

If a child in your care is ill or injured, choose well from the following services available:

<p>Grazed knee, Sore throat Coughs and colds, Mild tummy pain or headache</p>	<p>Self-care</p>	<p>You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk.</p>
<p>As a parent if you are: Unsure Confused Need help</p>	<p>NHS 111 For 24 hour health advice and information.</p>	<p>Call NHS 111 when it is less urgent than 999 www.nhs.uk/111</p>
<p>Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever</p>	<p>Pharmacist For advice on common illnesses, injuries and medication.</p>	<p>To find your local pharmacy and its contact details visit: www.nhs.uk/chemist (see Minor Ailments Scheme page 4).</p>
<p>High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hrs)</p>	<p>Doctor/GP For the treatment of illnesses and injuries that will not go away.</p>	<p>Write your Doctor's telephone number here:</p>
<p>Minor bumps, cuts and possible fractures (during 9-5) Dehydrated Headache Tummy pain</p>	<p>Health Centre For treatment of minor illnesses and injuries without an appointment.</p>	<p>Health Centre or Walk-in Centre</p>
<p>Unexpected and sudden sickness Severe pain Worsening health conditions (outside GP hrs)</p>	<p>Urgent Care When you need healthcare in a hurry 24 hours a day.</p>	<p>A&E/Urgent Care Centre</p>
<p>Choking Loss of consciousness Fitting Broken bones</p>	<p>A&E or 999 For very severe or life threatening conditions.</p>	<p>A&E</p>

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

A Guide

FOR PARENTS AND CARERS of children aged birth-5 years

Common childhood illnesses

NHS
Camden
Clinical Commissioning Group



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Welcome

This book has been put together by Public Health for Camden and Islington.

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 a Doctor and when to contact Emergency Services.

Most of the problems you will come up against are simply an everyday part of growing up, often helped by a chat with your Midwife, Health Visitor or School Nurse. Almost all babies, toddlers and children will get the most common childhood illnesses like chickenpox, colds, sore throats and ear infections. While these are worrying at the time they are easily treated by your Doctor or at home with the support from a Doctor or Health Visitor rather than a trip to Accident & Emergency.

This handbook helps point you in the right direction and explains what you can do at home to help, or where you need to go to get assistance and advice. It has been put together with help from healthcare professionals. If you are worried you must get further advice. Trust your instincts, you know your child better than anybody else.

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

Visit www.camden.gov.uk/health to view this booklet online.

All factual content has been sourced from Department of Health, NHS Choices, British Association of Dermatologists, Meningitis Now. This information cannot replace specialist care. You need to get specialist help if you are worried, you know your baby best.

Contents

➤ A guide to services	4	➤ Earache & tonsillitis	28
➤ Know the basics	6	➤ Fever	30
➤ Children's medicines	7	➤ Meningitis & sepsis	32
➤ Being sick	8	➤ Bumps, bruises & falls	34
➤ Crying & colic	10	➤ Burns & scalds	36
➤ Nappy rash & cradle cap	12	➤ Asthma	38
➤ Rashes & dry skin	14	➤ Chickenpox & measles	40
➤ Sleeping	16	➤ Urticaria or hives	42
➤ Sticky eyes & eye care	18	➤ Household accidents	44
➤ Wheezing & breathing difficulties	20	➤ A healthy weight	46
➤ Upset tummy	22	➤ Worried about a child	48
➤ Constipation	24	➤ Good mental health	50
➤ Coughs, colds & flu	26	➤ Useful contacts	52



To view this booklet online scan this code with your smartphone

A guide to services

We have a wide range of healthcare and children and family 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 call **NHS 111** or your Doctor's practice.



111

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

By calling **NHS 111** you will be directed straight away 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 Doctor's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local Doctor to call.

Minor Ailments Scheme

The **Minor Ailments Scheme** is available to all - it allows Pharmacists to manage simple common medical problems and issue medicines as if they had been prescribed by the Doctor. You do not always need to see your Doctor. Pick up a Minor Ailments Scheme form from your surgery reception. You will be issued with a Minor Ailments Passport. Take it to your local pharmacy who will be able to help you with things like:

- Colds and flu
- Constipation
- Earache
- Head lice
- Insect bites and stings
- Minor burns or lacerations
- Teething.

Pharmacist

Your local Pharmacist will know about most everyday health issues. They can suggest the best medicine to help. There are often Pharmacists in supermarkets and many are open late. If your child has a temperature which has not come down with paracetamol or ibuprofen see your Doctor.

Doctor or GP

You will need to register with a local Doctor. Your Doctor can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. All Doctors will see a child quickly if you are worried.

After 6.30pm weekdays, at weekends and public holidays you can call the GP out-of-hours service on **NHS 111**.

Health Visitor

The health visiting service provides preventative and early intervention support for all families with children aged under 5 years of age. The service offers evidence-based advice on:

- Your child's health and well-being.
- Early identification of problems and early interventions.
- Signposting/referral to specialist services such as speech and language, Child Development Team and children's social care.

Children's Centres

For families from pregnancy to age 5. All services are free. Services offered include:

1. Stay and play drop-ins

2. Help for families

- Healthy start vitamins.
- Midwifery and health visiting.
- Baby feeding support and advice.
- Family support (home visiting and 1-1 advice).
- Parenting support (1-1 and groups) and child psychotherapy.
- Mental health services for parents.
- Children's speech and language therapy.
- Help to find jobs and training.
- Benefits advice.
- Housing advice.
- Family learning courses.

3. Childcare

- Free places for 2, 3 and 4 year olds.
- Childminders.

A&E

For serious and 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, chest pain, blacking out, or blood loss.

Urgent Care Centres

Urgent Care Centres treat patients who have an injury or illness that needs help quickly, but is not a 999 emergency. To book an appointment with a local Urgent Care Centre call **NHS 111**.

Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong. However, it is normal to worry that you won't 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 prepared, you will find it easier to cope.

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.**

Find out about CPR (resuscitation) before a possible emergency, visit www.redcrossfirstaidtraining.co.uk

If your baby seems to have a serious illness get medical help straight away.

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed (as a general rule a temperature of over 38°C 100.4°F), as these can help to reduce fever and distress. 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 is due, then you may want to try a dose of the other medicine. Aspirin should not be given to children under 16 years of age.



Pharmacist says

Keep a small supply of useful medicines in a **locked cabinet** or **somewhere up high** where a child cannot reach them. Include things like:



Thermometer



Plasters



Liquid painkillers
(e.g. **sugar-free** paracetamol or ibuprofen)



Barrier cream



Antihistamine

Children's medicines

Not always needed for childhood illnesses

Most illnesses get better by themselves and make your child stronger and able to resist similar illnesses in the future.

Paracetamol and ibuprofen are often used to relieve the discomfort caused by a high temperature. Some children, for example those with asthma, may not be able to take ibuprofen, so check with your Pharmacist, Doctor or Health Visitor.

Don't give aspirin to children under 16, and if you're breastfeeding, ask your Health Visitor, Midwife or Doctor for advice before taking aspirin yourself.

Children don't often need antibiotics. Most childhood infections are caused by viruses. Antibiotics are medicines which kill bacteria. They work only against bacteria, not the viruses that cause the majority of sore throats, colds, sinus infections and bronchitis. For bacterial infections however, antibiotics work quickly and symptoms usually improve within 24-48 hours. Often children can feel completely better shortly after beginning the antibiotic course. To beat the bacterial infection, it is important that your child finishes the entire course as prescribed, even if your child seems better.

1

My child has a bad cold and I want to get some antibiotics from my Doctor.

2

Do not expect your Doctor to automatically give you antibiotics (or any other medicine).

3

Antibiotics aren't always the answer when your child is unwell.

Antibiotics for children

If you're offered a prescription for an antibiotic, talk to your Doctor about why it is needed and how it will help. Ask about any possible side effects for example, whether it could make your child sleepy or irritable and other side effects like sickness and diarrhoea.

Repeated use and misuse of antibiotics are some of the main causes of the increase in resistant bacteria. Antibiotics are now no longer routinely used to treat chest infections, ear infections in children and sore throats.

If your child is prescribed antibiotics always finish the whole course to make sure all the bacteria are killed off. Your child may seem better after two or three days, but if the course is five days, they must carry on taking the medicine. The illness is more likely to return if your child does not finish all the antibiotics.





Health Visitor says

Possetting is 'normal' during or after a feed. If this carries on at other times, between feeds it may be a tummy bug. It is important for babies to have plenty of fluids to stop any dehydration.



Being sick

A problem likely to get better on its own

It is common for babies to be sick, often in the early weeks as they get used to feeding and their bodies develop. Possetting is when your baby brings up small amounts of milk; when your baby vomits this 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 as incorrect positioning can cause a baby to be sick.

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

1

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

2

They always seem to bring up small amounts of milk.

3

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

Doctor 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 22](#)), 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 Doctor's advice straight away.



The 10 minute 'Coping with Crying' DVD from the NSPCC provides a range of tips and advice on helping you keep calm and soothing your baby. Ask your Midwife or Health Visitor to see a copy of the DVD. <http://copingwithcrying.org.uk/>



Health Visitor says

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

Things to check first are:

- ✓ Does their nappy need changing?
- ✓ Could they be hungry?
- ✓ Could they be too hot?
- ✓ Could they be too cold?
- ✓ Do they need burping?

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

Crying & 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. Skin to skin contact can calm a distressed baby. Burping your baby after a feed can help relieve discomfort, particularly if they are bottle feeding. To burp your baby, sit your baby upright or hold them against your shoulder and gently rub their back and tummy until they burp. They may vomit a small amount of milk when you do this.

Early signs that your baby may be hungry 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. Your baby may be crying because they need a cuddle and want to be close to you.

If you feel you can't cope with your baby's crying, make sure baby is safe - like in a cot or pram, leave the room and calm down for a few minutes. It can help to talk to other parents and your Health Visitor. For more information and tips on ways to soothe your baby visit www.copingwithcrying.org.uk or www.cry-sis.org.uk 08451 228669.

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 and improves on its own. 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. Your local Pharmacist may be able to supply over-the-counter medicine to help relieve pain from colic which may be caused by swallowing air (trapped gas).



Doctor says

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



Health Visitor's cradle cap tips

This is the name given to the greasy yellow-brown scales and crusting affecting the scalp in newborn babies.

Do not pick the scales as this may increase the risk of infection. It is not a serious condition and is not contagious. It is not usually itchy and will usually clear up within weeks to a few months.



Soften the scales with baby or vegetable oil (not olive oil) overnight. After softening the scales use a soft brush or cloth and gently remove any loose scales and wash the hair with a baby shampoo. If any hair comes out with the scales it will grow back.



Gently wash the baby's hair and scalp with a baby shampoo. Use a soft brush or cloth to loosen and remove the loose skin flakes.

Talk to your Health Visitor if the rash spreads or there is any infection or oozing.

Source: NICE CKS 2013

Nappy rash & cradle cap

A common problem that's easy to treat

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wetness that collects in their nappy.

A nappy rash causes your baby's skin to become sore. The skin in this area may be covered in red spots or blotches. You might need to change their nappy more often.

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.

There are two types of nappy cream available. One is a barrier cream to keep wetness 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.

Call in to your local Pharmacist and ask about creams they can provide you with over the counter.

1

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

2

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

3

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



Health Visitor's nappy rash tips



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



Use a barrier cream.



Remember to change and check their nappy often.



Health Visitor says

Baby skin is more delicate than ours. Try to limit the amount of products you use on their skin and never leave your baby out in the sun.



Rashes & dry skin

Baby skin needs extra care

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 you are worried about contact your Midwife or Health Visitor. 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 them warm but not hot and try to dress them in natural cotton clothes, with nothing that can rub on their 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 doesn't cause any irritation to your baby and usually clears up by the time they are two years old.

1

Your baby's skin may be flaky and dry.

2

Dry skin is common in newborn babies, as their skin is 15 times thinner than that of an adult.

3

Avoid soap and using products on your baby's skin. Wash your baby in clean, warm (not hot) water.



Doctor says

Go to A&E immediately if your baby has a rash that does not disappear when you press a glass to it (see page 32). 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.

A safe sleeping environment

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



Call 0300 123 1044 or visit www.nhs.uk/smokefree

Sleeping

Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby not to sleep through the night. Feel confident in yourself to know whether your child is really distressed, uncomfortable (maybe they need changing) or just restless. Trust your instincts and respond to their needs.

Try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Try to avoid always rocking your baby to sleep as this can become a habit. Adult beds are not designed for babies or toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to the cot after the feed. Night-time breastfeeds are important for your milk supply.

You can help your baby to sleep safe and sound by keeping the temperature in their room between 16-20°C. A basic room thermometer will help you to keep an eye on the temperature.

Reading to your child at bedtime helps them to unwind, and gives you some special time together. If your child is scared of the dark, try keeping a night light on.

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

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

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

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



Health Visitor says

Some babies have watering eyes. Massaging the tear ducts helps 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 outer 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 should be referred to an eye specialist for treatment.

Source: NHS Choices



Sticky eyes & eye care

Protect your baby's eyes

'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.



Eye tests and checks

It is important to look out for any signs of problems with your baby's eyes. Routine eye tests are offered to newborn babies and children to identify any problems early on in their development. It's quite normal for the eyes of newborn babies to 'cross' occasionally, particularly when they're tired. However, speak to your Doctor if you notice this happening to your child after three months of age. Left untreated, lazy eye can develop.

Although serious vision problems during childhood are rare, early testing ensures that any problems are picked up and managed as early as possible.

- 1 Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?
- 2 Sticky eyes is a common condition that affects most babies, speak to your Health Visitor.
- 3 Use cooled boiled water on a clean piece of cotton wool for each wipe.



Conjunctivitis

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

Bronchiolitis

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

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

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

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



1

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

2

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever, children's **sugar-free** paracetamol will help lower their temperature.

3

Some people have found that allowing their child to breathe in steam from a hot bath or shower in a closed room has eased symptoms. Take care as there is a risk of scalding if your child is left alone. If symptoms get worse contact your Doctor.

Wheezing & 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 26 coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.
- Child appears pale.

Source: NHS Choices - Symptoms of bronchiolitis



Doctor's tips

Get help and contact your Doctor now if your child:

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

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

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



Pharmacist says

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

- ✓ Give them regular drinks - try small amounts of cold water. Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or antibacterial 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 Doctor. If your baby is newborn or very unwell contact your Doctor straight away.

Upset tummy

Not nice for you or your baby

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

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

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

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

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

1

My baby has diarrhoea and is being sick.

2

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

3

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

Signs of dehydration

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

Try rehydrating solution from your Pharmacist.

Tips

Constipation is very rare in babies who are solely breastfed, but not uncommon in babies who have formula, or who have solid foods. Ask your Health Visitor or Pharmacist for advice on treatment.

Make sure you are making up the formula powder with the correct amount of water. Some formulas are specially targeted at babies who have minor constipation - your Health Visitor can discuss your options.

If your baby is already on solid foods, then the juice or the fruit itself should be fine for providing relief. Fruits, such as apples, pears and prunes, contain sorbitol which is a natural laxative, helping the lower bowel retain water, which helps the poo stay soft and easy to pass. For younger babies, check with your Health Visitor before you start giving anything other than milk.

Source: www.nct.org.uk



Constipation

Rare in babies who are solely breastfed

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 5 to 40 bowel movements per week, whereas formula-fed infants have 5 to 28 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 have well-balanced meals are not typically 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 Doctor.

1

My bottle-fed baby gets constipated.

2

Try cooled, boiled water between feeds.

3

If the problem persists, speak to your Health Visitor or Doctor.



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.

1

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

2

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

3

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

Don't pass it on:

Catch it Germs spread easily. Always carry tissues and use them to catch coughs or sneezes.

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

Kill it Hands can pass on germs to everything you touch. Clean your hands as soon as you can.

Coughs, colds & flu

Not usually serious

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

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

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

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try **sugar-free** paracetamol or ibuprofen (not aspirin) ([see page 6 for advice on usage](#)).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear. Use the Minor Ailments Passport ([see page 4](#)).
- ✓ Make sure they get plenty of sleep/rest.

See your Doctor 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.



Pharmacist says

Children can often be treated using over the counter medicines to help to bring down a raised temperature. Use the Minor Ailments Passport ([see page 4](#)).

Sugar-free paracetamol 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 Doctor.

Source: 2013 NICE guidance.



Newborn hearing screening

All newborn babies should be offered a hearing test. If your baby's hearing is not screened in hospital, ask your Midwife or Health Visitor to arrange an appointment.

Tonsillitis

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

What are the signs of an ear infection?

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

Earache & tonsillitis

A baby's ears need to be treated with care

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

Babies have some natural protection against infections in the first few weeks - this is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles and painkillers from the Pharmacist. Use the Minor Ailments Passport (see page 4). Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Children who live in households where people smoke (passive smoking) or who have a lot of contact with other children, like those who go to nursery, are more likely to get ear infections. Bottle fed infants are more prone to ear infections, due to the sucking technique. Try to cut down/discontinue bottles and discuss with your Health Visitor.

1

My toddler has earache but seems otherwise well.

2

Have you tried **sugar-free** infant paracetamol or ibuprofen from your Pharmacist?

3

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

To reduce ear infections

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



Young babies:

Contact your Doctor or **NHS 111** if your child:

- Is under three months of age and has a temperature of **38°C** or above.
- Is between three and six months of age and has a temperature of **39°C** or above.
- Is over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Older children:

A little fever isn't usually a worry. Contact your Doctor if your child seems unusually ill, or has a high temperature which doesn't come down. It's important to encourage your child to drink as much fluid as possible. Water is best.

To help reduce temperature:

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

1

My toddler is hot and grumpy.

2

Have you tried **sugar-free** infant paracetamol? Have you made sure they are drinking lots of fluids?

3

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

Fever

Part of the body's natural response

A child with a significant fever 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, using an electronic thermometer (don't use in the mouth of under 5s) or use an ear thermometer. Remember that measurements from under the arm 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. It is important in preventing your child from becoming dehydrated, which can cause kidney problems. Your child's urine should be pale yellow - if it is darker, your child needs to drink more fluids.

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

You should also contact your Doctor 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.



Doctor says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a meningitis rash (see page 32).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



The glass test

If you press the side of a clear glass firmly against the skin and the rash does not fade, it is a sign of meningococcal septicaemia.

Go straight to the Accident and Emergency Department



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



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

Find out more from www.meningitisnow.org

Meningitis & sepsis

Not common but serious

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

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

Sepsis (often called septicaemia or blood poisoning) is a life threatening condition triggered by an infection. The skin may also develop pinprick bruises or large purple areas, which do not change colour if you roll a glass tumbler over them. This is a common sign of meningococcal septicaemia, a type of blood poisoning caused by the meningococcus bacteria, which can also cause meningitis.

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

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

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



Doctor says

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



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



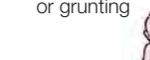
Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning





Falls

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

PREVENTION:

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

Bumps, bruises & falls

Part of growing up

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

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

If your child has had a bump to the head and it looks serious or symptoms worsen, call your 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 Doctor.

1

After a fall, comfort your child, check for injuries, treat bumps and bruises.

2

Give your child some **sugar-free** paracetamol and let them rest whilst watching them closely.

3

Seek immediate help if they:

- Have seriously injured themselves.
- Are unconscious.
- Have difficulty breathing.
- Are having a seizure.

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 sugar-free paracetamol or ibuprofen.**

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



Burns & scalds

Knowing what to do

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

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

Cool the burnt area by placing under cool running water for at least 20 minutes. 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 **sugar-free** paracetamol or ibuprofen ([see page 6 for advice on usage](#)). Then take your child to hospital.

Remember to keep hot drinks out of children's reach.

1

Treat the burn or scald straight after the accident by running under cold water for 20 minutes.

2

Do not use creams, lotions or ointments on the burn or scald.

3

Always take your child or baby to hospital if it is anything other than a very mild burn.



Do

Hold the affected area under cold water for at least 20 minutes (make sure your child does not get too cold). Cover the burn with cling film, then wrap in a cloth soaked in cool water.

Don't

Apply fatty substances like butter or ointment as this will not help and will only waste time for hospital staff who will have to clean the area before it can be treated.



Health Visitor says

Smoking during pregnancy or around your child can increase risk of asthma. Breastfeeding for as long as possible can help reduce risk of getting asthma.

Symptoms of severe asthma

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night.

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. Parents learn how to be prepared and how to recognise symptoms and deal with them.

Asthma affects the airways and makes it difficult to breathe and causes wheezing, coughing, shortness of breath and can make the chest feel tight.

A sudden, severe onset of symptoms is known as an asthma attack. Asthma attacks can sometimes be managed at home but may require hospital treatment. They are occasionally life threatening.

Triggers can include exercise (especially in cold weather), an allergy with dust mites, animal fur, grass and tree pollen or exposure to air pollution, especially tobacco smoke or a cold virus. Asthma often runs in families. If your child is overweight, there is a greater likelihood that they could develop asthma. Talk to your Health Visitor about support from weight management services in the borough.

Call 999 to seek immediate medical assistance if your child has severe symptoms of asthma.

1

My child seems to wheeze and cough a lot, it seems to get worse at night.

2

Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you discussed with your Health Visitor?

3

If symptoms persist see your Doctor. If your child has a serious asthma attack **call 999**.



Doctor says

Your Doctor will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. They will want to know about your child's medical history and whether there is a history of allergic conditions in your family. They will also want to know about the circumstances surrounding the onset of your child's symptoms, such as when and where it happened, because this could help to identify the possible trigger(s) of their asthma.



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 Doctor or Midwife for advice.

Chickenpox & measles

Take rashes seriously

Chickenpox

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

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

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

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

Painkillers

If your child is in pain or has a high temperature (fever), you can give them a mild painkiller, such as paracetamol (available over-the-counter in pharmacies). Always read the manufacturer's dosage instructions. Do not give aspirin to children under the age of 16.

Measles

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

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

Closing curtains or dimming lights can help reduce light sensitivity.

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



Foods to avoid:

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

Avoid:

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

Cut down on:

- Spices
- Orange juice
- Raspberries
- Tea

Source: Allergy UK



Urticaria or hives

Easy to confuse with more serious illnesses

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

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

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

1

My child has developed itchy red spots.

2

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

3

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



Doctor says

If your child has urticaria avoid:

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

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

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 up high.

WHAT TO DO:

If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth.

If the cut is serious, is bleeding a lot or has a piece of glass under the skin (maybe they trod on some glass) go to A&E.

Drowning

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

PREVENTION:

Supervise children near water at all times. Use a grille on ponds and fill in a garden pond to use as a sand pit. Learn 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**.

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.

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.
- Do not place a child's cot, bed, playpen or highchair near a window.
- Pull cords on curtains and blinds should be kept short and kept out of reach.
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.
- Do not hang toys or objects that could be a hazard on the cot or bed.
- Don't hang drawstring bags where a small child could get their head through the loop of the drawstring.

WHAT TO DO:

Untangle child, contact the emergency services and start CPR.

Source: RoSPA

Household accidents

Keeping your child safe in and around the home

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 baby cannot roll off any surfaces, put pillows around them. Do not put a bouncing cradle or car seat on a surface where they could wriggle off.

Use stair gates for toddlers. Make sure balconies are locked and fit restrictors and safety locks to windows.

WHAT TO DO:

If your child has a serious fall dial 999.

Choking

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

PREVENTION:

Check on the floor and under furniture for small items. Find out more about CPR (a first aid technique that is a combination of rescue breaths and chest compressions. Sometimes called the 'kiss of life').

WHAT TO DO:

If your child is choking act immediately and calmly. Make sure you do not push the object further down the throat. Encourage your child to cough. Use back blows, if they become unconscious call for help (do not leave your child alone), start CPR, **call 999**.

www.redcrossfirstaidtraining.co.uk

Burns, scalds and fires

Domestic fires are a risk to all children. Never let a child play with lighters, matches or candles. Burns from hair straighteners and household appliances are common. Hot drinks cause burns and scalds and bath water which is too hot is the biggest cause of fatal accidents to under fives.

PREVENTION:

Get a bath thermometer. Think about your home. Use oven guards, fireguards and electrical socket covers.

WHAT TO DO:

If your child has a minor burn run under cool water for 20 minutes. Do not apply butter or any fatty substance. Cover loosely with cling film or a clean plastic bag. Take your child to A&E if the burn is severe.

Eating a varied diet

Children should be encouraged to eat a varied diet. They should eat foods from each of the four main food groups every day. The four main food groups are:

- Bread, other cereals and potatoes.
- Fruit and vegetables.
- Milk and dairy foods.
- Meat, fish and alternatives such as pulses (peas, beans and lentils), eggs, vegetable proteins and soya.

A varied diet is associated with better health as it is more likely to contain all the vitamins and minerals the body needs.

What can I do?

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

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

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



A healthy weight

A combination of the right food and exercise

Your Health Visitor will be able to discuss your child's weight with you to determine if they are under or overweight. If you are worried your child is underweight and they have a poor appetite, discuss with your Health Visitor or Doctor. If they are overweight and it is not treated early on it could cause health problems such as raised blood pressure and cholesterol, type 2 diabetes, early puberty, asthma and other respiratory illnesses.

Being overweight is rarely to do with a medical problem, many kids simply have unhealthy diets and don't do enough exercise. It is better to prevent your child becoming overweight (or obese) in the first place. A combination of good sleep patterns, a healthy varied diet and regular exercise will all keep your child to a healthy weight. It can be hard to recognise weight issues in our own children. It is important that parents spot the signs early on to prevent things getting worse and to promote healthy growth.

You are responsible for your child's health and well-being, this includes what they eat. A healthy varied diet and exercise is the simple answer to many worries about being overweight. Try to have family outings which include walking and cycling so you can all get fitter together. Being active burns more energy and the body then starts to use up its fat stores.

1

I am worried about my child's weight.

2

Do some exercise together as a family and find out more about healthy eating.

3

If you are worried discuss with your Doctor or your local Weight Management Service.

Dietician says

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



Juice drink

23g sugar
(5 teaspoons)



Cereal bars

8g sugar
(1.5 teaspoons)



Fromage frais

12.4g sugar
(2 teaspoons)



What can I do?

If someone you know is having difficulties, you could offer the following:

- A listening ear.
- Ideas to cope with problems.
- Encouragement to get help.
- Practical support (for example offering to babysit).

If the family is unable to cope and they do nothing to get help you need to report it. In an emergency call **999**.

Worried about a child?

Getting support

Very few adults harm children deliberately and most often, when harm does happen, families need support, not punishment or the removal of their children. Social Workers and other professionals get involved when parents may be unable to protect their child from harm and need some help. In some cases the Police Child Abuse Investigation Teams will work with Social Workers to help protect children and decide whether an offence has been committed.

If you believe a child is suffering or is likely to suffer harm, or if you are worried about your own behaviour and need support contact your local Children's Social Care Team (see page 53 for details). In an emergency call **999**.

When we suspect, witness or are told of a child that is being harmed, action should be taken to stop things getting worse. Even if you think an incident is just a one-off, your information could be very important. Long-term abuse can have a negative affect on a child for the rest of their lives.

1

There are many signs of abuse, from physical and emotional injury leading to changes in behaviour.

2

Make sure your child knows who they can share worries with if and when they need to.

3

Seek advice about what practical and emotional support is available from schools and Children's Centres.



Abuse at home

When we suspect abuse of a child in our own home, we can react in many different ways. We may feel guilt, anger, disbelief or denial. Some of these reactions can prevent getting help to a child who needs it. You may not tell others because you fear that the child will be at further risk of harm. You may love the person who is causing the harm and not want to believe what is happening. You need to put your child's safety first.



Unusual behaviour

Sometimes stress can lead to a 'tic' - a sudden, repetitive, non-rhythmic movement involving a distinct muscle group, like an uncontrolled eye blinking. Head banging or banging the head against a wall or cot on purpose is another common behaviour, especially in boys. They are not trying to be naughty or annoying. Your Doctor can advise if there are additional concerns. Once the Doctor gives your child a clean bill of health, the best thing to do is just ignore the tic, help minimise stress and make sure your child is getting enough sleep.

Good mental health

Support healthy social and emotional development

Responsive relationships help build positive attachments that support your baby's healthy social and emotional development. These relationships form the foundation of good mental health for infants, toddlers and pre-schoolers.

An infant's world is usually pretty small. Infants grow up among family, friends and community. They learn about themselves and the world around them through the relationships they have with the people in their lives. Babies who are made to feel loved and cherished learn that they are lovable. They then grow up feeling good about themselves and develop friendships more easily. You cannot spoil your baby by responding to their needs. By responding to their needs your baby will become more confident and independent in later years.

Stress is something as adults we come to accept and manage. Babies and young children are unable to recognise and cope with situations that cause stress in their lives. Instead, they can show their stress and anxiety in physical and emotional outbursts.

1

How do I bond with my baby?

2

Use eye contact, smile and hold them up so you are face to face. Encourage 'turn taking' - giving time for your baby to respond to your verbal and facial cues.

3

This contact, support and security will help your baby develop in many ways.

What can I do?

- Surround your child with nurturing relationships.
- Be happy and show it.
- Create a trusting and loving environment.
- Provide stable and consistent caregivers at home and in childcare.
- Try to understand your child's cues and respond.
- Spend unhurried time together.
- Comfort and reassure.
- Respond to your baby.
- Learn about developmental stages and have appropriate expectations.
- Have good relationships and ways to manage conflict.
- Your actions and mood may affect your child.
- Identify early signs of emotional or mental problems.

National contacts

Asthma UK

0300 222 5800 www.asthma.org.uk

Child Accident Prevention Trust (CAPT)

020 7608 3828 www.capt.org.uk

ISIS

Advice on sleep
www.isisonline.org.uk

Lullaby Trust

0808 802 6869
www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388
www.meningitisnow.org

National Breastfeeding Network Helpline

0300 100 0212
www.breastfeedingnetwork.org.uk
enquiries@breastfeedingnetwork.org.uk

Netmums

Parenting advice and information in England, Wales, Scotland and Northern Ireland.
www.netmums.com

NHS Choices www.nhs.uk



111

If you think you need help urgently during the day or night you

should call **NHS 111** before you go to any other health service. By calling **NHS 111** you will be directed straight away 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 Doctor's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local Doctor to call.

Call 999 in an emergency

Local contacts

Health Visiting

Health visiting delivers the Healthy Child Programme which offers:

- Infant feeding, starting on solids and healthy eating.
- Childhood immunisations.
- Child developmental assessments.
- Support and advice e.g. crying, biting, toileting, sleep patterns, toddler behaviour etc.
- Early interventions for maternal mental health, including post-natal depression.
- Family support in collaboration with Children's Centres and other relevant agencies e.g. Children's Social Care.

Camden Health Visiting Advice Service

020 33173032

Camden Baby Feeding Team

07808 891260

Camden Family Information Service

020 7974 1679

Contact Camden

020 7974 4444

Children's Centres Camden

Regent's Park Children's Centre

Augustus Street, NW1 3TJ.
020 7974 8934 Mon-Fri 9am-5pm

1A Children's Centre

1A Rosebery Avenue, EC1R 4SR.
020 7974 7024
Mon-Fri 9am-5pm

Agar Children's Centre

Lulworth, Wrotham Road, NW1 9SU.
020 7974 4789
Mon-Fri 9am-5pm

Harmood Children's Centre

1 Forge Place, Ferdinand Street, NW1 8DQ.
020 7974 8961 Mon-Fri 9am-5pm

Kilburn Grange Children's Centre

1 Palmerston Road, NW6 2JL.
020 7974 5080 Mon-Fri 9am-5pm