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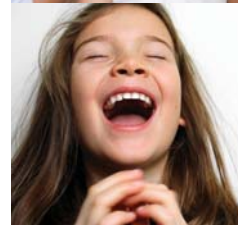
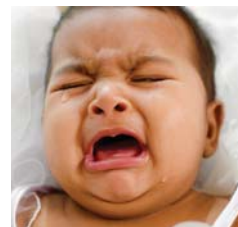
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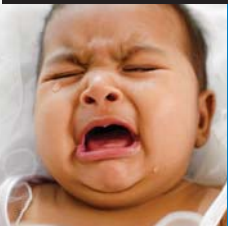
Clinical Commissioning Group

A Parent's Guide

Children aged 0-11

Common
childhood
illnesses &
wellbeing





Welcome



This is the perfect time for families to adopt a positive attitude to their health and wellbeing.

If parents are confident they are doing all they can to make sure their children are safe, well-nourished, play and learn actively and create opportunities which build social and emotional confidence, they can rest assured that they are doing all they can to lay the path for a happy and positive future.



As well as general wellbeing, this handbook will help you to understand when is the right time to chat to your school nurse, visit a local community pharmacist, GP or to call **NHS 111**. Many illnesses can be treated at home with lots of rest and by using over-the-counter medicines. In the early years, always check with your health visitor if you are worried and as children get older check with their school nurse.



Every parent wants to know what to do if their child is unwell and how to recognise the signs. This guide aims to help you. Trust your instincts, you know your child best, so if you are worried get further advice.

www.middlessexccg.nhs.uk

All factual content has been sourced from Department of Health, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE. This information cannot replace specialist care. If you are worried get further advice, you know your child best.



Your contacts

GP:

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Nearest pharmacy:

.....

School:

.....

Dentist:

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A guide to services

There are 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 GP.



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 do not know who to call.
- When it's outside of your GP's surgery hours.
- If you do not have a local GP to call.
- When you need help fast but its not life threatening.
- When you think you may need A&E or urgent care.

Community Pharmacies

Your local pharmacist can provide advice on most common health issues and can suggest and dispense medicines. Many pharmacists are open late and at weekends and often have a private area for discussing symptoms and getting advice. Visit www.midessexccg.nhs.uk/your-health-services/your-health/find-the-right-service to find the pharmacy nearest to you.

GP (Doctor)

You will need to register with a local GP. Your GP 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 GPs 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

Health visitors are qualified nurses. They will visit you at home or see you in a clinic. They offer support and advice and can tell you where to get extra help if you need it. They are part of a team who are there to support you during the early years. Your midwife may be the healthcare professional who knows you and your baby best in the early days. They can help with any feeding problems. Enhanced services are available to families who may need extra support.

Children's Centres

Family friendly environments which provide support and advice for your child's health and development up until they start school. Activities include stay and play sessions, infant feeding support groups and parenting sessions. www.essex.gov.uk/Education-Schools/Early-Years-Childcare/Pages/Childrens-centres.aspx

School nurse

During reception year in primary school, your child will be weighed and measured, and vision screening offered if required. In Year six, height and weight will be checked again. Children with health conditions that require extra support in school will be highlighted to the school nursing service for tailored healthcare plans. School nurses can also help with bedwetting issues and staying dry at night.

Dentist

Make sure you and your child see a dentist on a regular basis. Register your baby as soon as possible and take them to your appointments so they get used to it. Discuss your child's oral care with your dentist. To find your nearest dentist visit www.nhs.uk For out-of-hours dentist information call **111**.

A&E & 999

For serious and life-threatening emergencies. **A&E** and **999** are emergency services that should only be used when children are badly injured or show symptoms of critical illness. These may be choking or breathing difficulties, unconscious or unaware of surroundings, taken poison or tablets, severe abdominal pain.

Children's medicines

Not all medicines are suitable for young children

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

The Minor Ailments Scheme may be useful if your child has a minor illness, skin condition or injury. The scheme can be accessed at many pharmacies. See if your local pharmacy offers the scheme. Paracetamol and ibuprofen are often used to relieve the discomfort caused by a high temperature (make sure you've got the correct dosage for the age of your child). Some children, for example those with asthma or chickenpox, may not be able to take ibuprofen, so check with your pharmacist, GP or health visitor.

A large part of recovery is to get enough rest and drink plenty of fluids. Help them feel comfortable either in bed or on the sofa and keep the room airy without being draughty.

Don't give paracetamol to a baby under six weeks unless prescribed by a doctor. Don't give aspirin to children under 16, and if you're breastfeeding, ask your health visitor, midwife or GP 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. See box on right for more about antibiotics.

- 1

My child has a bad cold and I want to get some antibiotics from my GP.
- 2

Do not expect your GP 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 GP about why it is needed and how it will help. Ask about any possible side effects.

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 and they may not work next time if they get a similar illness.

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 child is unwell. Trust your instincts, you know your child best.

Learn how to spot the signs of common illness - this booklet will help. Also learn how to cope if an accident happens.

Make sure you've got the right strength of medicine for the age of your child, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with a fever (as a general rule a temperature of over 38°C 100.4°F) who appear distressed as these can help to reduce fever and distress. Often a fever can be left to run its course unless there are other signs of serious illness. Ensure they are drinking enough and appear otherwise well. Treat them with either paracetamol **OR** ibuprofen in the first instance. Check packaging for the correct dose for your child. 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. If your child is no better before the next dose is due, ask your pharmacist if you can try the other medicine. Aspirin should not be given to children under 16 years of age.

Find out about CPR (resuscitation) before a possible emergency, visit

www.redcrossfirstaidtraining.co.uk

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

A normal temperature in children is about 36.4°C but this can differ slightly from child to child.



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
(e.g. creams, drops or sprays to treat allergic reactions)



Asthma nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack. GP Asthma Clinics offer advice and treatment. Ask about the seasonal flu vaccine.

Symptoms of severe asthma

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night. **Call 999 to seek immediate medical assistance if your child has severe symptoms of asthma.**



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

Asthma

Know the symptoms

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma has multiple causes and it is not uncommon for two or more different causes to be present in one child. Asthma is more than wheezing. Coughing, recurrent bronchitis and shortness of breath, especially when exercising, are also ways that asthma appears.

The two most common triggers of asthma in children are colds and allergies. After infancy allergies become particularly important and avoiding the allergens to which your child is allergic may help improve their asthma.

Make sure you know how to use your child's inhaler properly by attending the yearly review with your GP practice. This can help prevent worsening or potential asthma attacks. A sudden, severe onset of symptoms is known as an asthma attack, it can be life-threatening and may require immediate hospital treatment, please seek immediate medical attention.

Parents should avoid smoking indoors or near to their children.

1

If you think your child is having an asthma attack help them sit up and keep calm.

2

Help them take one puff from their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.

3

If symptoms get worse even after 10 puffs **call 999.**

Source: Department of Health, www.nhs.uk, www.asthma.org.uk



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. Parents should regularly attend their local Asthma Clinic and get support on better management of their child's asthma at home. This will save unnecessary trips to hospital. All children with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid are offered the seasonal flu vaccine. In addition, any child who has been admitted to hospital with a lower respiratory tract infection should also be offered the seasonal flu vaccine.

Spotting symptoms

Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

Eyes

Itchy eyes, watery eyes, prickly eyes, swollen eyes, 'allergic shiners' - dark areas under the eyes due to blocked sinuses.

Antihistamines

Antihistamines are anti-allergy medicines, and most are readily available from a pharmacy without prescription. While older antihistamines have a reputation for making people drowsy, more modern antihistamines only occasionally have those side effects.

Source: www.allergyuk.org

Allergy UK

01322 619 898 www.allergyuk.org



Nose, throat and ears

Hay fever symptoms - runny/blocked/itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of smell and taste, sore throat, swollen larynx (voice box), itchy mouth and/or throat, blocked/glue ear.

Airways

Wheezy breathing, difficulty in breathing, coughing (especially at night time), shortness of breath.

Skin

Urticaria - Weals or hives, bumpy, itchy raised areas, rashes.

Eczema - Cracked, dry or weepy, broken skin.

Digestion

Swollen lips/tongue, stomach ache, feeling sick, vomiting, constipation, diarrhoea, bleeding from the bottom, reflux, poor growth.

Allergies

Managing and understanding your child's allergy

50% of children in the UK have allergies. For parents it is a learning curve in understanding what to avoid and how to control and manage the allergy. Find out as much as you can. There are many types of allergies.

An allergy is when the body has a reaction to a protein such as foods or milk, insect stings, pollens, house dust mite or medicines such as antibiotics. Some families seem to include more individuals with allergies than other families.

Allergic symptoms can be mild, moderate or severe. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood illnesses.

Urticaria (weals or hives) - a raised, itchy rash that appears on the skin can be one of the first symptoms of an allergic reaction. If concerned contact your health visitor or GP.

1

Food allergies occur when the body's immune system reacts negatively to a particular food or food substance.

2

Allergens can cause skin reactions, digestive problems and hay fever-like symptoms.

3

Children are most commonly allergic to cow's milk, hen's eggs, peanuts and other nuts, such as hazelnuts and cashew.

Source: NICE - Testing for food allergy in children and young people. Allergy UK/2014

Anaphylactic shock

Anaphylaxis is a dangerous type of allergic reaction which is most likely to be caused by particular foods, insect bites or medicines.

Early signs of allergic reaction:

- Swelling and itching; the face may be flushed and weals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting/abdominal pain.

Anaphylaxis or severe reactions:

- Difficulty breathing, coughing and/or wheezing.
- Loss of colour; cold and clammy.
- Loss of consciousness (may appear asleep).

Call 999 and tell the operator you think the child has anaphylaxis.

If available, an adrenaline injection should be given as soon as a serious reaction is suspected. If you already have an EpiPen or injection device for your child, make sure you know the correct way to use it in advance of an emergency.



Image of chickenpox

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

Painkillers

If your child is in pain or has a high temperature (fever), you can give them paracetamol. Do not give ibuprofen to children with chickenpox because it may increase the risk of skin infection.

Aspirin should not be given to children under the age of 16.

Chickenpox

Chickenpox is a mild and common childhood illness. It is highly infectious and can cause serious illness in adults who have not had chickenpox. It causes a rash of red, itchy spots that turn into fluid-filled blisters, which crust over to form scabs, and eventually drop off. Some children have only a few spots, while others can have spots covering their entire body. These are most likely to appear on the face, ears and scalp, under the arms, on the chest, tummy and on the arms and legs.

Chickenpox is caused by a virus. It is infectious from one to two days before the rash starts, until all the blisters have crusted over (five to six days after the start of the rash). To prevent spreading the infection, keep children away from school until all their spots have crusted over.

Your child will probably feel pretty miserable and irritable while they have it. They may have a fever for the first few days and the spots can be incredibly itchy.

Paracetamol (**sugar-free**) can help relieve fever and calamine lotion or cooling gels help ease itching.

Chickenpox usually gets better on its own. However, some children can become more seriously ill and need to see a doctor.

Contact your GP straight away if:

- Blisters become infected.
- Your child has chest pain or difficulty breathing.
- You are pregnant.
- You or any adult at home have not had chickenpox.

Measles

Measles is a very infectious, viral illness which, in rare cases, can be fatal. One in five children with measles experience complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. There is no treatment for measles. Vaccination is the only way of preventing it, so make sure your child has their MMR vaccination. Speak to your health visitor.

Symptoms develop around 10 days after you are infected and can include:

- Cold-like symptoms.
- Red eyes and sensitivity to light.
- A fever.
- Greyish white spots in the mouth and throat.

After a few days, a red-brown spotty rash appears. Starting behind the ears, it then spreads around the head and neck before spreading to the rest of the body. If there are no complications, symptoms usually disappear within 7-10 days.

Contact your GP if you suspect you or your child may have measles.

Help to make your child comfortable:

- Close the curtains/dim lights to help reduce light sensitivity.
- Use damp cotton wool to clean eyes.
- Give **sugar-free** paracetamol or ibuprofen.
- Ensure they drink lots.



Children's eyes

Children rarely complain about their sight, but often show there may be a problem with their vision through their behaviour. This can include sitting too close to the TV, rubbing their eyes a lot, holding objects very close to their face, blinking a lot, or one eye turning either in or out. If you think your child is experiencing any sort of sight problems, take them to an optician for a check-up as soon as possible. The NHS wants to ensure that all children have vision screening for lazy eye (amblyopia) during their first year at school. This is to detect whether a child has reduced vision in one or both eyes. The earlier any problems are picked up, the better the outcome.

Conjunctivitis & eye care

Care for your child's eyes

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 GP. This can be passed on easily, so wash your hands and use a separate towel for your child. They should not go to nursery or school.

Eye tests and checks

It is important to look out for any signs of problems with your child'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 GP 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. Free sight tests, funded by the NHS, are available for children under the age of 16. Your child should have their eyes checked every two years.

- 1

I have a feeling my daughter has something wrong with her eyesight. She's too young to read so how do I tell?
- 2

Children do not need to be able to read to have their eyes examined.
- 3

It's possible to detect a squint or if they need glasses using age-appropriate tests.



Eyesight check

It is recommended that children have regular eye tests at least once every two years. These tests can be done at a high street opticians and are free for all children under 16 years old (and those under 19 years old in full-time education). Speak to your GP or health visitor if you have any concerns about your child's vision at any stage.


1

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

2

Have they recently started school? 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 a bacterial infection. Contact your GP.

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. Wash your hands with soap 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 have aching limbs and feel uncomfortable, and be ill for a week or more.

Most viruses 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 from the age of two as part of the NHS Childhood Vaccination Programme. Ask your GP or pharmacist 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 know the basics](#)).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure they get plenty of sleep/rest.

Contact your GP if:

- ✓ Your child has a persistent temperature of **39°C** or more.
- ✓ They have a fever with a rash.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine.



Pharmacist says

Children can be treated using over the counter medicines to bring down a raised temperature if it is causing distress. **Sugar-free** paracetamol or ibuprofen liquid can help. Check the label carefully. If in doubt, check with the pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your GP.

Source: 2013 NICE guidance.



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 child 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).



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

Earache & tonsillitis

A child'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 (such as **sugar-free** paracetamol or ibuprofen) from the pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

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 GP if symptoms last longer than four days or become more serious, with severe pain, a very high temperature or breathing difficulties.

1

My toddler has earache but seems otherwise well.

2

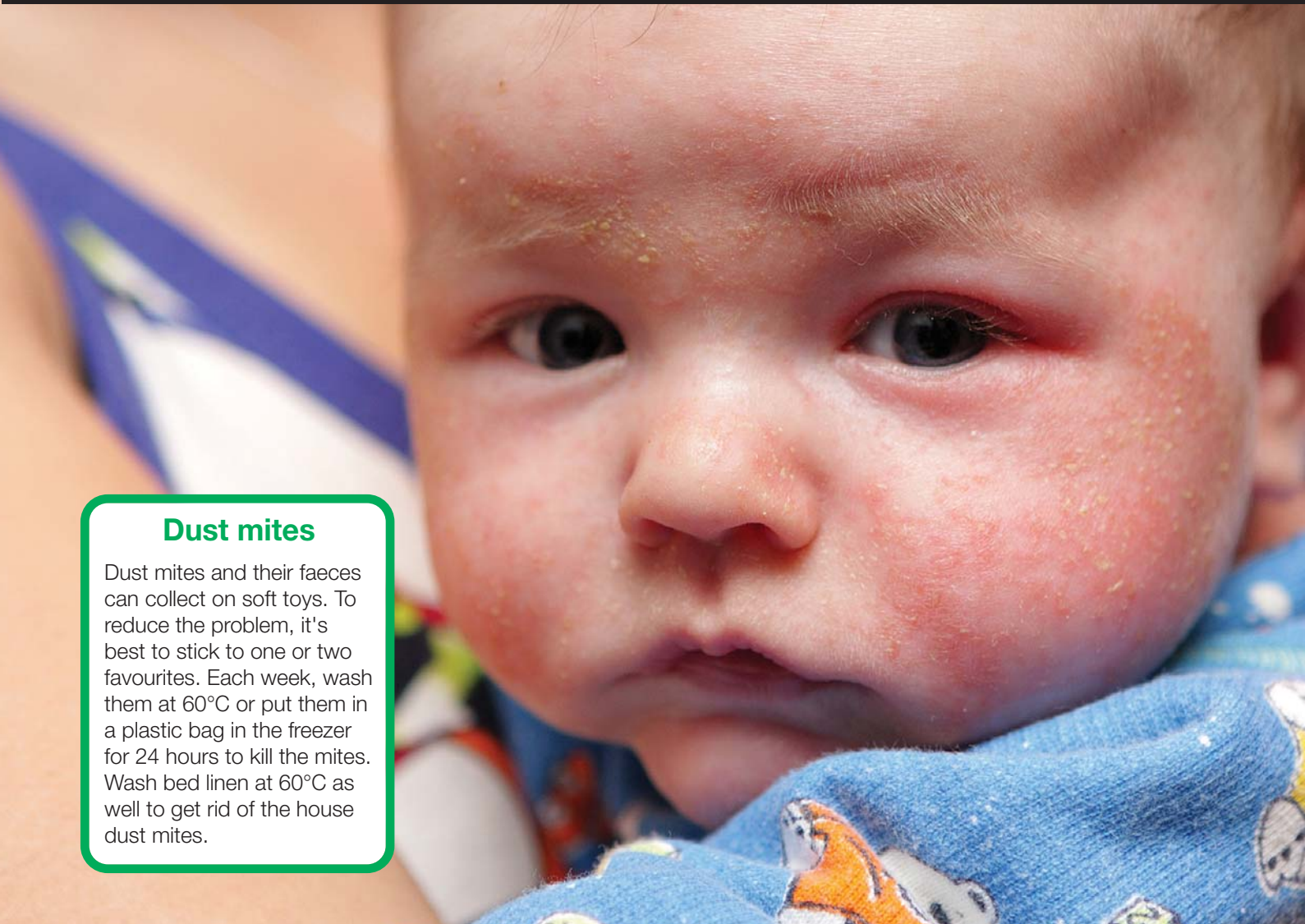
Have you tried **sugar-free** paracetamol or ibuprofen from your pharmacist? ([see know the basics for advice on usage](#)).

3

Most ear infections get better by themselves. Speak to your GP 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 child'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 smoky environments.
- Do not use ear drops or oil unless prescribed by your GP.
- If you think your child is still having problems with their hearing six weeks after infection, your GP or health visitor can refer them for an early hearing test for further investigations.



Dust mites

Dust mites and their faeces can collect on soft toys. To reduce the problem, it's best to stick to one or two favourites. Each week, wash them at 60°C or put them in a plastic bag in the freezer for 24 hours to kill the mites. Wash bed linen at 60°C as well to get rid of the house dust mites.

Managing eczema

Good management can help

Babies often get red, scaly skin known as eczema - one in eight might get it where there's a family history of allergic conditions like eczema, asthma or hay fever.

Babies often start to get eczema from two months. The symptoms are patches of red, dry and itchy skin on the face or behind the ears, and in the creases of the neck, knees and elbows. Your child may scratch the itchy patches and the eczema can get infected as a result.

Most babies eventually grow out of eczema, but if you think your child has eczema, speak to your GP or health visitor. Do not cut out important foods such as milk, dairy products, wheat or eggs without discussing this with a health professional first. Your GP can tell you whether you or your child has eczema and start a treatment programme.

Eczema can affect your child's quality of life and may also affect sleep patterns which can make children irritable and frustrated. There are effective skin treatments to control and manage the symptoms. It can take some trial and error to find the most suitable treatment for your child.

Some people have triggers for their eczema such as allergies to house dust mites, pets, or certain foods. Seasons of the year (for example, in winter), or even emotional responses (such as stress), may cause eczema to worsen. However, a large number of eczema sufferers are not able to link a cause to their symptoms. It is essential that any known triggers are avoided.

Children can become embarrassed about their eczema and want to hide it from other children.

Tips on soothing eczema

- Apply an unperfumed moisturiser (emollient) to the sore area several times a day. Apply with downward strokes.
- Avoid **soap, baby bath** and **bubble bath** as these can dry or irritate the skin.
- Try to keep the bedroom cool as getting hot and sweaty can make eczema worse.
- Eczema can get worse if your child has an allergic reaction to house dust mites. Steroid creams can stop eczema from getting worse. Only use as directed by your GP or pharmacist.
- Try to identify and avoid anything that irritates the skin or makes the problem worse, such as soap powder, animals, chemical sprays and cigarette smoke. Eliminate any of these if possible. Even second-hand smoke (passive smoking) can harm your child.
- Some fabrics can irritate the skin. Try to avoid wool and nylon and stick to cotton instead.



1

My toddler is hot and grumpy.

2

Have you tried infant paracetamol? Have you made sure they are drinking as usual?

3

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

Young babies:

Always contact your GP 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 for an older child. Contact your GP if your child seems unusually ill, has a high temperature which doesn't come down or is having difficulty breathing. With older children it's not so much the temperature to look out for but the other symptoms.

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).

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. This is important to prevent 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 GP if fever symptoms are not improving after 48 hours. Check your child during the night.

Always seek medical advice if your child develops a fever soon after an operation, or soon after travelling abroad.

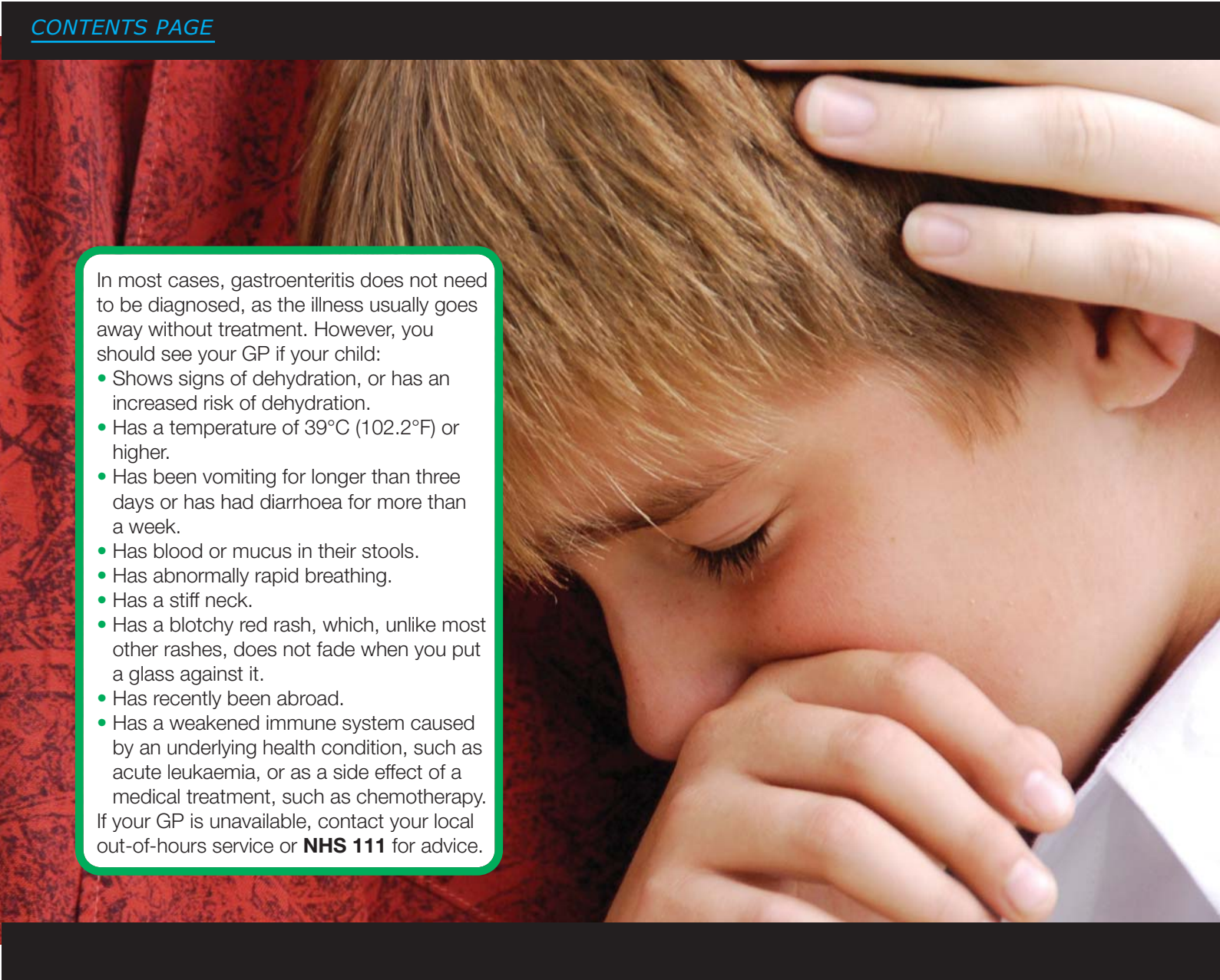


GP says

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.
- If your child is dehydrated contact your GP or **call 111**.
- Know how to identify a meningitis rash ([click here](#)).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



In most cases, gastroenteritis does not need to be diagnosed, as the illness usually goes away without treatment. However, you should see your GP if your child:

- Shows signs of dehydration, or has an increased risk of dehydration.
- Has a temperature of 39°C (102.2°F) or higher.
- Has been vomiting for longer than three days or has had diarrhoea for more than a week.
- Has blood or mucus in their stools.
- Has abnormally rapid breathing.
- Has a stiff neck.
- Has a blotchy red rash, which, unlike most other rashes, does not fade when you put a glass against it.
- Has recently been abroad.
- Has a weakened immune system caused by an underlying health condition, such as acute leukaemia, or as a side effect of a medical treatment, such as chemotherapy.

If your GP is unavailable, contact your local out-of-hours service or **NHS 111** for advice.

Diarrhoea & vomiting

A common condition

Gastroenteritis is a common condition where the stomach and bowel become inflamed. It is usually caused by a viral or bacterial infection.

The two main symptoms of gastroenteritis are diarrhoea and vomiting. The vomiting will usually stop within one to three days, and the diarrhoea will usually pass within five to seven days, although it can last up to two weeks in some children. Your child may also have some additional symptoms caused by the infection, such as a high temperature (fever) and a tummy ache.

The most common cause of gastroenteritis in children is a virus called the rotavirus. This virus is passed out in the stools (faeces) of someone with the infection. It can be transferred to food, objects and surfaces if the infected person doesn't wash their hands after going to the toilet.

The infection is usually then passed to someone else when they either eat contaminated food or touch a contaminated object or surface and then touch their mouth.

Children with diarrhoea and/or vomiting should be kept off school until at least 48 hours after their symptoms have gone. Most cases of diarrhoea and vomiting in children get better without treatment, but if symptoms persist, consult your GP.

1

My child has been sick a few times.

2

Do I need to keep him off school?

3

Yes, for 48 hours after symptoms are gone.



GP says

Most cases of gastroenteritis in children are mild and pass within five to seven days without any specific treatment. Make sure they drink plenty of fluids, get enough rest, and are careful with hand washing. Encourage them to eat as soon as their vomiting is under control. Simple foods that are high in carbohydrates - such as bread, rice or pasta - are usually recommended. Drinking fruit juice or fizzy drinks is not recommended, as it can also make diarrhoea worse.

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 persistent cough, noisy breathing and difficulty feeding.

In most cases, bronchiolitis is mild and gets better without needing treatment within two to three weeks. However, contact your GP if your child is only able to feed half the normal amount, or seems short of breath, or if you are generally worried about them.

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

Croup

Croup causes a distinctive barking cough with a harsh sound, when the child breathes in.

Comforting your child is important as symptoms may worsen if they are agitated or crying. If your child has a fever and is distressed, paracetamol can be given from the age of three months and will ease discomfort.

If symptoms get worse or you think your child may have croup contact your GP.



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

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. A cough can often be treated at home, if you are worried contact your GP.

Use your instincts with newborns and babies:

- Rapid breathing or panting is common. If 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 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 coughs, colds and flu](#)).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP.
- Child appears pale.
- Wheezing is fairly common in the under 5s associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.



GP's tips

Get help and contact your GP or call 111 **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.

The glass test

The glass test is a really useful way of spotting suspected meningitis. If your child has a cluster of red or purple spots, press the side of a clear drinking glass firmly against the rash.

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 meningitis but if you are still worried call **NHS 111**, contact your GP 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.

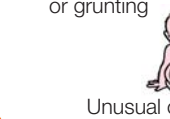
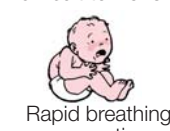
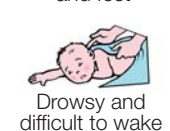
Early signs may be like having a cold or flu. Children with meningitis can become seriously ill very fast, so make sure you can spot the signs. Your child may have a cluster of red or purple spots. Do the glass test. This rash can be harder to see on darker skin, so check for spots over your baby or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

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



GP says

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



Unusual cry or moaning



Sports injury

Playing sport and doing regular exercise is good for your health, but can sometimes result in injury. Half of activity-related accidents in the home involving children under 14 are caused by trampolining, study of hospital admissions shows.

Use of protective equipment: Can be effective in reducing injury but is dependent on the sport played. This includes helmets (e.g. in cycling, cricket and skiing), ankle braces, mouthguards (e.g. in football, rugby and basketball), wrist and elbow guards (e.g. in skiing), and eye goggles (e.g. in lacrosse).

Changing rules of play: Modifying rules of play to prohibit aggressive or dangerous behaviour has been associated with a decrease in reported sporting injuries (e.g. in rugby or American football where they have been associated with reductions in spinal cord injuries).

Supervised play: Make sure your child attends supervised sessions with trained trainers.

Play is important

It is very important that children are allowed to get muddy sometimes, shout and scream and feel free. It is easy to be over protective. Balance is the key. Give them a bit of independence as they grow, as long as they are safe.

Accidents & safety

In and out of the home

Most accidents happen in the home which is why it is important to ensure that your home is a safe place for all your family, especially for young children. One of the highest reported incidents of accidents at home is children being scalded by hot tea. Make your home as child friendly as you can.

Make sure that all medicines, drugs and cleaning chemicals are locked away out of reach. Certain places are full of danger, such as kitchens, sheds and even garden ponds. Make sure TV screens are securely fixed to walls. Hair straighteners, dishwasher tablets being mistaken for sweets and hot drinks are all possible household hazards. An accident only takes seconds.

Make your child aware of the dangers of roads and railways. Always use an appropriate car safety seat for their age and height. Outside the home they should never be alone. Teach them to run, yell and tell if approached by a stranger. Make sure you always know where they are and if they are at a friend's house, make sure you have a contact number.

Sleepovers - discuss with your child's friend's parents who will be there and seek assurances that they will be supervised. Do not be embarrassed to ask.

1

My son is eight and wants to sleep over at a friend's house.

2

Discuss with your son's friend's parents and find out what they will be doing and who will be at home.

3

Make sure you feel comfortable and that you exchange contact details.

Tips

All children love to explore. Even though they may be a little older it is important that they can play in a safe place where you, or another trusted adult, can see or hear them.

- Children under 11 should never be left alone at home, especially with pets, even trained, good-natured animals can be tested.
- If your child wants to go and play at a friend's house, chat to their parent, make sure you have a contact number and arrange to collect them.



Your nursery or school will have guidelines about when to keep your child at home. You are legally responsible for your child attending school and only the headteacher can authorise absence for illness or medical appointments. It is important you share information about your child's health with them to enable an informed decision to be made. This includes whether your child's illness may be contagious. For guidance on attending school visit www.essex.gov.uk/education-schools

A day off nursery/school?

It can be hard deciding when to keep them at home

Not every illness should mean you need to keep your child from nursery or school. Be sure to inform the school on the first day of their absence. If your child is ill, it's likely to be due to one of a few minor health conditions, which you can often treat at home. You know your child best, and whether or not they are too ill to attend.

Common conditions

- **Coughs & colds** - with a minor cough or cold they may attend. If they have a raised temperature, shivers or drowsiness, they should stay away and see a GP. If your child has a more severe and long-lasting cough, see your GP.
- **Raised temperature** - with a raised temperature, they shouldn't attend. They can return 24 hours after they start to feel better.
- **Rashes** - can be the first sign of many infectious illnesses, such as chickenpox and measles. If your child has a rash, check with your GP or practice nurse before sending them to nursery/school.
- **Headache** - a child with a minor headache doesn't usually need to be kept at home. If the headache is severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep the child away and see your GP.
- **Vomiting and diarrhoea** - children with diarrhoea and/or vomiting should definitely be kept off nursery/school until at least 48 hours after their symptoms have gone. Most cases of diarrhoea and vomiting in children get better without treatment, but if symptoms persist, see your GP.
- **Sore throat** - a sore throat alone doesn't have to keep a child from nursery/school. If accompanied by a raised temperature, your child should stay at home.
- **Chickenpox** - if your child has chickenpox, keep them away until all their spots have crusted over.

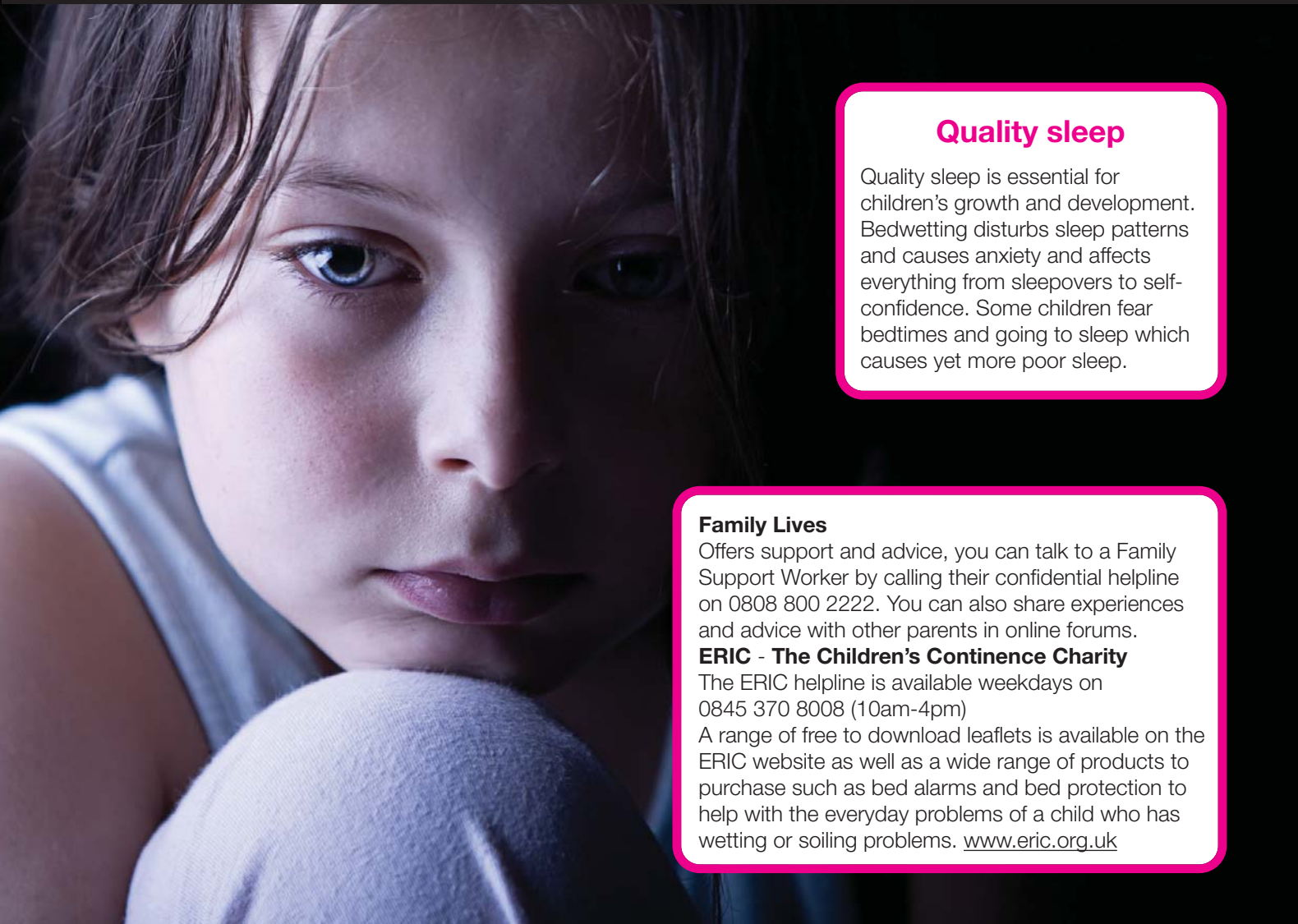


School nurse says

Ask yourself these questions:

- Is my child well enough to do the activities of the school day?
If not, speak with school to agree whether your child should remain at home. If they feel better later in the day they can return to school.
- Does my child have a condition that could be passed on to other children or school staff?
If not, speak with school to agree whether your child should remain at home.
- Would I take a day off work if I had this condition?

Source: www.nhs.uk/Livewell/Yourchildatschool



Quality sleep

Quality sleep is essential for children's growth and development. Bedwetting disturbs sleep patterns and causes anxiety and affects everything from sleepovers to self-confidence. Some children fear bedtimes and going to sleep which causes yet more poor sleep.

Family Lives

Offers support and advice, you can talk to a Family Support Worker by calling their confidential helpline on 0808 800 2222. You can also share experiences and advice with other parents in online forums.

ERIC - The Children's Continence Charity

The ERIC helpline is available weekdays on 0845 370 8008 (10am-4pm)

A range of free to download leaflets is available on the ERIC website as well as a wide range of products to purchase such as bed alarms and bed protection to help with the everyday problems of a child who has wetting or soiling problems. www.eric.org.uk

Sleeping & bedwetting

Quality sleep is essential for growth and development

Children aged 6-12 sleep for around 10 hours a night. Those that get less sleep than they need can suffer from weight gain, depression, poor concentration, reduced creative ability and lower immunity to diseases. If they have sleeping difficulties, they tend to have problems more akin to adults such as worries often to do with school, friends or family. Nightmares are more unusual by this age.

Try to remember the importance you put into sleep routines when they were a baby, it is as important now as ever.

Bedwetting and continence problems

The frustration and extra work involved in managing this can put a strain on family life. Bedwetting occurs most nights in 15% of five-year-olds and is still a problem for 3% of all 15 year-olds. It can be viewed as a taboo subject, the real figures for older children could be much higher. It's significant that night-time 'nappies' are widely available in sizes to fit children up to 15 years old.

There are many different strategies recommended to help parents deal with their child's bedwetting. Some work for some families but not for others and there seems to be no definitive cure. Wet beds aren't just an inconvenience, when an older child is still wetting at night it rules out fun experiences like school trips and sleepovers and can lead to embarrassment and fears about bullying. Talk to your school nurse or GP.

1

My child frequently wets the bed and is upset.

2

Don't tell them off or punish them.

3

Speak to your GP about measures that could help.



Sleep tips

- Remove distractions such as TVs, mobiles and other devices.
- Make sure they have a comfortable bed, a night light if they wish and a quiet space.
- Make sure curtains do not let in too much light.
- Keep to a regular routine.
- Encourage regular exercise.
- Try to finish the family meal a couple of hours before bedtime.
- Try to complete any homework before dinner to allow for some relaxation time.

Bumps & bruises

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 child's bumps will require no more than a cuddle or a plaster 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 GP. Read the information on the right. ➡

- 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 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 minor burn or scald. A child'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 (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Don't apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who'll have to clean the area before it can be treated. Give paracetamol or ibuprofen ([see know the basics for advice on usage](#)). Take your child to hospital.

Babies/toddlers pull up on everything when learning to stand and walk. Keep hot drinks out of reach and not on tablecloths that they may pull onto themselves. Look at home safety equipment like a stairgate to keep them safe.

- 1

My child has burnt or scalded themselves.
- 2

Treat the burn or scald straight after the accident by running under cold water for 20 minutes. Do not use creams, lotions or ointments on the burn or scald.
- 3

For small burns take your child to the practice nurse or minor injuries unit.
For large or facial burns you should go to A&E.

If you are still worried call **NHS 111**. If you cannot get help straight away, **go to A&E**.

Preventing scalds and burns

- Always supervise children in the kitchen.
- The front of the oven can become hot enough to burn a young child. Use the back rings of cookers when possible.
- Never drink hot drinks with a baby or child on your lap.
- Never let a child drink a hot drink through a straw.
- Never heat up a baby's milk in a microwave. Stir baby food well if it is heated in a microwave.
- Candles should be up high and out of reach.
- Put cold water in the bath first, and then bring up the temperature with hot water.

Choking

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

PREVENTION:

- Check on the floor and under furniture for small items.
- Check that toys are age appropriate and in good condition.
- 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) and **start CPR**.

See this link for video information:

www.nhs.uk/video/Pages/my-young-child-is-choking-what-should-i-do.aspx

CPR

It's highly recommended that every parent goes on a first aid course, as it makes this process much easier to understand and remember. It's much easier if you have some understanding of what to do and are prepared before any emergency.

Visit www.redcrossfirstaidtraining.co.uk for information.

First aid for a child who is unresponsive and not breathing.

Remind yourself of the key steps below:

1. Check for breathing. Tilt their head back and look and feel for breaths.
2. Tell someone to call 999.
3. Give five rescue breaths. Tilt their head back, seal your mouth over their mouth and pinch their nose. Blow five times into the child.
4. Give 30 chest compressions. Push firmly in the middle of their chest with one hand so the chest goes inward, then release.
5. Give two rescue breaths, then continue with cycles of 30 chest compressions and two rescue breaths until help arrives.

In a life-threatening emergency, dial 999. If your child is coughing or wheezy, **call NHS 111** or your GP for advice.

Button batteries



Why are button batteries dangerous?

Button batteries and lithium coin batteries are the small, round batteries you find in lots of toys and everyday objects. They can be extremely dangerous for children if swallowed - especially lithium coin batteries - and can kill within hours.

Most button batteries pass through the body without a problem. But if a button battery, particularly a lithium coin battery, gets stuck in the throat or gullet, energy from the battery can make the body create caustic soda (the chemical used to unblock drains!). This can burn a hole through the throat and lead to serious internal bleeding and death.

PREVENTION:

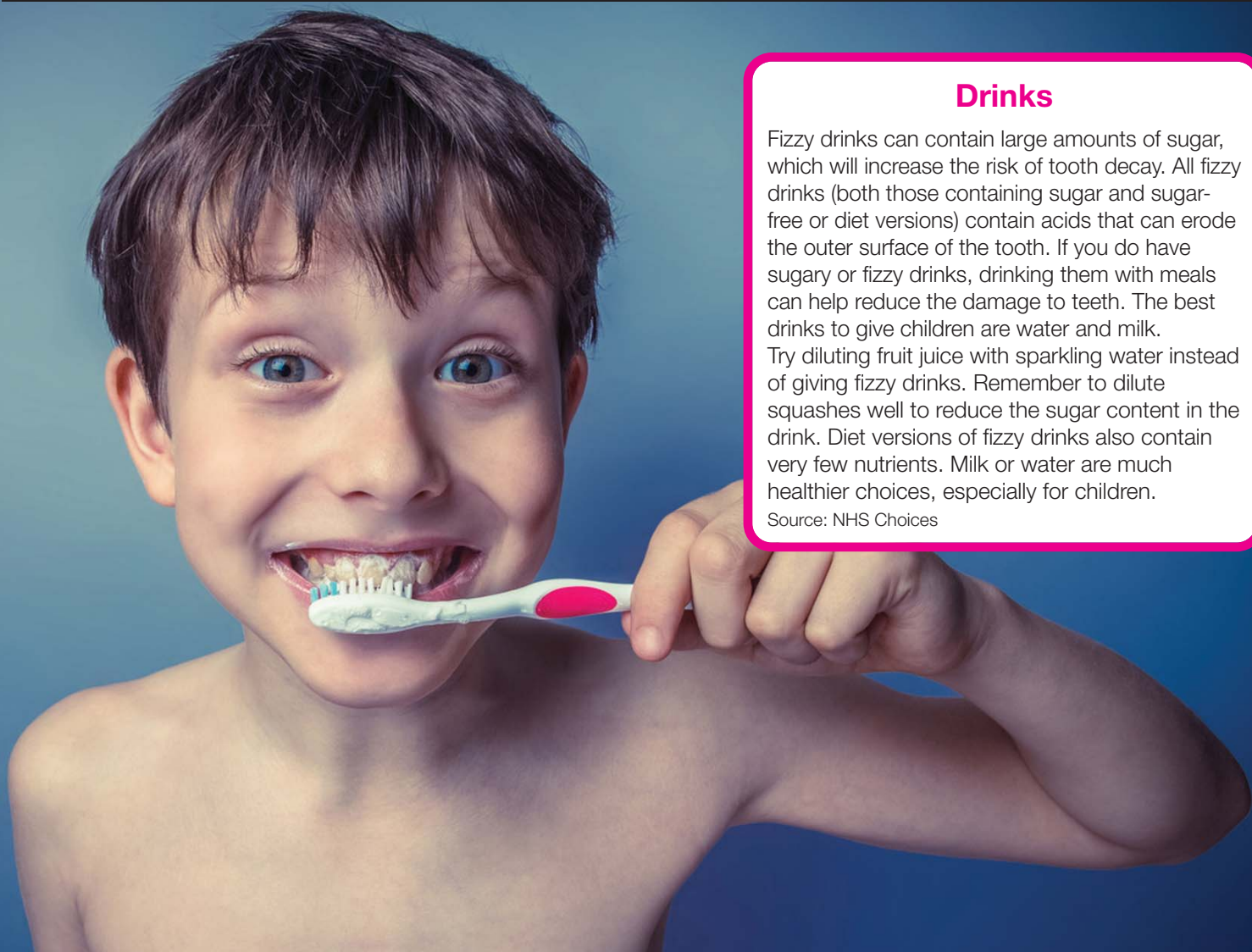
- Keep products with batteries well out of reach if the battery compartment isn't secured with a screw.
- Keep all spare batteries out of children's reach and sight, ideally in a high-up, lockable cupboard.
- Avoid toys from markets or temporary shops as they may not conform to safety regulations.

- Teach older children that button batteries are dangerous and not to play with them or give them to younger brothers and sisters.

WHAT TO DO:

Unfortunately it may not be obvious that a battery is stuck in a child's throat. They may be breathing normally, or simply develop cold or flu-like symptoms. If you suspect your child has swallowed a button battery, act fast.

- Take them straight to the A&E department at your local hospital or **call 999** for an ambulance.
- Tell the doctor there that you think your child has swallowed a button battery.
- Do not let your child eat or drink.
- Do not make them sick.
- Do not wait to see if any symptoms develop.



Drinks

Fizzy drinks can contain large amounts of sugar, which will increase the risk of tooth decay. All fizzy drinks (both those containing sugar and sugar-free or diet versions) contain acids that can erode the outer surface of the tooth. If you do have sugary or fizzy drinks, drinking them with meals can help reduce the damage to teeth. The best drinks to give children are water and milk. Try diluting fruit juice with sparkling water instead of giving fizzy drinks. Remember to dilute squashes well to reduce the sugar content in the drink. Diet versions of fizzy drinks also contain very few nutrients. Milk or water are much healthier choices, especially for children.
Source: NHS Choices

Good oral health

Tooth care matters

In theory, tooth care should be quite simple - don't allow babies or children to have sugary things too often and make sure their teeth are brushed well twice a day for two minutes. In practice, it's not that easy, the way sugary products are advertised and promoted can make it difficult to limit them.

Although it's not always easy, you should get your child into good habits at an early age and they will need your help with toothbrushing until they are seven. Make sure your child brushes their teeth twice every day with a family fluoride toothpaste that has levels of between 1000-1450 parts per million (ppm) fluoride. Check the tube for fluoride content. Adults and children should spit not rinse after brushing with a fluoride toothpaste for maximum effectiveness.

Children under 18 should be seen by a dentist at least once a year.

Download the Change4life Sugar Smart app for FREE. The app works by scanning barcodes and revealing total sugar in cubes or grams. It has been developed to raise awareness of how much sugar is contained in everyday food and drink. The app offers a quick guide to help parents to assess potential purchases that may harm their children's health.

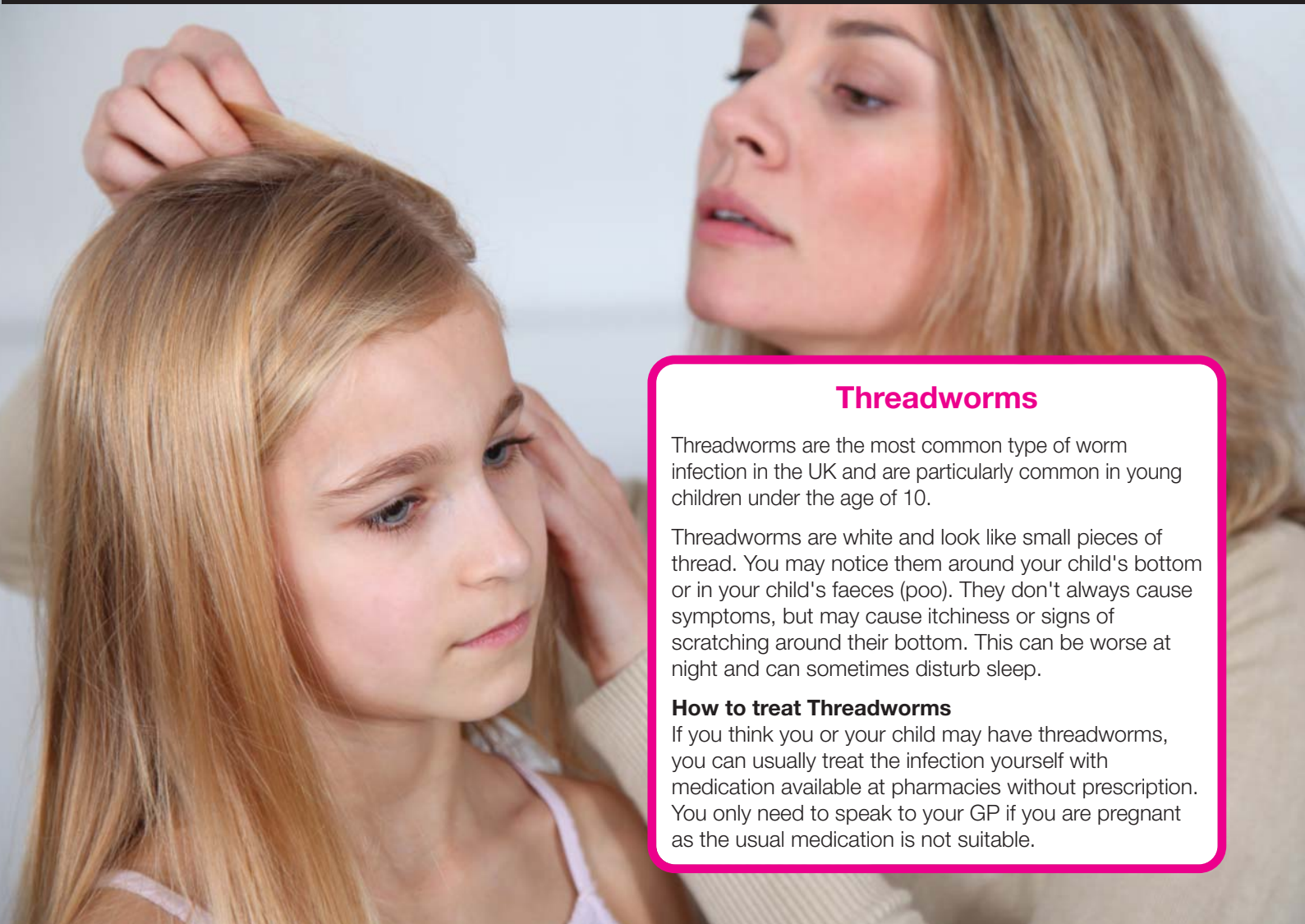


- 1** Golden rule - never give a sugary drink last thing at night.
- 2** It's never too early to start taking your child to the dentist.
- 3** Tooth decay is almost totally preventable. Get it right from the start. Know what causes teeth to go bad.



Dentist says

As soon as teeth appear in the mouth, parents should brush their baby's teeth in the morning and last thing before bed. Provide a healthy, balanced diet and limit sugary food and drinks to mealtimes only. Sugar or honey should not be added to weaning foods. Introduce drinking from a cup from six months and stop bottle feeding by one year. If children are brought up to care for their teeth early on, it should stand them in good stead for the rest of their lives. Do not give your toddler juice in a bottle or sippy cup. They may use this as a comforter and expose teeth to fruit sugar all day long.



Threadworms

Threadworms are the most common type of worm infection in the UK and are particularly common in young children under the age of 10.

Threadworms are white and look like small pieces of thread. You may notice them around your child's bottom or in your child's faeces (poo). They don't always cause symptoms, but may cause itchiness or signs of scratching around their bottom. This can be worse at night and can sometimes disturb sleep.

How to treat Threadworms

If you think you or your child may have threadworms, you can usually treat the infection yourself with medication available at pharmacies without prescription. You only need to speak to your GP if you are pregnant as the usual medication is not suitable.

Head lice & threadworms

A common problem

Head lice are tiny wingless insects that are grey-brown in colour. They are the size of a pinhead when they hatch and 3mm long (the size of a sesame seed) when fully grown. Head lice cannot fly, jump or swim. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else. Head lice are **not** the result of dirty hair or poor hygiene. Children are often affected by head lice because they tend to have more head-to-head contact while at school or during play. Head lice are most common in children between 4 to 11 years old.

Getting rid of head lice:

The main treatments are wet-combing or lotions and sprays. If a treatment doesn't work the first time, you can try it again, try a different treatment, or get advice from your school nurse, health visitor, pharmacist or GP.

The wet-combing method involves removing the head lice by systematically combing the hair, from the scalp towards the ends, using a special fine-toothed comb with a spacing of less than 0.3mm. Your pharmacist can advise you on which combs are suitable. No medicated products are necessary for wet-combing.

Medicated lotion or spray is an alternative method for treating head lice. However, no medicated treatment is 100% effective. Some treatments need to be done again to make sure newly hatched lice are killed.



Pharmacist's tips

Your pharmacist can recommend an over-the-counter lotion or spray. Medicated treatments should only be used if a living (moving) head louse is found. Conditioners and shampoos are not thought to be effective and are therefore not recommended. Make sure that you have enough lotion to treat everyone in your family who is actually affected by head lice.

1

Too much saturated fat, salt and sugar are bad for the body. Prevent ill health by balancing your lifestyle. Stop smoking.

2

A healthy person should eat a balanced diet, be active, sleep well, have sufficient energy and generally feel that they enjoy life.

3

Visit www.nhs.uk/change4life for information on how to make your family healthier and happier.

4

Ask your school nurse for diet, exercise and general advice on a healthy lifestyle.

Under 18s weight management

C.H.I.M.P.S (Child Health Improvement Sessions) is a free, informative and supporting programme for children at primary school and their families. It caters for children above a healthy BMI for their age. Call 0800 022 4524



Healthy lifestyles

Looking after their health

What they eat - Make sure your child eats a good variety of foods in sensible amounts - balance is the key. Make mealtimes fun and make time to sit down to eat and to enjoy food together as a family. Setting a good example is one of the best ways of encouraging healthy eating habits early in life.

Exercise - Food is used in our bodies to create energy. If we do not use it we get fat. Encourage your children to be as active as possible. You and your child can get plenty of exercise by walking to the shops or to school or playing sports.

Sleep - Lack of sleep can affect your mood and ability to function at work or as a parent. The same is true of children. Lack of sleep can impact on your child's behaviour and achievement at school.

Smoking - If you smoke you should protect your child from secondhand smoke. This will reduce the risk of them becoming ill. To quit smoking, contact the Essex Lifestyle Service on 0300 303 9988 for a tailor-made support package.

Teeth - Look after your child's teeth and take them to visit the dentist regularly. Children are especially at risk from tooth decay because of the sugary things they eat - avoid sugary foods and drinks.

- Use a toothpaste with 1350-1500 ppm fluoride or above (see tube).
- Brush twice daily, especially at night.
- Spit, don't rinse, after brushing.

Looking after hearing - Younger children are using headphones with iPods and DVD players. Set volume controls and make sure they do not use them for long periods of time.



Tips

- Balance is the key to a healthy lifestyle.
- If you eat more calories than your body burns, you will put on weight.
- Stop smoking and protect your children from secondhand smoke.
- Make sure your child gets plenty of sleep and exercise.
- Obesity (being very overweight) is becoming more common in children.

Parental mental health

As parents whether you are a single parent, a mum, dad or carer we all want to do what's best to keep our children safe, fit and well. However, it can be easy to forget about our own health and wellbeing. A positive attitude and a good social outlook encourages us all to have a healthy lifestyle. You should have your postnatal check about six to eight weeks after your baby's birth to make sure that you feel well and are recovering properly.

Family life plays an important role in the wellbeing of both children and parents. Doing active and creative things together can really boost happiness levels all round. Children's Centres can be great places for you to socialise and meet other parents as well as giving your child the opportunity to meet friends.

For adults experiencing stress, anxiety or mild depression, contact Mid Essex IAPT Service on 01376 308704 or 01376 308705.



Mental health & wellbeing

A solid foundation for their future wellbeing

We are often our children's first teachers and they not only learn about practical things from us, but pick up on attitudes that can last a lifetime. It is important to take care of your own physical and mental health in order to be able to 'parent' well.

Parents play a vital role in supporting children's mental and emotional health and in building their confidence and resilience. It can be tough growing up, with children having to cope with many different situations and unfamiliar challenges like school, relationships and pressures of growing up. Many children find it hard to talk to their parents about the things which are worrying them. They might express how they feel through being moody, getting in trouble at school or at home or by becoming angry easily.

Many thousands of children and young people go through periods of mental ill health. When this happens to them, it can be impossible for them to make and keep friends, manage at school and feel good about themselves. It can be confusing for their parents and siblings. Many other children may not be diagnosed as having mental health problems but lack confidence and feel unhappy much of the time.

If your child is having difficulties, try to pick a time when the house is quiet and you can spend time listening to your child and how they feel. Take them seriously and offer help and support if you can. If they are self-harming, running away, experiencing eating difficulties or extreme behavioural issues, you need immediate support. Talk to your GP.

1

I often overlook my own wellbeing as I want to do the best for my child.

2

Your child's wellbeing is linked to your health.

3

It is important to have a healthy family lifestyle and treat your own health as importantly as your child's.

Facts about children and mental health

- One in 10 children and young people aged 5-16 has a diagnosable mental health disorder.
- Children who live in poverty or poor housing are more likely to have mental health problems.
- Children whose parents have mental health problems often need special help themselves to cope and enjoy their childhood.
- It is thought that in the UK 1 in 15 children and young people have self-harmed.

Source: Barnados.org.uk 2016



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
8 weeks	DTaP/IPV/Hib and PCV and MenB and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine
12 weeks	DTaP/IPV/Hib and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and rotavirus vaccine
16 weeks	DTaP/IPV/Hib and PCV and MenB diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and meningococcal B vaccine
Between 12 and 13 months old - within a month of the first birthday	Hib/MenC haemophilus influenzae b (Hib) vaccine and meningococcal C vaccine PCV pneumococcal conjugate vaccine MenB meningococcal B vaccine (Booster) MMR Measles, mumps and rubella
Two to seven year olds (including children in school years 1,2 and 3)	Influenza (flu) - nasal spray vaccine in autumn each year
3 years 4 months	DTaP/IPV/Hib diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, (Pre-School Booster) MMR Measles, mumps and rubella

www.nhs.uk/video/Pages/vaccines-and-your-childs-immune-system.aspx

Immunisations

Protect your child now and in the future

Immunisations, also known as vaccinations are usually given by injection. Children in the UK are offered vaccinations against a variety of diseases as part of the Healthy Child Programme. A record is kept in the Parent Held Child Health Record (Red Book), which is a book you keep containing information on your child's health.

Immunisations are mainly given during the first five years although the nasal flu spray is given annually in primary school years one, two and three. The BCG (tuberculosis) vaccination is optional but should be given to babies or children who have a high chance of coming into contact with TB. It's important to have vaccinations at the right age to keep the risk of disease as low as possible.

Some immunisations are given more than once to make sure the protection continues. This is known as a booster, so make sure your child gets it.

If you are pregnant, you will be offered the whooping cough vaccine at your GP's surgery. The ideal time is 28 to 32 weeks of pregnancy so that your child will be born protected against whooping cough infection. You will also be offered the inactivated flu vaccine to protect against flu.

Babies should have a dose of liquid paracetamol following meningococcal group B disease vaccination to reduce the risk of fever.

1

Immunisation begins at two months, when a baby's natural immunity to illness begins to drop.

2

The protection immunisations offer to your child against serious diseases are worth the small amount of pain.

3

Immunisations don't just protect your child during childhood, they protect them for life.



GP says

Immunisations are used to protect children from diseases which can be very serious causing long-term complications and even death. The protection immunisations offer to your child are worth the small amount of pain. Childhood immunisations are free and most are given at your GP's surgery. Check with your health visitor, practice nurse or GP for further information, updates and future immunisations or if your child has a chronic medical condition.

Transition & change

The 'tween years'

For most parents, their children grow up too fast. They are facing the pressures of everyday life in our competitive world, they are approaching puberty with all the huge hormonal changes that brings, as well as physical and mental challenges and stress of school work and exams. Along with this, you will both be thinking about senior school.

The pre-teens are an unsettled time and your child will often be more self-conscious and sometimes care more about what their friends think than what you think. This is sometimes known as the 'tween years'. They have a growing confidence in themselves but they still need your support and protection. Provide suitable limits, with some flexibility, for them to explore and experiment with situations safely. It is a time when they can be most vulnerable and also trusting and do not understand many of the potential dangers. As parents it is important to keep a balance, so they stay safe, but are allowed a little more freedom. Mobile phones help tweens develop closer bonds with their peers and, as a result, they push away from their parents at an earlier age. Friends are very important at this age.

Make time to talk to your child and think about how you communicate. Try to avoid constantly nagging or you run the risk of your child 'tuning out' permanently. Your pre-teen is looking for their own identity, try to be an advisor but set clear boundaries if certain behaviour during the transition from 'tween' to teenager is becoming a major concern. The main thing is to pick your battles, and let some go.

- 1 One minute he acts like a little boy and the next he's a stropky, rude 'tweenager'.
- 2 He may be feeling a bit lost and unable to cope with the changes he is going through.
- 3 Try to take some time out with him, where he can talk to you in confidence.

Moving on

When your child starts senior school, it's a big change for them. They're used to being the oldest in their school - soon they'll be the youngest. Everything will be brand new and much bigger. They'll have more books, more teachers and more homework. Moving school can be scary but exciting too, so give your child lots of support. Make sure they know what's happening and make your decisions together. Visiting the school with your child to meet their teachers before they start can help. Find out who else is going to their new school - can you go together on the first day?

NATIONAL CONTACTS

Allergy UK

01322 619 898
www.allergyuk.org

Asthma UK

0300 222 5800
www.asthma.org.uk

Caroline Walker Trust

Healthy eating and nutrition.
www.cwt.org.uk/publications

Change4Life

Healthy tips
www.nhs.uk/change4life

Dental Helpline

0845 063 1188

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222
www.familylives.org.uk

Foreign and Commonwealth Office

If you are at risk of FGM.
020 7008 1500

Meningitis Now

0808 80 10 388
www.meningitisnow.org

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

National At-home Dad Network

Dad's views, chat, news and support.
www.athomedad.org

National Information Service for Parents

www.nhs.uk/start4life

Netmums

Parenting advice and information.
www.netmums.com

NHS Choices

www.nhs.uk

Red Cross

Information on CPR (kiss of life)
www.redcrossfirstaidtraining.co.uk

RoSPA

Advice on accident prevention.
www.rospa.com

UK Sepsis Trust

www.sepsistrust.org

To find an NHS dentist

Call **NHS 111** or visit www.nhs.uk

Call 999 in an emergency

LOCAL CONTACTS

Community Children's Services

www.provide.org.uk

Child Development Centre

Moulsham Grange, Moulsham Street,
Chelmsford, CM2 9AH. 0300 303 2617

Health Visiting and School Nursing

www.provide.org.uk

Mid Essex Hospitals Trust (Broomfield Hospital)

Switchboard 01245 362000
www.meht.nhs.uk

Colchester Hospital University NHS Trust

Switchboard 01206 747474
www.colchesterhospital.nhs.uk

Emotional Wellbeing & Mental Health Services for Children - NELFT

www.nelft.nhs.uk/services-ewmhs
Mon-Fri, 9am-5pm 0300 300 1600
Out of Hours Crisis Service 0300 555 1201

Maternity Voices

www.midessexccg.nhs.uk

Connect Well Mid Essex

www.connectwellessex.org.uk/
01245 351888 Mon-Fri, 9am-5pm

Essex Lifestyle Service

www.essexlifestyleservice.org.uk
0300 303 9988, 8am-8pm

Healthwatch Essex

0300 500 1895.
www.healthwatchessex.org.uk

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

Concern	Service	What to do?
Grazed knee Sore throat Coughs and colds	Self Care	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 .
As a parent if you are: Unsure Confused Need help	 NHS 111 For 24 hour health advice and information. For access to GP services out-of-hours.	Call NHS 111 when it is less urgent than 999 Tel: 111 www.nhs.uk/111
Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever	Community pharmacist For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist
High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hours) Minor bumps, cuts and possible fractures Dehydrated Headache Abdominal pain	GP For the treatment of illnesses and injuries that will not go away.	Write your GP's (family doctor) telephone number here: Use NHS 111 for GP out-of-hours service.
Severe pain Worsening health conditions Choking Loss of consciousness Fitting/convulsions Broken bones	A&E or 999 For serious and life-threatening emergencies.	A&E

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.