (see page 7)? Have you made sure they are drinking lots of fluids (little amounts of water often)? Undress to nappy/pants. Keep room at comfortable temperature (18°C).

If their temperature remains over 38°C and doesn’t come down, contact your GP.

Source: DoH Birth to five edition 2009.
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 tissues 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 aching 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 (not aspirin) (see page 7 for advice on use).
✓ 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 38°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.

Medicines for pain or fever
You can give your child paracetamol or ibuprofen
✓ To lower a high temperature (fever)
✓ To treat mild to moderate pain
Check you have the right product, dose and strength for your child’s age. Read the box carefully. Remember to keep a regular check on the number of doses you give your child over a 24 hour period. Do not give paracetamol and ibuprofen at the same time (see page 7 for advice).
Ibuprofen can be given to babies and children of three months and over who weigh more than 5kg. Avoid if your child has asthma or is dehydrated (see page 19), unless advised by your GP.
Aspirin - Not suitable for children under 16.

Pharmacist says
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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
- Difficulty feeding
- A highpitched, barking cough

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.

Sources:
- www.nhs.uk/conditions/Bronchiolitis/
- NHS Choices - Symptoms of bronchiolitis
- NHS - Wheezing and breathing difficulties

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 20 coughs, colds and flu).
- Croup (hoarse voice, barking cough) needs to be assessed by a doctor and may need treating with steroids.
- Child appears pale.
- Wheezing and breathing difficulties

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 take them to A&E if:
✓ Their chest looks like it is caving in.
✓ They appear pale or even slightly blueish.
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 signs that asthma occurs.

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.

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.

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.

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

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.)

1. Call 999 if your child:  
- Has been admitted to hospital with a lower respiratory tract infection
- Has been admitted to hospital with a lower respiratory tract infection
- Has a serious asthma attack

2. Call 999 if you have a serious asthma attack.

3. If symptoms persist see your GP.

Source: Department of Health, Birth to five 2009

My child seems to wheeze and cough a lot, it seems to get worse at night. Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you talked to your health visitor?

If symptoms persist see your GP.

Your child has a serious asthma attack.

Call 999.
An allergist is a medical professional who specializes in diagnosing and treating allergies. Allergists use a variety of diagnostic tools and treatments to help manage allergy symptoms. If you or someone you know has a suspicion of an allergy, seeking the help of an allergist can provide a comprehensive evaluation and treatment plan.

An allergist will typically conduct a physical examination of the patient, which may involve checking for signs of allergies such as red or itchy eyes, runny nose, or hives. They may also perform allergy skin tests, which involve applying small amounts of allergens to the skin to see if a reaction occurs. These tests can help identify the specific allergens that are causing symptoms.

In some cases, an allergist may recommend allergy immunotherapy, also known as allergy shots. This involves gradually increasing the dosage of allergens to build up immunity to the allergens over time. Over time, allergy immunotherapy can help reduce symptoms and prevent allergic reactions.

An allergist can also provide recommendations for lifestyle changes to help manage allergy symptoms. This may include avoiding known allergens, using air purifiers, and taking over-the-counter or prescription medications as needed.

If you or someone you know is experiencing symptoms of an allergy, it is important to seek the help of a qualified allergist. They can provide the appropriate diagnosis and treatment plan to help manage allergy symptoms and improve overall quality of life.
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. If breastfeeding, feed on demand.
✓ 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.

Pharmacist says

28

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.

Health visitor says

My baby has diarrhoea and is being sick.

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your GP if they are newborn or very unwell contact your GP straight away.

Try rehydrating solution from your pharmacist.

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 (ie they wee less).
✓ More sleepy than usual.
✓ Dry mouth.
✓ Sunken fontanelle (ie the soft spot is more dipped in than usual).

My baby has diarrhoea and is being sick.

Source: www.nhs.uk/conditions

1565-West kent CCG+KSS+Cornwall 17/10/14 12:08 Page 29
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.

Breastfed infants will generally have more stools per day. Their stools vary more in frequency when compared to bottle-fed infants. For example, breastfed infants produce anywhere from five to 40 bowel movements per week whereas formula-fed infants have five to 20 bowel movements per week. 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. If your child is constipated, they may find it painful to go to the toilet.
2. Does my child have a balanced diet?
3. Ask your health visitor or pharmacist whether a suitable laxative may help.

Source: NICE guidelines 2009, constipation in children

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.

Health visitor says

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.
Ear infections 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 paracetamol from the pharmacist. Your child may have swollen glands in their neck - this is the body’s way of fighting infection.

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 4 days or become more serious with severe pain, a very high temperature or breathing difficulties.

Health visitor’s tips

• A baby’s ears need to be treated with care when cleaning.
• 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 ear.
• Avoid smoky environments.
• Only use ear drops or oil prescribed by a doctor.

My toddler has earache but seems otherwise well.
Have you tried infant paracetamol or ibuprofen from your pharmacist?

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.


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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 (see opposite page). After having chickenpox, the virus stays in the body and can come back later in life 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 is incredibly itchy, but it’s important for children to not scratch the spots so as to avoid future complications. 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.

**Measles**

Measles is a very infectious illness. About one in five children with measles experiences complications such as ear infections, steratitis 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.

Measles often starts with cold-like symptoms. Your child may develop red eyes and sensitivity to light, a high temperature, and a dry cough. In the mouth and throat. After a few days, a red-brown spotted rash will appear. This usually starts behind the ears and then spreads around the head and neck before spreading to the rest of the body. 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.

**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 (see page 7 for advice). Always read the manufacturer’s dosage instructions. Do not give aspirin to children under the age of 16.

**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.

**Health visitor says**

Do not forget to keep up-to-date with immunisations to protect your child from measles (MMR vaccination). See page 45.

**Midwife says**

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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. 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 worry you call NHS 111 or 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 or go to A&E.

If you are still worried, contact NHS 111. 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 and pain is not relieved by paracetamol or ibuprofen.
- They are not responding at all.

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 sleepiness, 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.

My child has had a fall

Check for injuries and treat bumps and bruises. Give them some paracetamol and let them rest whilst watching them closely.

Seek immediate help if:
- they have seriously injured themselves
- they are unconscious
- they have difficulty breathing
- they are having a seizure.
**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.

1. **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 usage advice). 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 stair gates to keep them safe.

   **Do**
   - Hold the affected area under cool 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.

   **GP says**
   - Hold the affected area under cool 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.
   - If you are still worried contact NHS 111. If you cannot get help straight away go to the Accident and Emergency Department.

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.**

   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.

   If you are still worried contact NHS 111. If you cannot get help straight away go to the Accident and Emergency Department.
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 (see page 42). 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.

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.

If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows.

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.

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?
How to resuscitate a child

Back blows, chest thrusts and cardiopulmonary resuscitation (CPR)

If your child is unconscious and not breathing, call out for someone to call 999, or dial it yourself, before beginning 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.

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.
• Don’t leave the child at this stage.

Source: NHS Choices, DoH birth to five 2009.
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.

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 call 111) 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 111, contact your GP or go to A&E.

Find out more from www.meningitisnow.org

Go straight to A&E

Meningitis

Not common but serious and contagious

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.

Babies and toddlers are most vulnerable to meningitis 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.

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 symptoms in the box to the right should be taken extremely seriously. Not all children will show all the signs.

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

GP says

If any of the signs below are present contact a doctor

3. The spots do not fade under pressure contact a doctor (e.g. your own surgery or call 111). If you cannot get help straight away go to A&E.

My child is showing some of the signs of meningitis.

Have you tried the glass test?

If the spots do not fade under pressure contact a doctor (e.g. your own surgery or call 111). If you cannot get help straight away go to A&E.

1. My child is showing some of the signs of meningitis.
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, treat 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 and 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. See page 43 for details of how to resuscitate a child.

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 to A&E.

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.
• Do not place a child’s cot, bed, playpen or highchair near a window.
• Do not place 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.
• Do not hang drawing bags where a small child could get their head through the loop of the drawing.
• Find out more about CPR (see page 43). www.redcrossfirstaidtraining.co.uk
WHAT TO DO:
If your child has a serious fall call 999.

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 curtain and blinds should be kept short and kept out of reach.
• Tie up the cords or use one of the many cleats, cord ties 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 (see page 43). www.redcrossfirstaidtraining.co.uk
WHAT TO DO:
Untangle child, call 999 and start CPR.

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 (see page 37).

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

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.

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.

1. Immunisation begins at two months, when baby’s natural immunity begins to drop. Are your child’s vaccinations up-to-date?
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.
Useful contacts

NATIONAL

Allergy UK
01322 616 366
www.allergyuk.org

Association of Breastfeeding Mothers
0800 300 5403 6.30am-10.30pm
www.abfm.me.uk

Autism UK
0800 121 62 44
www.autism.org.uk

Child Accident Prevention Trust
020 7638 3929 www.capft.org.uk

Cry-als
0845 225 6690
www.cry-als.org.uk

Family Lives
0808 800 2222
www.familylives.org.uk

Health Help Now
A free website to help you find the most appropriate local health service for common symptoms in Kent and Medway.
www.healthhelpnow-nhs.net

Late night and Sunday pharmacies

Aylesford
• Sainsbury’s 01622 701829

Larkfield
• Tesco 01622 619447

Maidstone
• MultiPharmacy 01622 750765
• Memoria 01622 861736
• Boots 01622 690241
• Boots (King St) 01622 690675
• Link Pharmacy 01622 752690 (not open Sundays)

Sevenoaks
• Sainsbury’s 01732 469129
• Boots 01732 454279

Tonbridge
• East Street Pharmacy 01732 770055
• Boots 01732 353586

Tunbridge Wells
• Sainsbury’s 01892 532569
• Boots 01892 535060

• Boots pharmacies in major towns are open on Sundays

Minor injuries
Broken arm or lower legs, sprains, cuts. Minor burns. Throat infections.

• Sevenoaks Community Hospital, TN13 3PG. 01732 452300. Open 9am-4pm Mon-Fri.

• Edenbridge District and War Memorial Hospital, TN8 5QA. 01732 363164. Open 9am-1pm Mon-Fri.

For immediate life-threatening emergencies call 999
West Kent NHS emergency services are available at Maidstone Hospital ME16 9QD and Tunbridge Wells Hospital TN4 4UJ.

For confidential emotional support 24/7
Mental Health Matters helpline 0800 107 0160 or visit liveitwell.org.uk

To find an NHS dentist
Call NHS 111 or visit www.nhs.uk