



Pembroke Road Surgery

Self-Care advice for common childhood illnesses

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If you need urgent medical advice when
the practice is closed, please call the
NHS 111 service

Being sick

After the first few weeks of life, the most common cause of vomiting is a viral infection and not possetting. This can occur with runny poo and is called gastroenteritis (an upset tummy).

This can be more serious in smaller babies compared with older children, as babies can easily lose lots of fluid and become dehydrated.

Signs of dehydration include loss of appetite, reduced production of urine and cold hands and feet.

Contact your doctor on 0117 973 3790 if your baby has any of these symptoms or has had vomiting or diarrhoea for more than 24 hours.

Possetting is normal. A posset is a small quantity of feed that is brought up during or after a feed. This will look like milk. If it ever looks green, then contact your doctor on the same day.

When to contact the doctor:

- ✓ ***With any fever above 38°C in a child below 6 months' old***
- ✓ *Any signs of dehydration*
- ✓ *Six or more episodes of diarrhoea in 24 hours*
- ✓ *Three or more episodes of vomiting in 24 hours*
- ✓ *ANY single episode of green vomit*
- ✓ *Any blood in their poo*
- ✓ *If you are unduly worried about your child*





Crying

All babies will cry, especially in the first few weeks of life. It is their way of telling you that they may need changing; they may be hungry, or they may be uncomfortable.

Understand the signs that suggest that your baby may be hungry. Common signs are stretching, putting hands to mouth and becoming restless. Understanding these early cues may avoid hunger crying altogether.

Colic

If your baby is well but cries suddenly and often, this may be due to colic. This is common **and can occur for the first few months of a baby's life.**

Typical colic symptoms occur in the late afternoon/evening, and your baby may become flushed, clenching their fists with continuous crying. They may draw their legs up and pass wind. This may also affect their sleep.

When a baby is crying, it is important to stay calm without shouting or shaking a baby.

If your baby's cry sounds different, such as being high-pitched or a whimper, then seek medical advice. You can call your doctor on 0117 973 3790 or 111 out of hours.

Trust your instincts—you know your baby best.

When to contact the doctor:

- ✓ *If your baby's cry sounds different to usual, and is not settling*

Sticky eyes

Sticky eyes are a common occurrence during the first few weeks of life. It occurs because the tear ducts develop further after birth.

You will notice sticky stuff in the corner of your baby's eyes, or their eyelashes are stuck together.

Cleaning their eyes with cooled boiled water and clean cotton wool can manage this safely and effectively without the need for antibiotics.

Use a new piece of cotton wool for each eye, and clean away to the outer corner of the eye, from the corner next to the nose.

Conjunctivitis

This is a common infection of the eyes and will usually go away after a week without specific treatment.

If your baby is older than one month, has a yellow sticky discharge that is pain free, and associated with a pink eye, then they may have conjunctivitis.

This can be managed with regular cleaning with cooled boiled water and cotton wool. Do not share towels, as it can be passed on to other members of the household.

Seek advice from your doctor if the symptoms persist beyond one week.

When to contact the doctor:

- ✓ *If there is significant yellow/green discharge causing the eyelids to swell*
- ✓ *If the symptoms have not gone away after one week*
- ✓ *If you are unduly worried about your baby*

Safer Sleeping

THINGS YOU CAN DO:

Always place your baby on their back to sleep

Keep your baby smoke-free during pregnancy and after birth

Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months

Breastfeed your baby, if you can

Use a firm, flat waterproof mattress in good condition



THINGS TO AVOID:

Never sleep on a sofa or in an armchair with your baby

Avoid letting your baby get too hot

Don't cover your baby's face or head while sleeping, or use loose bedding

Don't sleep in the same bed as your baby:

- If you smoke, drink or take drugs
- If you are extremely tired
- If your baby was born prematurely, or was of low birth weight

Some babies sleep much more than others. Some sleep for long periods, others in short bursts. Some soon sleep through the night and some don't for a long time. Your baby will have their own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know. It's also unlikely to fit in with your need for sleep. Try to sleep when your baby sleeps.

If you're breastfeeding, in the early weeks your baby is likely to doze off for short periods during a feed. Carry on feeding until you think your baby has finished, or until they're fully asleep. This is a good opportunity to try to get a bit of rest yourself.

If you're not sleeping at the same time as your baby, don't worry about keeping the house silent while they sleep. It's good to get your baby used to sleeping through a certain amount of noise.

Sleep requirements

NEWBORN

Most newborn babies are asleep more than they are awake. Their total daily sleep varies, but can be from eight hours, up to 16-18 hours. Babies will wake during the night because they need to be fed. Being too hot or too cold can also disturb their sleep.

THREE TO SIX MONTHS

As your baby grows, they will need fewer night feeds and be able to sleep for longer. Some babies will sleep for eight hours or longer at night, but not all. By four months, they may be spending around twice as long sleeping at night as they do during the day.

SIX TO TWELVE MONTHS

For babies aged six months to a year, night feeds may no longer be necessary, and some babies will sleep for up to 12 hours at night. Teething discomfort or hunger may wake some babies during the night.

FROM TWELVE MONTHS

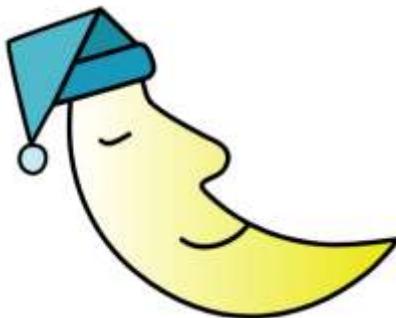
Babies will sleep for around 12-15 hours in total after their first birthday.

TWO YEARS

Most two year olds will sleep for 11-12 hours at night, with one or two naps during the day.

THREE TO FOUR YEARS

Most children aged three or four will need about 12 hours sleep, but this can range from 8 hours up to 14. Some young children will still need a nap during the day,



Fever

A fever is a temperature above 38°C

A fever is a natural response to common viral infections, and can usually be allowed to run its natural course, provided that they are drinking enough fluid and are otherwise well.

If you are having trouble giving fluids to your child, trying to control their temperature may help with this.

Occasionally a fever may be caused by more serious bacterial infections, such as meningitis, urinary tract infection (UTI) or pneumonia. In most cases it will be due to a simple viral infection that does not require any specific treatment.

If your child develops a fever:

- Ensure that they are having enough fluids. As a general rule, their urine should be pale yellow. If it is darker, then they may need more fluids.
- Look out for signs of dehydration: sunken fontanelle, lack of tears, dry mouth, poor urine output
- Know how to recognise signs of meningitis
- Check on young children during the night

Babies below six months of age

Always contact your doctor on 0117 973 3790 or NHS 111 if your child is below six months of age, and has a temperature above 38°C.

Older Children

A little fever is not usually a worry. Contact your surgery or NHS 111 if:

- They have other signs of illness other than fever
- They have recently returned from abroad or they have recently had an operation
- They have had a fever for more than 48 hours.

Managing fever at home

Strip your child down to their pants in a cool room (18°C)

Ensure they are drinking lots of fluids. Water is best in older children, and breast milk if breast-fed.

Check for signs of dehydration.

Consider giving paracetamol or ibuprofen to manage the fever.

If the temperature remains over 38°C, then contact the doctor.

Dose of Paracetamol

3-6 months: 2.5ml of infant paracetamol suspension, given up to four times per day

6–24 months: 5ml of infant paracetamol suspension, given up to four times a day

2 years to 4 years: 7.5ml of infant paracetamol suspension, given up to four times a day

4 years to 6 years: 10ml of infant paracetamol suspension, given up to four times a day

6 years to 8 years: 5ml of paracetamol six-plus suspension, given up to four times a day

8 years to 10 years: 7.5ml of paracetamol six-plus suspension, given up to four times a day

10 years to 12 years: 10ml of paracetamol six-plus suspension, given up to four times a day

Dose of Ibuprofen

3-6 months: 50 mg (2.5 ml) 3 times daily

6-12 months: 50 mg (2.5 ml) 3 or 4 times daily

1 year to 4 years: 100 mg (5 ml) 3 times daily

4 years to 7 years: 150 mg (7.5 ml) 3 times daily

7 years to 10 years: 200 mg (10 ml) 3 times daily

10 years to 12 years: 300 mg (15ml) 3 times daily



Coughs, colds and flu

If your child attends a nursery or playgroup they will develop lots of coughs, colds and flu. This can strengthen their ability to fight off infection and can be a good thing.

Most of these infections will run their natural course without needing any specific treatment.

Ensure that:

- They have a good fluid intake
- Fever can be managed with paracetamol (not aspirin)
- Keep them away from smoke and those that smoke

When to contact the doctor:

- ✓ *They are finding it hard to breathe*
- ✓ *They are difficult to wake/interact*
- ✓ *They have a fever with a rash*
- ✓ *They are less than 6 months old with a fever more than 38°C*

Flu is a more severe viral infection and comes on more suddenly with more severe symptoms than a common cold.

Children aged 2 and 3 years can be vaccinated every year (October) with a nasal spray to protect them from flu.

Ear infections

Ear infections are common in young children. They result from infections spreading from the nose and throat to the ears. Most ear infections will clear by themselves.

The symptoms of ear infections may be:

- Earache
- Fever and/or irritability
- Loss of hearing
- Discharge from the ear

They can be managed in the first 3 days in the following way:

- Ensure a good fluid intake
- Give regular paracetamol or ibuprofen for pain/fever

When to contact the doctor:

- ✓ *Symptoms are unusually severe*
- ✓ *They are continuing for more than 3 days*

Hearing loss can be present after the ear infection has cleared. This can persist for two to three weeks afterwards.

Tonsillitis

Infections involving the tonsils are common in children.

The symptoms are:

- Fever
- Sore throat
- Possible earache
- Cough
- Swollen glands in neck

Most tonsillitis can be managed at home.

- Ensure an adequate fluid intake
- Give regular paracetamol/ibuprofen to manage pain/fever

When to contact the doctor:

- ✓ *Symptoms are unusually severe*
- ✓ *They are continuing for more 3 days*

Upset tummy

Most children with an upset tummy will get better themselves. The main risk to children is becoming dehydrated, especially in small babies.

Signs of dehydration in babies

- Sunken fontanelle
- Dry mouth
- Less wet nappies than usual
- More sleepy than usual

When to contact the doctor:

- ✓ *They have a fever more than 38 °C*
- ✓ *If your child is a new born baby (less than 4 weeks' old)*
- ✓ *If the symptoms are continuing for more than 24 hours*



Fluid management

Give small children frequent small volumes of water with cordial.

Do not give fruit juice or fizzy drinks.

Oral rehydration solutions can be purchased from your pharmacist.

Breast-fed infants can be fed more regularly rather than on demand.

Thirst in an older child is a good gauge that they require more fluids.

Preventing and treating dehydration

If your child has gastroenteritis but is not dehydrated, keep feeding them as normal and offer regular drinks. Fruit juice and fizzy drinks should be discouraged because they can make the diarrhoea worse. You can give oral rehydration solution.

Oral rehydration salt solution (ORS) is made up from a powder and is only available from pharmacies. It is made up of water, sugar and salts in specific amounts. It helps to replace the water and salts lost from the body because of diarrhoea and vomiting—this is called rehydration.

Many children vomit a little when they start to drink the oral rehydration salt solution. However, if your child keeps vomiting or will not drink the solution, you should contact a healthcare professional.

In children who are dehydrated:

- Give 50ml/kg for fluid deficit replacement over four hours, as well as maintenance fluid
- Give small amounts of oral rehydration solution

Fluid replacement after rehydration:

- 5mls/kg of body weight after each large watery stool or vomit
- Plus maintenance fluids

Maintenance fluids are the normal amounts of fluids that should be taken over the day to prevent dehydration.

The requirements are:

- 100 ml/kg for the first 10 kg
- 50 ml/kg for the next 10 kg
- 20 ml/kg for any weight after 20 kg

Working example:

Child normally weighing 30kgs. If they are dehydrated, then consider giving 1500 mls over 4 hours in small amounts of ORS.

Maintenance fluids should be:

First 10 kgs = 1000 mls

Second 10 kgs = 500 mls

Third 10 kgs = 200 mls

This is equal to 1700 mls over the day. Consider giving 150mls of ORS after each episode of watery stool.



ASTHMA

Asthma is a respiratory condition affecting the airways – in particular the small tubes that carry air in and out of the lungs.

When a person with Asthma comes into contact with something that irritates their airway (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower causing difficulty for air to pass in or out. This often causes a wheezing sound. The lining of the airways also becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions can make breathing difficult and can also be very frightening for the person affected.

Common Asthma triggers include viral infections e.g. colds and flu, house dust mites, domestic animals especially the furry or feathery animals, pollen, exercise, the fumes from some paints or glue, chemicals and atmospheric pollutions such as cigarette smoking.

Typical asthma symptoms are:

- Tightness in the chest
- Coughing (especially at night)
- Wheezing
- Shortness of breath
- Difficulty in speaking in sentences
- Being unusually quiet

The onset of sudden, more severe symptoms of asthma is known as an asthma attack. Asthma cannot be cured but the aim of treatment is to ensure that symptoms are controlled and that sudden attacks are prevented.

If your child has a confirmed diagnosis of asthma, then the surgery will provide a written asthma management plan that explains how to deal with asthma control and acute attacks.

Ensure that your child has adequate supplies of their medications especially during times of the year when you know your child may get worse.

Asthma attack—what to do

The following guidelines are suitable for both children and adults, and are the recommended steps to following during an asthma attack.

1. Assist the child to take two puffs of their reliever inhaler (usually blue) immediately.
2. Sit the child down calmly and encourage them to take slow, steady breaths.
3. If they are not feeling better, encourage them to take one puff of their reliever inhaler every 30—60 seconds (up to ten puffs)
4. If they do not feel better after taking the inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3 (one puff of reliever inhaler every two minutes, for up to a further ten puffs)

If the child's symptoms improve and you do not need to call 999, the child will still need to see a doctor or asthma nurse within 24 hours, to review the management of their asthma.

Remember—call 999 if:

- ✓ The child's symptoms do not improve in 5—10 minutes
- ✓ The child is too breathless or exhausted to talk in sentences
- ✓ The child's lips are blue
- ✓ You are in doubt



CHICKENPOX

Chickenpox is an infection caused by the varicella-zoster virus. Most children have chickenpox at some stage. Most commonly, children get chickenpox before the age of ten. The immune system makes proteins called antibodies during the infection. These fight the virus and then provide lifelong protection against it (immunity). Therefore, it is uncommon to have more than one bout of chickenpox in your lifetime.

Symptoms

- High fever—this may often begin a couple of days before the onset of the rash
- Rash—this often occurs as crops of spots anywhere on the body. They often start off as itchy red spots and rapidly develop into blisters before scabbing over after a few days. Some children can be covered in spots, and other just have a few
- Loss of appetite/feeding problems

The infection usually lasts for about a week, with the spots scabbing over after about five days. Most children require supportive treatment at home and complications are rare.

When to contact the doctor:

If your child is experiencing:

- ✓ *Breathing problems*
- ✓ *Weakness such as a child becoming wobbly on his/her feet*
- ✓ *Drowsiness*
- ✓ *Fits (convulsions)*
- ✓ *Pains or headaches which become worse despite paracetamol*
- ✓ *Being unable to take fluids, due to a severe rash in the mouth*
- ✓ *A severe rash, or a rash which bruises or bleeds into the skin (haemorrhagic rash)*

You should also contact the doctor if you are pregnant



Supportive treatment at home

- Ensure that your child has an adequate fluid intake
- Manage fever (see previous guidelines)
- Calamine lotion can be soothing on the skin and provide relief against itch
- Antihistamines can also be used for symptoms of itch. Speak to your pharmacist about this

Infection risks

A person with chickenpox is very infectious. The virus spreads in the air from person to person. For example, if you have not already had chickenpox, you stand a good chance of catching it if:

- You are in the same room as someone with chickenpox, for more than 15 minutes
- You have any face-to-face contact with someone with chickenpox, such as a conversation

Nine in ten people who have not had chickenpox would catch it after being exposed in this way. It takes between 7 and 21 days (most commonly 10-14 days) to develop symptoms after catching the virus (incubation period)

A child who has chickenpox is considered infectious for 2 days before the onset of the rash, until the rash has scabbed over (usually five days after the onset of the rash). During this time they should be kept away from the following at-risk groups:

- * Children below one month of age
- * Children who may have severe heart or lung disease
- * Children/adults with a poor immune system:
 - HIV/AIDS
 - Leukaemia
 - On immune suppressant drugs
 - On steroids

Useful website links

Childhood vaccination schedule on the NHS

<http://www.nhs.uk/conditions/vaccinations/Pages/childhood-vaccination-schedule.aspx>

ERIC is a resource for parents who need advice on improving childhood continence

www.eric.org.uk/

Constipation management resource set up by makers of Movicol

<http://www.childhoodconstipation.com>

This is a really useful website for parents. It is Australian in origin, however it's content is pertinent to children in the UK

<http://www.cyh.com/HealthTopics/HealthTopicsAlpha.aspx?p=121>

This site is aimed at providing information on health and disease.

<http://www.patient.co.uk>

NHS relevant and evidence based information. NHS Choices

<http://www.nhs.uk/Pages/HomePage.aspx>



USEFUL PHONE NUMBERS

- ◆ Pembroke Road Surgery 0117 973 3790
 - ◆ Walk-in Centre 0117 954 9828
 - ◆ Health Visitors 0117 330 2626
 - ◆ Southmead Hospital 0117 950 5050
 - ◆ **BRI/St Michael's/South Bristol Hospital** 0117 923 0000
 - ◆ Spire Hospital 0117 980 4070
 - ◆ Nuffield Hospital, The Chesterfield 0117 987 2727
-
- ◆ Boots, Clifton Down 0117 974 2896
 - ◆ Boots, Blackboy Hill 0117 973 3173
 - ◆ Regent Pharmacy 0117 973 5500
 - ◆ Clifton Village Pharmacy 0117 973 8087