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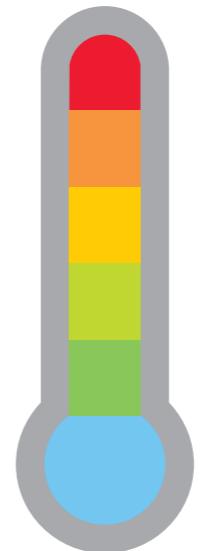
Managing your child's health



Contents

This book is intended to help you decide the best way to treat your baby and choose the most appropriate NHS services if they are unwell or injured.

The 'Choose Well' thermometer can help you decide which NHS services to use.



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Local services

Self care

Many common minor illnesses and injuries can be treated at home. Information is provided in this booklet and lots of helpful tips are available on the NHS Choices website at www.nhs.uk



NHS 111

NHS 111 is a new service that's being introduced to make it easier for you to access local NHS healthcare services. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time..



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

When to use it

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.



Pharmacist



Your pharmacist has knowledge of everyday health issues and can help you with advice on common health problems and minor illnesses such as colds, skin conditions and hayfever and could save you a trip to your GP surgery. There are often pharmacies in supermarkets and many are open late.

GP

Your GP can give you advice and the medicines you need and can also point you in the right direction if you need other specialist services. You will need to make an appointment but your GP will see your baby quickly if you are worried. GPs provide a range of services by appointment including medical advice, examinations and prescriptions. Most GPs can offer urgent next same-day appointments and many have extended opening hours and a home visit service.



Out of Hours service

Outside your GP opening hours please telephone 111



Health Visitor

Your Health Visitor is a qualified nurse who has had extra training and they can help to support you and your family to stay healthy. You can talk to your Health Visitor if you feel anxious, depressed or worried about your child. They can give you advice and suggest where to find help. They can also put you in touch with groups where you can meet other mothers.

Your Health Visitor can visit you at home or you can see them at your child health clinic, GP surgery or health centre, depending on where they're based. If you are unsure how to contact your Health Visitor please telephone your GP surgery.



Walk-in Centre or Minor Injuries Unit

If your child has a minor injury including deep cuts, sprains and minor burns, you can visit your local walk-in centre or minor injuries unit but they need to be over 2 years of age.

You do not require an appointment to attend.

To find your nearest walk-in centre or minor injuries unit, go to NHS Choices: www.nhs.uk



Accident and Emergency Departments

Accident and Emergency Departments should only be used in a critical or life-threatening situation. The Accident and Emergency Department provides emergency care for people who show the symptoms of serious illness or are badly injured. If you suspect an injury is serious go straight to the Accident and Emergency Department or dial 999 and ask for an ambulance.

To find your nearest Accident and Emergency Department, go to NHS Choices: www.nhs.uk





Do you know the basics?

You know your baby and will know when something is wrong from quite early on. It is normal to worry that you may not recognise the signs that your baby is unwell. 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 first aid kit somewhere up high where a child cannot reach it. Make sure you have the right strength of medicine for the age of your baby, always follow instructions carefully and check with a Pharmacist if unsure and check the use by dates. If your baby seems to have a serious illness it's important to get medical help as soon as possible.

Temperature tips



Fevers are quite common in young children and are usually mild. To help reduce a fever, encourage your child to drink clear fluids. If your child is hot, it may help to remove some but not all of their clothing. Do not wrap them up in extra clothing or blankets. Child-friendly paracetamol or ibuprofen may be useful if your child has a fever and is also unwell, ask your pharmacist for advice.

Trust your instinct as a parent, and contact your GP if the problem persists or if you think your child has a serious illness.

Pharmacy tips



Digital thermometers are quick to use, accurate and can be used under the armpit (always use the thermometer under the armpit with children under five). Hold your child's arm against his or her body and leave the thermometer in place for the time stated in the manufacturer's instructions.

**GP tip**

Some babies will have side effects. They may:

- have redness, swelling or tenderness where they had the injection (this will slowly disappear on its own)
- be a bit irritable and feel unwell, or
- have a temperature (fever).

If you are worried about your baby after they have had their immunisation speak to your GP or practice nurse.

Health Visitor tips

Remember, it's never too late to have your child immunised. Even if your child has missed an immunisation and is older than the recommended ages, talk to your doctor, practice nurse or health visitor to arrange for your child to be immunised.

Protecting Your Baby

Immunisation programmes are considered one of the most significant interventions in preventative health care and have saved more lives worldwide than any other public health intervention.

Having your baby immunised is the best way to protect against serious diseases. There are some diseases that can kill children or cause lasting damage to their health and immunisations are given to prepare your baby's immune system to fight off those diseases if they come into contact with them.

Because vaccines have been used so successfully in the UK, diseases such as diphtheria have almost disappeared from this country.

It is important that your baby has their immunisations at the right age – the first ones are given at two months old. They will be given further doses of these immunisations when they are three and four months old. Other immunisations are given between 12 and 13 months of age, then at three years and four months of age or soon after (before your child starts school).

You may feel that it is too early for your baby to be immunised, however the diseases vaccines protect against can be particularly serious in young babies. It is important to make sure babies are protected as early as possible to prevent them catching the diseases.

It is perfectly normal to feel anxious about giving your baby an immunisation as they may cry and be upset for a few minutes after having the injection. However research from around the world shows that immunisation is the safest way to protect your baby. Before vaccines are allowed to be used they are thoroughly tested to assess how safe and effective they are. After they have been licensed, the safety of vaccines continues to be monitored.

Your doctor's surgery or clinic will send you an appointment for you to bring your baby for their immunisation. Most surgeries and health centres run special immunisation or baby clinics. If you can't get to the clinic, contact the surgery to make another appointment. All childhood immunisations are free.

If you want more advice on immunisation, speak to your doctor, practice nurse or health visitor, or call 111.

For more information or to ask questions, visit www.nhs.uk/vaccinations.



GP tip

Keep your GP's phone number and 111 out of hours number near your phone or in your mobile device memory.



Health Visitor tips

In general, for diarrhoea:

- Don't stop breastfeeding and continue usual feeds.
- Give extra fluids in addition to usual breast milk or formula feeds if you are bottle feeding. Give your baby oral rehydration fluids in between feeds or after each watery stool.
- Make sure everyone in your family washes their hands regularly with soap and warm water to avoid spreading the infection.
- Don't share towels.
- Don't take your baby swimming in a swimming pool for two weeks after the last episode of diarrhoea.

For more severe diarrhoea, or diarrhoea with vomiting:

- Stop formula feeds but don't stop breast feeding. Give small amounts of oral rehydration fluid. Oral rehydration sachets and advice about how to use them are available from your local pharmacy.
- Keep doing this even if your baby is still vomiting. Most of the fluid will stay in, even if it doesn't seem that way.
- Restart normal formula feeds after three to four hours. Your GP will give you advice.



Being sick and upset tummies

It is not unusual for your baby to be sick (vomit) quite a lot in the first few weeks as they become used to feeding. You can tell when your baby is vomiting, rather than just bringing up small amounts of milk, because there will be a lot more coming out. This can make your baby cry. Your baby can be sick for different reasons. If you are concerned about your baby being sick please speak to your Health Visitor.

Most babies have occasional loose stools (poo), however, diarrhoea is when your baby frequently passes unformed watery stools.

Diarrhoea can be caused by an infection and may be accompanied by vomiting. This is called gastroenteritis (a stomach bug). It is usually caused by a virus.

If other family members or people your baby comes into contact with (for example, at nursery) have a stomach bug, ask them to wash their hands frequently. Keep toilets clean and wash towels frequently. With formula-fed babies, make sure bottles are sterilised carefully.

Diarrhoea and vomiting are more serious in babies and children under 5 than older children because babies can easily lose too much fluid from their bodies and become dehydrated. Look out for the following in your baby:

- appearing to get more unwell
- becoming irritable and tired
- pale or mottled skin
- sunken eyes and fontanelle (the soft spot on the top of their head)
- passing less urine
- cold hands and feet.

Contact your GP, Health Visitor, or out of hours 111 for advice if your child has passed six or more diarrhoea stools in the past 24 hours, or if your child has vomited three times or more in the past 24 hours.

Pharmacy tip

You can get oral rehydration fluids from your local pharmacy. If your baby is under one you will need to visit your GP.



Health Visitor tip

Diarrhoea can last 5-7 days and in most children it stops within two weeks. Vomiting can last one or two days and in most children it stops within three days. If your child does not get better after this time make sure you get some advice from your Health Visitor, GP or NHS Direct.





Health Visitor tip

If you can, use cotton wool and warm water instead of baby wipes. Baby wipes are convenient when you are out and about but they can cause skin to become sore. Cotton wool is also usually cheaper!



Pharmacy tip

You can treat cradle cap yourself by removing the worst of the rash with your fingers or a soft wash cloth. Then gently massage a small amount of baby oil, olive oil or a baby shampoo into your baby's head and rinse.



Rashes and 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 healthy, but has a rash you are worried about contact your Health Visitor.

Nappy rash is very common and affects lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. You might need to change the nappy more often. Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the pharmacy. With a mild nappy rash, your baby will not normally feel too much discomfort. However, some nappy rashes are more serious and can be caused by something else. A bad rash will be more upsetting for your baby, and may need medical treatment. Talk to your Health Visitor if the problems continue.

Another common rash for babies is heat rash. This mainly appears on the head and neck as tiny red spots and is nothing to worry about. Keep the baby warm but not hot and try to dress him or her in natural cotton clothes, with nothing that can rub on the skin.

Your baby may also suffer from something called cradle cap. This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the baby's first three months. It can look like a bad case of dandruff and is harmless. It does not cause irritation to your baby and usually clears up by the time he or she is two years old.

Accident and Emergency Department tip

Contact your doctor or go to the Accident and Emergency Department immediately if your baby has a rash that does not disappear when you press a glass to it. This may mean going to the accident and emergency (A&E) department of your local hospital in the middle of the night. This may be a sign of Meningitis and needs to be seen by a doctor no matter how well your baby seems. Seek immediate advice if your baby has a rash and a high temperature or vomiting.





Understanding why your baby is crying

It can be worrying when your baby cries for a long period of time. Crying is your baby's way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle. Burping your baby after a feed may help them to feel more comfortable.

If your baby cries suddenly and often, but otherwise appears to be happy and healthy, he or she may have colic. Colic is common in very young babies and although uncomfortable it is not serious. 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 the legs to the chest, clenching fists, passing wind and trouble sleeping. When a baby cries, it can be upsetting. It is very important to stay calm and do not be afraid to ask for help.

Health Visitor tip

Finding out why your baby is crying is often a matter of going through all the possible options.

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

- Could your baby be hungry?
- Does your baby need their nappy changed?
- Is your baby tired?
- Does your baby need a cuddle?
- Does your baby have wind?
- Is your baby too hot or too cold?





Coughs and colds

Babies and children can have eight or more colds a year. This is because there are hundreds of different cold viruses and young children have no protection against any of them as they've never had them before. Gradually they build up their natural defences and get fewer colds. Most coughs and colds will run their course without doing any harm, however there are things you can do at home to help:

- Give your baby more to drink than normal.
- Try baby paracetamol (not aspirin).
- Keep your baby away from smoke, do not let people smoke at home, in the car around your child or come into contact with your child if they have recently smoked.
- Encourage your whole family to wash their hands regularly to stop the cold spreading.
- Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.

Pharmacy tip

Children can be treated using painkillers to help bring down a raised temperature. Some are available as a liquid for babies and can be given from the age of about three months. Check with your pharmacy and tell them how old your baby is. Always check with your pharmacy if you are not sure which treatments you can give your baby.



GP tip

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can





Accidents

Bumps to the head

If your child has had a bump to the head and it looks serious or the symptoms worsen call your GP or 111 out of hours. If your child is under a year old and has a bump on the head please seek advice from your GP or 111 out of hours.

Close observation

If your child has sustained a head injury, observe them closely for 48 hours to monitor whether their symptoms change or worsen. If you have sustained a head injury, ask a friend or family member to stay with you for the following 48 hours to keep an eye on you.

If your child has a minor head injury, they may cry or be distressed. This is normal and, with attention and reassurance, most children will settle down. However, seek medical assistance if your child continues to be distressed.

Serious symptoms

If, following a knock to the head, you notice any of the symptoms below in either you or your child, seek immediate medical assistance:

- unconsciousness (either very briefly or for a longer period of time)
- difficulty staying awake or still being sleepy several hours after the injury
- having a seizure or fit (when your body suddenly moves uncontrollably)
- difficulty speaking, such as slurred speech
- vision problems or double vision
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body, such as weakness in an arm or leg
- amnesia (memory loss), such as not being able to remember what happened before or after the injury
- clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)

Continued over leaflet

Accidents

- a black eye (with no other damage around the eye)
- bleeding from one or both ears
- new deafness (loss of hearing) in one or both ears
- bruising behind one or both ears
- a lasting headache since the injury
- vomiting since the injury
- irritability or unusual behaviour
- visible trauma (damage) to the head, such as an open, bleeding wound

If any of these symptoms are present, particularly a loss of consciousness (even if only for a short period of time), go immediately to the accident and emergency (A&E) department of your local hospital or call 999 and ask for an ambulance.

General bumps and bruises

Minor cuts, bumps and bruises are a normal part of growing up. Allowing children to explore the world around them (with supervision) helps them develop and learn. Many of your toddler's bumps will require no more than a cuddle to make them better.

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

Burns and scalds

If you think your child has been burned or scalded, immediately put the burn or scald under running cold water to reduce the heat in the skin. Do this for up to 10 minutes but no longer, as babies and toddlers can get too cold. If there is no running water, immerse the burn or scald in cold water, or any other cool fluid like milk or another cold drink.

Use something clean and non-fluffy like a cotton pillowcase, linen tea-towel or cling film to cover the burn or scald. This will reduce the danger of infection. Do not wrap it too tightly. If your child's clothes are stuck to the skin, don't try to take them off. Don't put butter, toothpaste, oil or ointment on a burn or scald. Depending on the severity of the burn or scald, see your GP or go to a minor injuries unit, walk-in centre or an accident and emergency department.



Emergency Department tips for burns

- If your child's clothes are stuck to the skin, don't try to take them off.
- Don't put butter, toothpaste, oil or ointment on a burn or scald as it will have to be cleaned off before the burn or scald can be treated.
- Blisters caused by a scald or burn will burst naturally. The raw area underneath them needs a protective dressing. Ask your pharmacist or practice nurse for advice.



Health Visitor tips for preventing burns:

- A baby's skin is much thinner than an adult's and will burn much more easily. This means you need to take extra care at bath time.
- Babies will grab at brightly coloured objects like mugs. If you're having a hot drink, put it down before you hold your baby.
- After warming a bottle of milk, shake the bottle well and test the temperature of the milk by placing a few drops on the inside of your wrist before feeding. It should feel lukewarm, not hot.

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Teething trouble

Most babies get their first milk tooth at around six months, usually in the front and at the bottom. But all babies are different.

Some are born with a tooth already, and others have no teeth when they're a year old. Most will have all their milk teeth by about two and a half. There are 20 milk teeth: 10 in the top row and 10 at the bottom. The first permanent 'second' teeth grow at the back at around the age of six.

Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

Dentist tip

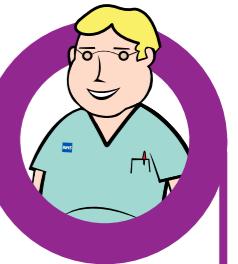
It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot. (Stay nearby in case of choking.)

Don't give them rusks, because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth.

For babies over four months old, you can rub sugar-free teething gel on their gums. You can get this from your local pharmacy. For younger babies, talk to your GP or Health Visitor.

You could also give them some sugar-free baby paracetamol or ibuprofen. Follow the instructions on the bottle for your child's age, or check with your pharmacist, GP or Health Visitor.

You can take your child to an NHS dentist as soon as they're born, before they've got any teeth. NHS dental treatment for children is free. Take your child with you when you go for your own dental appointments. To find a dentist accepting new NHS patients in your area [Call our Surrey dental helpline 0845 271 2040](#).





Chickenpox

Chickenpox is a mild condition that most children catch at some point. It takes 10 to 21 days for the signs to show. If you are sure it is Chickenpox you do not need to go to your GP unless your child is very unwell as you place other patients at risk of catching it from your child. If you have any questions please telephone your doctor's surgery first for advice before taking them to the surgery. Chickenpox is most common in children who are between two and eight years old. Your child is also more likely to catch Chickenpox in winter and spring, particularly between March and May.

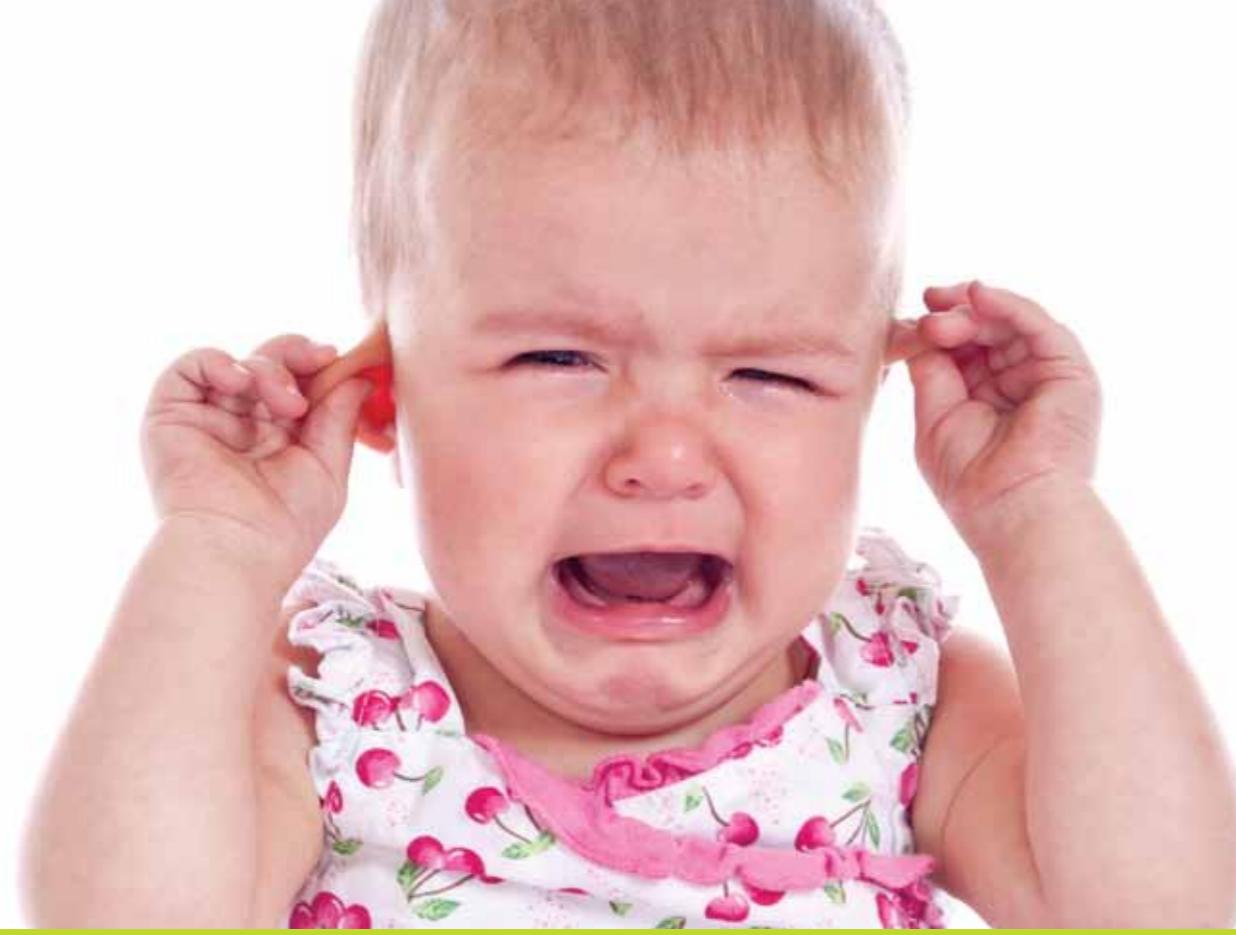
Chickenpox can be passed on to others from about two days before the rash appears until roughly five days after. The rash usually appears on the chest and back. You and your baby should stay away from other people until all of the blisters have fully burst and dried, which usually happens five to seven days after the first blister appears. You can take your baby out if they are well enough, but be careful to keep away from other people.

After the last blister has burst and dried, they are no longer likely to pass the infection on. Chickenpox spreads from spit, sneezes and coughs from a person who has Chickenpox.

Pharmacy tip

It is important to keep babies cool as itching gets worse if they are hot. Speak to your local pharmacy about treatment which can help to calm itching (especially at night) to help stop the blisters scarring.





Ear problems

Ear infections are common in babies and small children. They often follow a cold and sometimes cause a temperature. A 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 earache but is otherwise well, it is okay to give them paracetamol and ibuprofen together (make sure you read the instructions carefully). Don't put any oil, eardrops or cotton buds into your child's ear. Most ear infections are caused by viruses, which can't be treated with antibiotics. They will just get better by themselves.

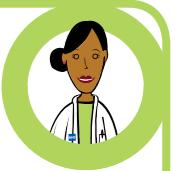
After an ear infection your baby may have a problem hearing for two to six weeks. If the problem lasts for any longer than this, ask your GP for advice.

Glue ear

Repeated ear infections may lead to glue ear, where sticky fluid builds up and can affect your baby's hearing. This may lead to unclear speech or behavioural problems. If you smoke your baby is more likely to develop glue ear and will get better more slowly. Your GP will give you advice on treating glue ear.

Pharmacy tip

Ask your local pharmacy about how to safely combine paracetamol and ibuprofen to treat your child's earache.





Health Visitor tip - The glass test

If your child or a young adult is clearly ill and a purplish or red rash has appeared, press the side of a glass tumbler firmly against their skin. If you can see the rash through the glass, the person has septicaemia (blood poisoning).

Seek urgent medical help at the A&E department of your local hospital, or call 999 to request an ambulance.



Meningitis

Meningitis is a very serious illness, but if it's diagnosed and treated early most children make a full recovery. There are several types of meningitis, and some can be prevented by vaccinations (speak to your Health Visitor or GP for more information).

Early symptoms of meningitis may be similar to a cold or flu (fever, vomiting, irritability and restlessness). However, babies and children with meningitis can become seriously ill in hours, so make sure you can recognise the signs.

Although anyone of any age can get meningitis, babies and young children are often affected. The signs and symptoms to look out for in your child are:

- a very high fever with cold hands and feet
- they may feel agitated but not want to be touched
- they may cry continuously
- some children are very sleepy and it may be difficult to wake them up
- they may appear confused and unresponsive
- they may develop a blotchy red rash that does not fade when you roll a glass over it

In older children and adults, the symptoms of meningitis can include:

- severe headache
- vomiting
- high temperature (fever) of 38°C (100.4°F) or over
- stiff neck
- sensitivity to light
- rapid breathing
- a general feeling of being unwell
- a distinctive skin rash (although not everyone will have this)

It is important to note that not everyone will get all of the above symptoms.

If you notice any of the symptoms of meningitis, particularly in young children, seek medical help immediately.

Meningitis can be difficult to diagnose because it often comes on suddenly and can be easily confused with flu because many of the symptoms are the same.

Continued over leaflet

Meningitis

However, it is very important that you seek immediate medical help if you notice any of the symptoms of meningitis, particularly in a young child.

This may mean going to the accident and emergency (A&E) department of your local hospital in the middle of the night. Do not wait for the purple rash to appear because not everyone gets a rash.

Where meningitis is suspected, treatment will usually begin before the diagnosis has been confirmed. This is because some of the tests can take several hours to complete and it could be dangerous to delay treatment for that amount of time.

The doctors will carry out a physical examination to look for signs of meningitis or septicaemia (blood poisoning), such as a rash. They will also carry out a number of other tests to confirm the diagnosis.

Seek medical attention

If you notice any of the symptoms of meningitis, particularly in a young child, seek medical help immediately.

This may mean going to the accident and emergency (A&E) department of your local hospital in the middle of the night. Do not wait for the purple rash to appear because not everyone gets a rash. Always treat a suspected case of meningitis seriously until doctors have confirmed the diagnosis.

If you are not sure it is meningitis, you can get more information by:

- contacting your GP, practice nurse or health visitor
- calling NHS Direct on 0845 4647
- calling the Meningitis Research Foundation on 080 8800 3344 (a 24-hour freephone helpline)
- calling the Meningitis Trust on 0800 028 18 28 (a 24-hour freephone helpline) - they also have a free meningitis signs and symptoms iPhone app available to download

Useful contacts

Contact your GP Surgery in the first instance

NHS

- 111

National Childbirth Trust (NCT)

- 0300 33 00 770
- www.nct.org.uk

Surrey Stop Smoking Service

- 0845 6023608

Change 4 Life

- www.nhs.uk/Change4Life

Healthy Start

- www.healthystart.nhs.uk

Immunisations

- www.immunisation.nhs.uk

Children's centres tip

Don't forget there is always advice and support available from children's centres across the region for all families with children under five. To find your nearest Children's Centre visit www.surreycc.gov.uk

Children's Centre



