

Immunisation

helps to protect your baby when they need it most

Immunisation helps to protect your baby against 17 diseases such as

- Whooping cough
- Septicaemia
- Meningitis
- Diphtheria
- Measles
- Tetanus
- Polio
- Rotavirus

Keeping up to date with vaccination protects your baby

See your GP, health visitor or practice nurse for details

immunisation

helping to protect everyone, at every age

Your child's health

A guide to common childhood illnesses and conditions for parents and carers



Looking after your child **at home**



Getting advice **over the phone**



When to see your **GP**



Call **999** or go to **A&E**

Contents

In your medicine cabinet	3
Crying in babies	4
Breastfeeding	6
Sickness & diarrhoea	8
Dehydration	10
Constipation	12
Colds, coughs and flu	14
Wheezing & breathing problems	16
High temperatures and fevers	18
Earaches	20
Sticky eyes and conjunctivitis	21
Rashes and dry skin	22
Meningitis and sepsis	24
Bangs or bumps to the head	26
Burns and scalds	28
Chickenpox	29
Measles	30
Medicines for children	32
Antibiotics	33
Quick guide to health services	34

In your medicine cabinet

It's vital to have a well-stocked medicine cabinet in your home so you can deal with minor accidents and injuries.

- Many people also keep a small first aid kit in their car for emergencies. It can be useful to keep a basic first aid manual or instruction booklet with your first aid kit
- Medicines should be checked regularly to make sure they are within their use-by dates
- Don't give aspirin to children under 16 unless it's prescribed by a doctor
- Avoid ibuprofen if your child has asthma, unless advised otherwise by your GP
- Check medicines and doses with your pharmacist and read the instructions carefully before giving to your child

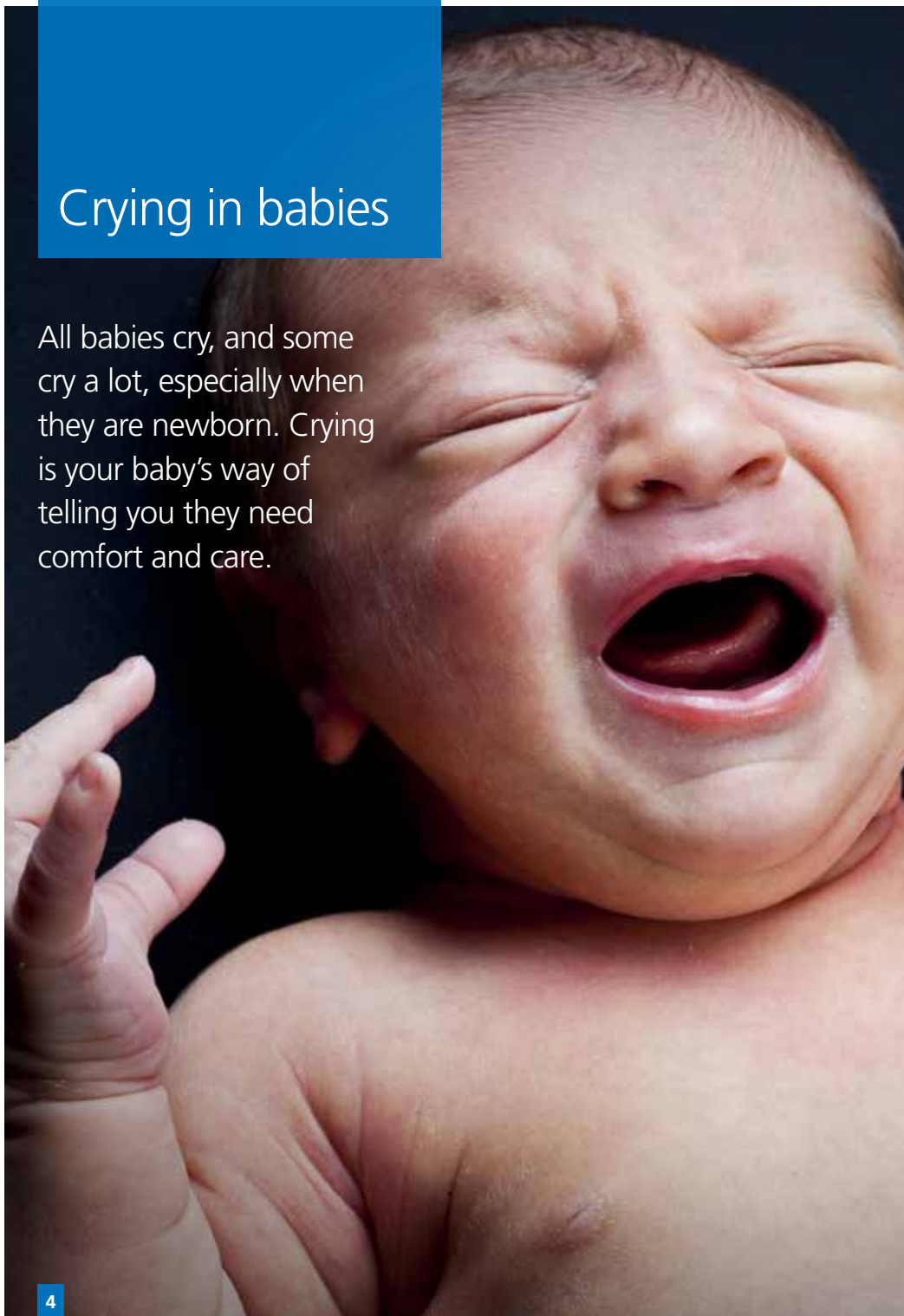
A basic first aid kit may contain:

- ✓ Plasters in a variety of different sizes and shapes
- ✓ Small, medium and large sterile gauze dressings
- ✓ At least two sterile eye dressings
- ✓ Triangular bandages
- ✓ Crêpe rolled bandages
- ✓ Safety pins
- ✓ Disposable sterile gloves
- ✓ Tweezers
- ✓ Scissors
- ✓ Alcohol-free cleansing wipes
- ✓ Sticky tape
- ✓ Thermometer (preferably a digital, ear thermometer)
- ✓ Skin rash cream, such as hydrocortisone or calendula
- ✓ Cream or spray to relieve insect bites and stings
- ✓ Antiseptic cream
- ✓ Painkillers such as infant paracetamol for children, or infant ibuprofen
- ✓ Children's cough medicine
- ✓ Children's antihistamine
- ✓ Distilled water for cleaning wounds
- ✓ Eye wash and eye bath



Crying in babies

All babies cry, and some cry a lot, especially when they are newborn. Crying is your baby's way of telling you they need comfort and care.



It can be exhausting if you've tried everything and nothing seems to comfort your baby. You can talk to a friend, your health visitor or GP, or visit www.cry-sis.org.uk for information on coping with crying babies. **Never shake your baby.**

Colic

Colic is the medical term for excessive, frequent crying in a baby who appears to be otherwise healthy and well fed. The most typical sign of colic is persistent crying in the evening or late afternoon. Babies with colic may appear flushed, clench their fists, pass wind, pull their legs up to their chests, and have trouble sleeping. Colic affects around one in five babies. It is unpleasant but not serious and usually passes when babies are a few months old.



When to see your GP

Crying can sometimes be a sign that your baby is unwell. Trust your instincts - you know your baby best. If your baby's crying seems different (such as a very high-pitched cry or a whimper), then **call your GP**. If your GP is closed, **call NHS 111**.

For more advice visit NHS Choices at: www.nhs.uk



Looking after your child at home

If your baby is crying a lot, you can try the following:

- Always burp your baby after a feed
- Check if your baby's nappy needs changing
- Check if they are too hot or too cold
- Check if your baby could be hungry or if they want a cuddle
- Try changing your baby's position – try putting them on your shoulder, in your arms, or lying with their tummy along your forearm
- Sit or hold your baby upright during feeding to prevent them swallowing air
- Don't drink too much tea, coffee, spicy food and alcohol if you're breastfeeding
- Use a fast-flow teat if you're bottle feeding
- Babies love motion: try pushing your baby around in their buggy or going for a drive
- Gentle stomach or back rubs, a warm bath or gentle rocking over your shoulder could calm your baby
- Never shake your baby



Call 111 if you don't know who to call or you don't have a GP to call

Breastfeeding

More than 73% of mothers
In the UK start breastfeeding.

- Breast milk is perfectly designed for your baby
- Breast milk protects your baby from infections and diseases
- Breastfeeding provides health benefits for the mother
- Breast milk is available whenever your baby needs it
- Breastfeeding can build a strong emotional bond between you and your baby

Breastfeeding can be difficult, especially if it's your first baby. It can be worth attending a breastfeeding group to get support from other mums and advice from professionals. If you can't get to a group, speak to your health visitor, a clinician at your Children's Centre, or to other mums.

For information about breastfeeding support groups in Ealing visit:
www.ealingfamiliesdirectory.org.uk



Is your child aged 2, 3 or 4?* Help protect them from flu

Flu can be horrible for little children and if they get it, they can spread it around the whole family.

The flu vaccine is not an injection, just a quick and easy nasal spray.

It's also free. So don't put it off. Ask your GP about the free flu nasal spray for your child.

**STAY WELL
THIS WINTER**

Flu mmunisation

nhs.uk/staywell

*born between 1 September 2011 and 31 August 2014



Rachel Keith, Nurse

Sickness & diarrhoea

Being sick a lot may be due to a tummy bug (gastroenteritis), which can come with diarrhoea (runny poo).

Most children who have diarrhoea and vomiting don't need treatment and can be safely cared for at home. However, it's important to watch out for signs of dehydration, especially in babies. Make sure they have plenty to drink (see pages 10-11).

Babies

Babies often spit up milk during or shortly after feeding – this is known as possetting. It is very common and will usually pass by the time your baby is a year old. It's different from vomiting, where a baby's muscles forcefully contract and more milk is brought up than with possetting. If they are frequently sick, this may be caused by 'gastric reflux' when stomach contents and acid come back up.

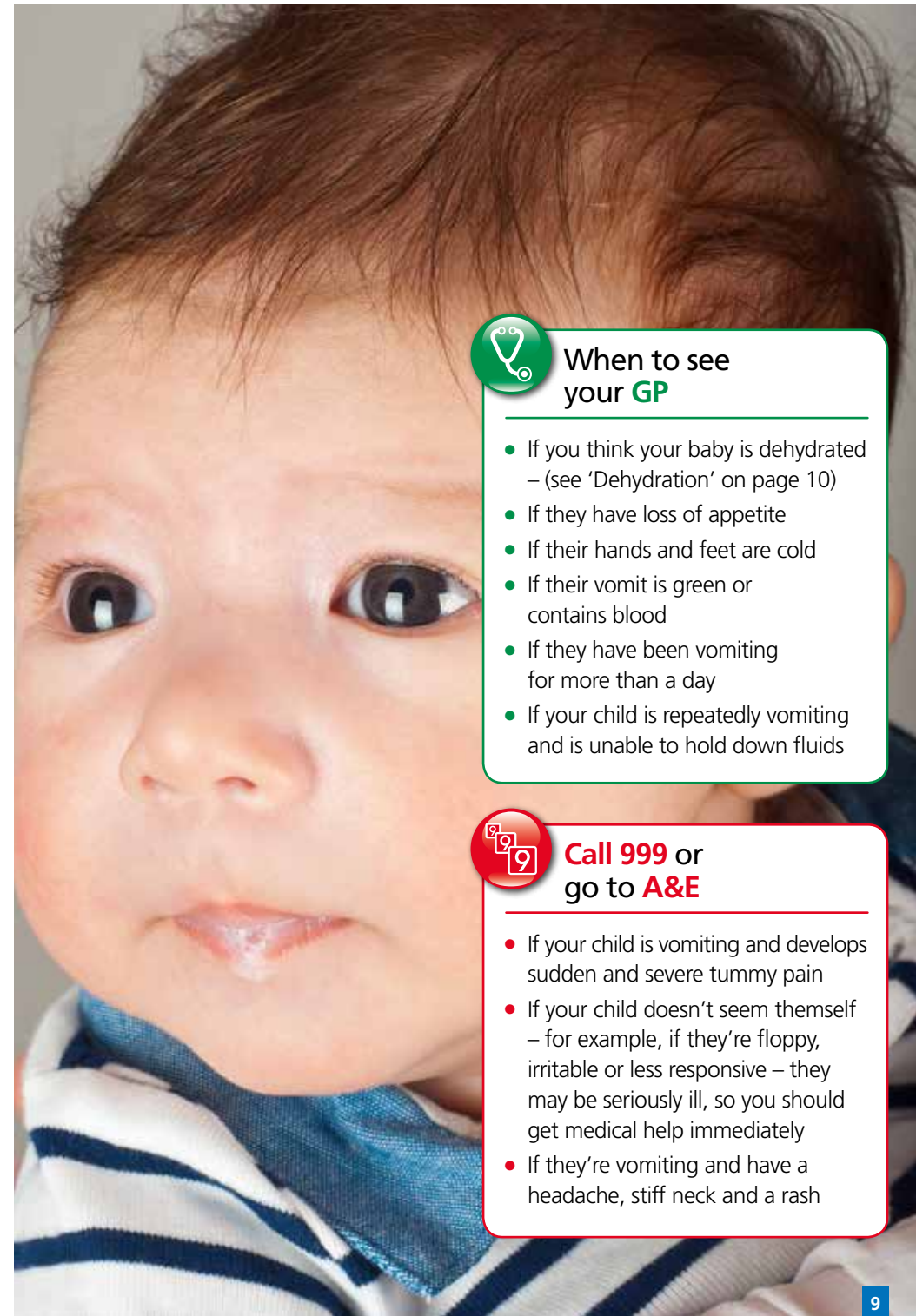


Looking after your child at home

- Keep a close eye on a vomiting baby or child. Trust your instincts and contact your GP immediately if you're worried
- Try feeding them smaller amounts, more often
- Make sure the baby is positioned correctly during feeding
- If your baby is vomiting, carry on breastfeeding or giving them milk feed
- If your child is feeling well enough to eat, play and be their usual self, keep feeding them as normal and offer them regular drinks
- Make sure they keep drinking fluids to prevent dehydration
- Children who are vomiting should keep taking small sips of clear fluid, such as water or clear broth. Avoid fruit juice and fizzy drinks
- Your child shouldn't go to school or any other childcare facility until 48 hours after the last episode of diarrhoea or vomiting. Be careful with hygiene and hand washing to stop the illness spreading



Not sure if you need A&E?
Call 111



When to see your GP

- If you think your baby is dehydrated – (see 'Dehydration' on page 10)
- If they have loss of appetite
- If their hands and feet are cold
- If their vomit is green or contains blood
- If they have been vomiting for more than a day
- If your child is repeatedly vomiting and is unable to hold down fluids



Call 999 or go to A&E

- If your child is vomiting and develops sudden and severe tummy pain
- If your child doesn't seem themselves – for example, if they're floppy, irritable or less responsive – they may be seriously ill, so you should get medical help immediately
- If they're vomiting and have a headache, stiff neck and a rash

Dehydration

Dehydration is usually caused by not drinking enough fluid or by fluid that is lost and not replaced. You can also become dehydrated as a result of an illness, such as persistent vomiting and diarrhoea, sweating from a fever, or exercising in hot conditions.

Signs of dehydration

- Sunken fontanelle on a baby (the soft spot on the head is more dipped in than usual)
- Dry or chapped lips or mouth
- Less wet nappies (they wee less)
- More sleepy than usual
- Crying without producing tears



When to see your GP

- If your child has a significant and persistent loss of appetite
- If your child has cold hands and feet
- If they are under six months old, take them to the doctor if you notice signs of dehydration
- If they are over six months old, take them to the doctor if they are ill, with signs of dehydration, for longer than 24 hours
- If they are drinking less than half their normal fluids or if they are not passing urine every 6-8 hours
- Contact your GP or practice nurse if your child is unable to hold down oral rehydration solution
- Speak to your GP or pharmacist if you're concerned about dehydration. They may recommend an oral rehydration solution for your child



Call 999 or go to A&E

- If your child is vomiting and develops sudden and severe tummy pain
- If your child doesn't seem themselves – for example, if they're floppy, irritable or less responsive – they may be seriously ill, so you should get medical help immediately
- If they're vomiting and have a headache, stiff neck and a rash



Looking after your child at home

- Feeding smaller amounts and more often may help
- If they seem dehydrated, they will need extra fluids. Ask your GP or pharmacist whether you should give your baby an oral rehydration solution
- Oral rehydration solution is a special powder that you make into a drink. It contains sugar and salts to help replace the water and salts lost through vomiting and diarrhoea



When it's not a 999 emergency, but you need medical help fast, call 111

Constipation

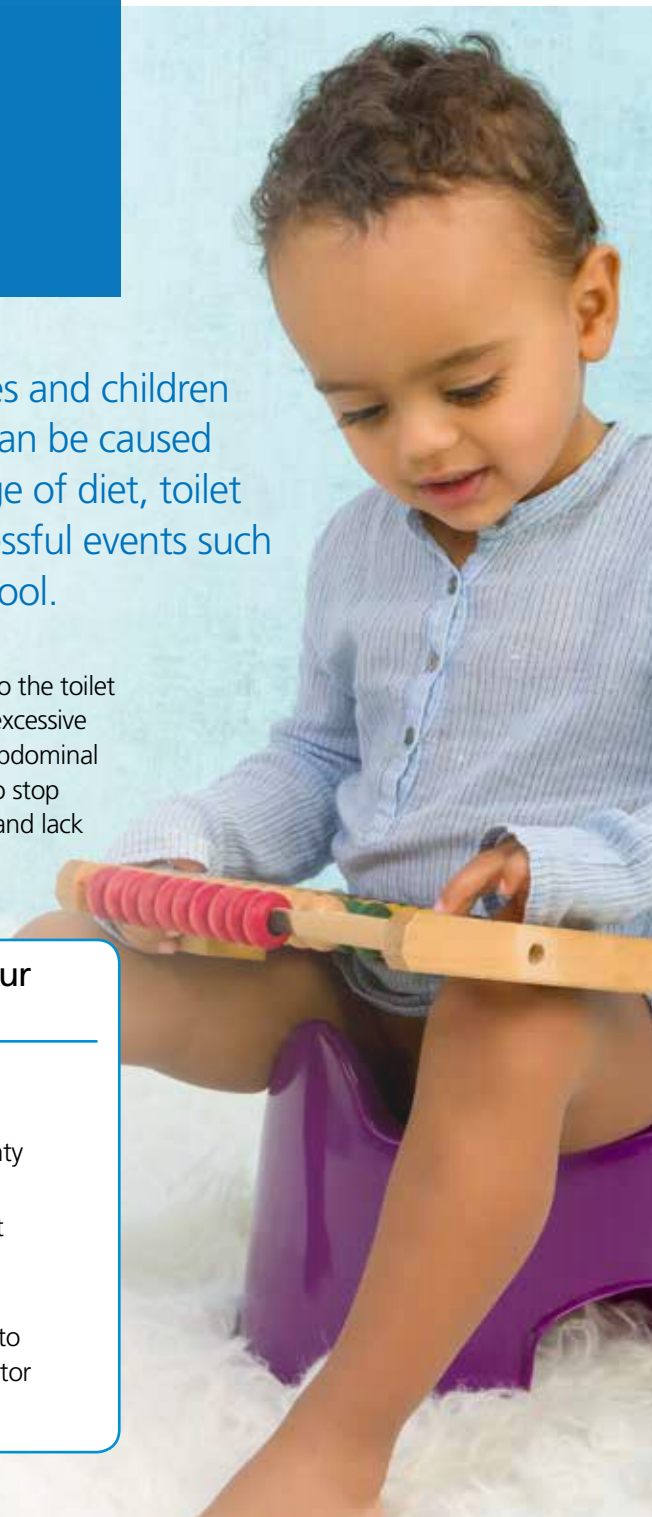
Constipation in babies and children is quite common. It can be caused by a poor diet, change of diet, toilet training, or other stressful events such as starting a new school.

Your child might not be going to the toilet regularly; experiencing pain or excessive crying when opening bowels; abdominal pain; withholding or straining to stop passing stools; a poor appetite and lack of energy.



Looking after your child at home

- Encourage your child to go to the toilet regularly
- Get your child to drink plenty of water
- Encourage your child to eat more fruit, vegetables and wholemeal bread
- If the problem persists talk to your pharmacist, health visitor or school nurse



SEPSIS

IS A RARE BUT SERIOUS COMPLICATION OF AN INFECTION

If your child has any of these symptoms you should take immediate action:

- Looks mottled, bluish or pale
- Is very lethargic or difficult to wake
- Feels abnormally cold to touch
- Is breathing very fast
- Has a rash that does not fade when you press it
- Has a fit or convulsion

Acting quickly could save your child's life. If your child has any of these symptoms, don't be afraid to go to A&E immediately or call 999.

For more information visit nhs.uk/sepsis or sepsistrust.org



THE UK
SEPSIS
TRUST

Colds, coughs and flu

It can be worrying when your child gets a cold but they aren't usually serious and normally pass within two weeks. Children get colds far more often than adults because their immune systems are still developing.

While adults usually have two to four colds a year, children can catch as many as 8 to 12. Colds can sometimes leave young children at risk of developing further problems, such as ear infections. Very occasionally, more serious problems such as pneumonia can develop, so it's important to keep a close eye on your child.

Coughing without fever is the body's way of opening and clearing the lungs following an infection and can persist for two to three weeks.

Please note antibiotics DO NOT kill viruses, so are of no use for most coughs, colds and flu. See more details about antibiotics on page 33



Looking after your child at home

- Offer your child plenty of fluids
- Try infant paracetamol or infant ibuprofen. Check the correct dose with your pharmacist or read the label.
- Keep your child away from cigarette smoke
- Ask your pharmacist for advice
- Be aware that coughing is the body's way of clearing the lungs



Call 111 if you don't know who to call or you don't have a GP to call



When to see your GP

- If your child is under three months old and has a temperature of 38C (100.4F) or above
- If your child is between three and six months old and has a temperature of 39C (102.2F) or above
- If their symptoms last more than three weeks
- If they seem to be getting worse rather than better
- If they have chest pain or are coughing up blood-stained phlegm
- If they have, or seem to have, severe earache (babies with earache often rub their ears and seem irritable. See "Earaches" on page 20)
- If they have a persistent or severely sore throat
- If they develop any other worrying symptoms
- If your child has a fever with a rash



Call 999 or go to A&E

If your child is finding it difficult to breathe seek medical help immediately from your GP surgery or local hospital

Wheezing & breathing problems

If your child is having trouble breathing, it can be worrying but may just be due to a minor cold.

Read these pages to check when to look after your child at home, and when they should see a doctor.

Remember that smoking is bad for babies. Even if you smoke outside in the garden or in a car with the window down, invisible second hand smoke can easily travel into babies lungs and affect their breathing.



Looking after your child at home

Keep an eye on newborns and babies with breathing difficulties:

- Taking in milk too quickly may cause a baby to cough or choke. You can try to slow the feeding, and holding the baby in a different position
- If your baby also has a cold or mild cough, monitor the situation. If you feel worried, speak to your Health Visitor or **call NHS 111**
- If your baby sometimes pants or breathes rapidly but their breathing is usually normal and they are otherwise well, there is usually no need to worry
- If your baby's breathing makes a rattling sound, try holding them upright

Breathing and wheezing problems in older babies and toddlers may go along with:

- Coughs, colds, mild temperature - (see coughs, colds & flu on page 14)
- Croup
- Pale appearance



Call 111 when you need advice about what to do next



When to see your GP

If you are still worried about your child's wheezing or breathing after reading this, **contact your GP**.



Call 999 or go to A&E

Call 999 and ask for an ambulance if:

- Your child has severe breathing difficulties or exhaustion from trying to breathe – you may see the muscles under their ribs sucking in with each breath, they may be grunting with the effort of trying to breathe, or they may be pale and sweaty
- They have a rapid breathing rate of more than 60 breaths per minute
- You're unable to wake your child or, if woken up, they don't stay awake
- Their breathing stops for a long time (more than 10 seconds at a time), or there are regular shorter pauses in their breathing of 5-10 seconds
- Their skin turns very pale or blue, or the inside of their lips and tongue are blue (cyanosis)

High temperatures and fevers

A fever is a high temperature. As a general rule, in children a temperature of over 37.5C (99.5F) is a fever. As a parent it can be extremely worrying if your child has a high temperature.



Not sure if you need A&E?
Call 111

High temperatures and fevers are very common and often clear up by themselves without treatment. A quick and easy way to find out whether your child has a fever is to take their temperature using a thermometer. Doctors recommend a digital thermometer that can go in the ear, especially for babies and small children.

Causes

A fever or high temperature in your child can be caused by:

- Too many clothes on a hot day
- An infection which their body is fighting such as an ear infection, a cold or flu, or an illness like chicken pox



Looking after your child at home

If your child's temperature is up to 37.5 C and they are more than six months old you can take care of them at home.

- Give them lots of rest
- Keep them cool
- Let them drink plenty of water
- Give them infant paracetamol or infant ibuprofen. Always check with your pharmacist or read the label before giving any medication to your child



When to see your GP

- If your baby is three months or under and has a temperature of 38°C or above
- If your baby is between three and six months old and has a temperature of 39°C or above
- If the baby's temperature does not start to reduce within 24 to 48 hours
- If your baby is over six months old and has a high temperature together with other signs of being unwell, such as floppiness and drowsiness
- If the fever is not coming down with paracetamol & ibuprofen



Call 999 or go to A&E

If your child:

- If an unusual rash appears
- If the baby's crying is abnormal or high-pitched
- If the baby has pale, blotchy or clammy skin
- Has a headache and stiff neck
- Won't take any fluids
- Is finding it hard to breathe
- Is very sleepy

Earaches

Earache is common in childhood, and is usually caused by a virus. Most ear infections clear up within three to five days and don't need any specific treatment.

Signs in babies and young children

- Earache
- Sickness or diarrhoea
- A lack of energy
- A high temperature (fever), coughing or a runny nose
- Pulling, tugging or rubbing their ear
- Irritability, poor feeding or restlessness at night
- Slight hearing loss: unresponsiveness to quiet sounds or inattentiveness
- Loss of balance
- A discharge of pus or fluid from the ear

Please note antibiotics DO NOT kill viruses, so are of no use for most ear infections, coughs, colds and flu. See more details about antibiotics on page 33.



Looking after your child at home

- Give your child paracetamol or ibuprofen to relieve pain and temperature, but always check with your pharmacist or read the label before giving your child any medication
- **DO NOT** put any oil, eardrops or cotton buds into your child's ear unless the GP advises
- Your child may have a problem hearing for two to six weeks



When to see your GP

- If your child is in a lot of pain
- If symptoms showing no sign of improvement after two or three days
- If your child has a discharge of pus or fluid from the ear
- If your child has an underlying health condition, such as cystic fibrosis or congenital heart disease, which could make complications more likely
- If your child has a very high temperature or is finding it hard to breathe



Call 111 if you don't know who to call or you don't have a GP to call

Sticky eyes and conjunctivitis

Many babies have 'sticky eyes' because the tear ducts are usually narrower in newborn babies. The baby's eyes will look sticky, especially in the corners, and their eyelashes may be stuck together.

Conjunctivitis

'Conjunctivitis' is an eye infection. With conjunctivitis, a yellow/green substance regularly appears in one or both eyes, making them sticky, crusty, and sometimes bloodshot. It's infectious, so wash your hands and your child's hands frequently and use a separate towel for your child.



Looking after your child at home

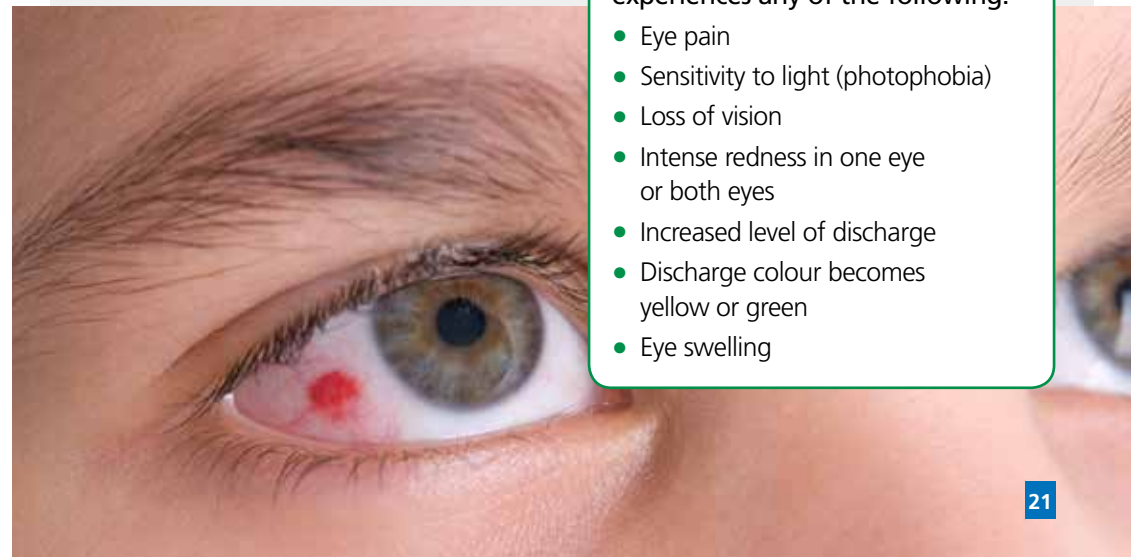
- Sticky eyes normally clear up on their own, but you may have to clean the eyes regularly with a clean piece of damp cotton wool for each wipe
- Use clean, cooled boiled water.
- Wipe each eye from the corner by the nose outwards
- Medicine for conjunctivitis is available from your local pharmacy but always check with your pharmacist or read the labels before giving any medication to your child



When to see your GP

It's very important to go back to your GP if your child still has symptoms after two weeks. You should also contact your GP immediately if your child experiences any of the following:

- Eye pain
- Sensitivity to light (photophobia)
- Loss of vision
- Intense redness in one eye or both eyes
- Increased level of discharge
- Discharge colour becomes yellow or green
- Eye swelling



Rashes and dry skin

Babies often develop skin rashes, but it's important to know the difference between a minor irritation and a condition that requires attention. Rashes can be caused by conditions such as:

- Chickenpox
- Eczema
- Ringworm
- Prickly heat
- Measles
- Slapped cheek syndrome
- Colds, fever or ear infections can bring out a rash
- Click here or search 'Baby rashes a visual guide' on NHS.uk to familiarise yourself with everything from nappy rash and eczema to impetigo and meningitis.

Nappy rash

- Lots of babies get nappy rash. It is caused by the baby's skin reacting to the wee and poo in their nappy.
- A nappy rash causes the skin to become sore and the area may be covered in red spots or blotches



Looking after nappy rash at home

- Try changing their nappy more often
- Try using a barrier cream (ask your health visitor or pharmacist for advice). If your GP has prescribed a treatment cream, you should apply the prescribed cream first and wait a few minutes before you apply the barrier cream.
- Keep your baby in a warm, safe place with no clothes or nappy to let the air get to their skin

Red dry itchy skin

- If your child has patches of red, dry, itchy inflammation of the skin, usually appearing on the face, behind the ears and in the creases of the neck, wrists, knees and elbows, it could be eczema
- If you suspect it could be triggered by something they are eating, discuss this with your GP. Don't try to treat it by yourself.



Looking after red, itchy skin (eczema) at home

- Keep their bedroom cool and use cotton sheets or a lightweight blanket
- Soap and bubble baths can make eczema worse. Use plain water and only use creams as directed by your pharmacist or GP
- Help them stop scratching as this can make the skin bleed or become infected. Distraction is the best way to help your child



When to see your GP

- If your child has a rash and seems unwell, or if you're worried, **call 111** or **see your GP**
- Some nappy rashes are more serious and can be caused by something else. Your GP may prescribe a nappy rash cream for this
- If you think your child has eczema, **see your GP**
- Talk to your GP if the rash continues or is causing your baby discomfort



Call 999 or go to A&E

If your child has a rash that does not fade when you press it or when a glass is rolled over you should call 999 as this could be a symptom of meningitis. See pages 24-25 for more details.



Call 111 when you need advice about what to do next

Meningitis and sepsis

Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges).

Meningitis can affect anyone, but is most common in babies, young children, teenagers and young adults. Meningitis can be very serious if not treated quickly. It can cause life-threatening blood poisoning (septicaemia) and result in permanent damage to the brain or nerves.

Meningitis is usually caused by a bacterial or viral infection. Bacterial meningitis is rarer but more serious

than viral meningitis. Infections that cause meningitis can be spread through sneezing, coughing, kissing, or sharing utensils, cutlery and toothbrushes.

Meningitis is usually caught from people who carry these viruses or bacteria but aren't ill themselves. It can also be caught from someone with meningitis, but this is less common.

A rash that does not fade when you press it or when a glass is rolled over it is a symptom of meningitis



Sepsis: If your child is unwell with a bug or infection, is rapidly getting worse and you are worried that their illness seems different to any previous illness, it could be sepsis. Sepsis is a rare but serious complication of an infection. It is rare in children, but if they are unwell with a bug or infection, watch your child closely.



When to see your GP

Call NHS 111 or your GP surgery for advice if you're not sure if it's anything serious or you think you may have been exposed to someone with meningitis.



Call 999 or go to A&E

Trust your instincts if you suspect your child has meningitis or sepsis. Acting quickly could save your child's life. If your child has any of these symptoms, don't be afraid to go to **A&E** immediately or **call 999**.

Symptoms of meningitis or sepsis can develop suddenly and in any order. Some may not appear. **Your child may show one or a few of the following symptoms:**

- A high temperature (fever) over 37.5C (99.5F)
- Fever and/or vomiting
- Severe headache
- Limb/joint/muscle pain (sometimes with stomach pain/diarrhoea)
- Cold hands and feet, shivering
- Mottled, bluish or pale skin
- Feels abnormally cold to touch
- Breathing very fast, finding it much harder to breathe than normal or making 'grunting' noises with every breath
- Has a rash that does not fade when you press it or when a glass is rolled over it (see photo)
- Very sleepy, vacant, lethargic, or difficult to wake
- Has a seizure, fit or convulsion
- Stiff neck (less common in young children)
- Dislike of bright lights
- Confused, delirious

The rash is not always present and not all children will show all the signs.



Not sure if you need A&E?
Call 111

Bangs or bumps to the head

Minor head injuries often cause a bump or bruise. As long as the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.



Looking after your child at home

If your child has had a head injury, observe them closely for 24 hours to monitor whether their symptoms change or get worse.

If your child has a minor head injury, they may cry or be distressed. This is normal – with attention and reassurance most children will settle down.

- A mild headache
- Nausea (feeling sick)
- Mild dizziness
- Mild blurred vision



Call 999 or go to A&E

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

- Unconsciousness, either briefly or for a longer period of time
- If your child's symptoms get significantly worse
- Difficulty staying awake or still being sleepy several hours after the injury
- Clear fluid leaking from the nose or ears – this could be cerebrospinal fluid, which normally surrounds the brain
- Bleeding from one or both ears
- Bruising behind one or both ears
- Any sign of skull damage or a penetrating head injury
- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Weakness or loss of feeling in part of the body such as in an arm or leg
- General weakness
- Vision problems, such as significantly blurred or double vision
- Having a seizure or fit (when the body suddenly moves uncontrollably)
- Memory loss; not being able to remember what happened before or after the injury
- A persistent headache
- Vomiting since the injury
- Irritability or unusual behaviour



Not sure if you need A&E?
Call 111

Burns and scalds

Burns are caused by dry heat such as from an iron or the fire. Scalds are caused by something wet, such as hot water. Many severe burns and scalds affect babies and young children.

All burns and scalds, to children of all ages (unless really minor), should be seen by a professional as soon as possible.

Examples of things you can do to help reduce the likelihood of your child having a serious accident at home include:

- Keeping your child out of the kitchen whenever possible
- Test the temperature of bath water using your elbow before you put your child in the bath
- Keeping matches, lighters and lit candles out of young children's sight and reach
- Keeping hot drinks well away from young children



Looking after your child at home

- Hold the burned area under cold running water for at least 10 minutes as soon as possible
- **DO NOT** try to remove anything stuck to the burn
- **DO NOT** apply creams, ointments or sticky bandages
- After the burn has cooled, cover with cling film or a clean plastic bag to help prevent infection
- Give your child paracetamol or ibuprofen to relieve pain and temperature, but always check with your pharmacist or read the label before giving your child any medication
- If the condition gets worse or you want advice, **call NHS 111**



When to see your GP

- All burns and scalds to children of all ages (unless really minor), should be seen without delay by a medical professional



Call 999 or go to A&E

For more serious burns and scalds go to A&E or call an ambulance immediately

Chickenpox

Chickenpox is a common illness that mainly affects children and causes an itchy, spotty rash. Most children will catch chickenpox at some point. It's usually mild and clears up in a week or so.

It is spread by sneezes and coughs from a person who has chickenpox. You do not need to take a child with chickenpox to the doctor unless the child is very unwell. It starts with cough and cold type symptoms. This is the most contagious period. A rash of spots looking like blisters will then develop mainly on the chest and back. After the last blister has dried up and burst the child is no longer likely to pass on the infection.



Looking after your child at home

- Keep your child away from others that may be vulnerable to chicken pox such as pregnant women. People who have had chickenpox in the past are likely to be immune
- It is important to keep your child cool to calm the itching
- Try calamine lotion to help stop itching and scratching, which could cause scarring
- **Call NHS 111** if you need advice
- Do not give ibuprofen to children with chickenpox.
- If your child has a high temperature (fever) and feels uncomfortable, you can give them paracetamol after checking the dosage with your pharmacist or reading the label.



Call 999 or go to A&E

If your child has a rash that does not fade when you press it or when a glass is rolled over you should call 999 as this could be a symptom of meningitis. See pages 24-25 for more details.



When it's not a 999 emergency, but you need medical help fast, call 111

Measles

Measles is a highly infectious viral illness that can sometimes lead to serious complications.

Anyone can get measles if they haven't been vaccinated or they haven't had it before, although it's most common in young children. Measles can be unpleasant, but will usually pass in about 7 to 10 days without causing any further problems.

Preventing measles

Measles can be prevented by having the measles, mumps and rubella (MMR) vaccine in two doses as part of the NHS childhood vaccination programme.

Measles is now uncommon in the UK because of the effectiveness of vaccination. Ask your GP about giving the vaccination to your child.



When to see your GP

You should contact your GP as soon as possible if you suspect that you or your child may have measles.

Phone before your visit as your GP surgery may need to make arrangements for infection control. Even if you don't have any symptoms, you should see your GP if you've been in close contact with someone who has measles and you've not been fully vaccinated (had two doses of the MMR vaccine) or haven't had the infection before.

Complications of measles

Measles can lead to serious and potentially life-threatening complications in some people such as:

- Diarrhoea and vomiting, which can lead to dehydration
- Middle ear infection which can cause earache
- Eye infection (conjunctivitis)
- Inflammation of the voice box (laryngitis)
- Pneumonia, bronchitis and croup – infections of the airways and lungs
- Fits caused by a fever (febrile seizures)



Looking after your child at home

The first symptoms develop around 10 days after the child has been infected. These can include:

- Runny nose, sneezing, and cough
- Sore, red eyes that may be sensitive to light
- A high temperature (fever), which may reach around 40C (104F)
- Small greyish-white spots on the inside of the cheeks

After a few days, a red-brown blotchy rash will usually appear on the head or upper neck, before spreading to the rest of the body



Call 999 or go to A&E

If your child has a rash that does not fade when you press it or when a glass is rolled over you should call 999 as this could be a symptom of meningitis. See pages 24-25 for more details.



Call 111 if you don't know who to call or you don't have a GP to call

Medicines for children

Giving the wrong dose of paracetamol or ibuprofen to your child is highly dangerous.

Paracetamol can be given to children over two months old for pain and fever. Check with your pharmacist when you buy it, and read the label.

Ibuprofen can be given for pain and fever in children of three months and over who weigh more than 5kg (11lbs) but if your child has asthma you should not give them ibuprofen unless a doctor has specifically recommended it.

Do not give aspirin to children under 16 unless prescribed by a doctor, for example after heart surgery.



Antibiotics

The right drug, at the right dose, at the right time

Antibiotics don't work for many colds, coughs, flu or sore throats. Antibiotics are important medicines for treating bacterial infections. But bacteria can adapt and find ways to survive the effects of an antibiotic.

This means antibiotics are becoming less effective. The more we use antibiotics, the greater the chance bacteria will become resistant to them. If this happens they will no longer be able to treat infections.

Antibiotic resistance is one of the most significant threats to patients' safety. It is driven by using antibiotics too often and for the wrong things. To ensure that antibiotics continue to be effective, it is important to use antibiotics in the right way – to use the right drug, at the right dose, at the right time, for the right duration. Antibiotics should be taken as prescribed and never saved for later or shared with others.

Quick guide to health services

NHS choices

NHS Choices provides videos, articles and tools on health, lifestyle and how to make the most of NHS and social care services in England. www.nhs.uk

Winter health

For information on how to stay well in winter and where to find your nearest pharmacy and GP, visit www.nhs.uk/staywell

Self-care

A lot of common illnesses can be treated at home by using over-the-counter medicine and getting plenty of rest. Keep the medicine cabinet stocked to deal with minor conditions.



NHS 111

When you need help quickly but it's not an emergency, call NHS 111. And speak to a highly trained adviser, supported by healthcare professionals. They will assess your symptoms and immediately direct you to the best medical care for you. NHS 111 is available 24 hours a day, 365 days a year and is free to call from landlines or mobile phones. If English is not your first language, when you phone NHS 111 just say the language you would prefer to use. For deaf people, or for those who are hard of hearing, there is a textphone service available.



Pharmacy

Your pharmacist can provide advice and over-the-counter medication for everyday ailments such as coughs and colds, as well as pain relief for headache, stomach ache and earache.

Health visitor

A trained nurse who visits people in their homes to advise parents with very young children.



GP surgery

If it's continued for a while or you are worried, contact your GP. If your practice is closed you should call NHS 111 for medical help and advice. If the trained 111 adviser thinks you need a weekend or evening appointment you may be referred to a local GP practice. You do not have to be registered with the practice, and using the service will not affect your registration with your own GP.



Walk-in centre

NHS walk-in centres are usually nurse-led and deal with minor illnesses and injuries such as infections, rashes and blood pressure checks



Urgent care centre

Urgent care centres are usually located on a hospital site and staffed by GPs and nurses. They treat conditions which require immediate care, but are not serious or life threatening emergencies.

Ealing Hospital's Urgent Care Centre (UCC) provides 24/7 urgent care, treating children and adults with minor illnesses and injuries that are urgent but not life threatening. This can include sprains and strains, minor burns to small areas, minor cuts including those that need stitches, common infections such as chest, ear or throat, and minor broken bones such as toes, ankles, wrists, fingers or collarbone. If your child needs more specialist care than the UCC can provide, they will be safely transferred to another hospital with you.



Accident and Emergency (A&E)

The A&E department is for people with serious or life-threatening illnesses or injuries.