

How to help your unwell child

For parents and carers of children under five years old



Is it serious?
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It's not serious, what

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Young children often get sick - it is part of growing up.

It can be stressful for parents and carers when a child is not well. Often, the illness is not serious and the child can be treated safely at home or with support from a GP, pharmacist or health visitor.

This booklet has been designed by a team of experts to help you care for your sick child. It will help you identify when an illness is minor and when it is serious. We recommend treating minor illnesses at home, where your child will be most comfortable.

For more advice and advice in other languages visit the healthier together page: <https://what0-18.nhs.uk/>

If you need medical help, use the NHS 111 online service: <https://111.nhs.uk> . Call 111 if you need urgent help for a child under five or cannot get help using the online service.

My child's GP is

.....

Address

.....

.....

Phone

.....

Our local pharmacy is

.....

Address

.....

.....







Phone

.....

To find out the location of your local GP or pharmacy, go to the NHS website: <https://nhs.uk>

Is it serious?

Go straight to the emergency department (A&E) or call 999 if your child:

-  looks discoloured and spotty/blotchy (mottled), bluish or pale
-  has no energy or is difficult to wake
-  feels abnormally cold to touch
-  is breathing much faster than normal
-  has a rash that does not fade when pressed
-  has a fit or convulsion

Call NHS 111 to get urgent medical advice if your child:



LOOK

- is finding it hard to get their breath and is sucking their stomach in under their ribs
- has bright green, bloody or black vomit
- has not drunk anything for more than eight hours (when awake)
- has eyes that look sunken to you
- is quiet and lacking energy, even when their temperature is normal.



LISTEN

- makes a throaty noise while breathing
- is making 'grunting' noises with every breath
- can't say more than a few words at once (for older children who normally talk)
- has obvious 'pauses' in their breathing
- is crying constantly and you can't comfort or distract them, or the cry doesn't sound like their normal cry.



TOUCH

- is under eight weeks old and doesn't want to feed
- has not had a wet nappy or had a wee for 12 hours
- Is under two years old and the soft spot on the top of their head (the fontanelle) is bulging
- is floppy
- is hard to wake up, or appears confused.



CHECK

- is under three months old and has a high temperature of 38°C or above
- is over three months old and has a high temperature of 38°C or above that doesn't come down 15-30 minutes after having paracetamol or ibuprofen
- is between three and nine months old and has a high temperature of 39°C or above
- is any age and has a low temperature below 36°C when checked three times in a 10 minute period.

If you don't see any of these signs, use this booklet for advice on the most common childhood illnesses:

Coughs and colds: page 3

Diarrhoea and vomiting: page 5

Fever (high temperature): page 7

Ear problems: page 9

Rashes: page 11

Coughs and colds

1

What do I see?

My child keeps coughing and sneezing, sometimes has a high temperature (above 38°C) and seems generally unwell.



2

What is it likely to be?

Catching a cough or cold is very common, especially if they are in close contact with other children (e.g. starting nursery or playgroup).

3

What should I do now?

Give your child lots to drink. Speak to your pharmacist about children's paracetamol and other medicines that might help.





4

What else do I need to know?





Most colds get better within 5-7 days. If symptoms last for more than 10 days or your child is coughing up yellow stuff, they may have a bacterial infection. If this happens, contact your GP.

Coughs and colds




Things you can do at home to help:

-  Give your child lots to drink - water is best.
-  Try children's paracetamol or ibuprofen.
-  Talk to your pharmacist about medications that might help, but remember that coughing is normal and is the body's way of keeping the lungs clear.
-  Saline nose drops can help loosen dried snot (mucus) and relieve a stuffy nose. Ask your pharmacist, GP or health visitor about these.

See your GP or call NHS 111 if:

-  Your baby is under three months and has a temperature of 38°C or more.
-  Your child has a fever with a rash.
-  Your child is finding it hard to breathe.
-  Your child's fever goes away for a day or more, but then returns.

Call 999 or go to the emergency department if:

-  Your child is not waking up or interacting.
-  Your child is breathing much faster than normal.
-  Your child's condition suddenly gets much worse very quickly.

Diarrhoea and vomiting

1

What do I see?

My child keeps being sick (vomiting) and having more frequent, loose, watery poo (diarrhoea).



2

What is it likely to be?

Diarrhoea and vomiting are very common. They are normally caused by a virus and last several days.

3

What should I do now?

It is important to make sure your child does not get dehydrated (lose more fluid than they take in). You can give them rehydration powder (sometimes called 'oral rehydration salt') mixed with water to help keep them hydrated. Get your child to drink slowly (drinking too fast may make them vomit).





4

What else do I need to know?






If your child is weeing at least twice a day, this is a good sign they are not dehydrated. Diarrhoea and vomiting can last several days, but the symptoms should gradually improve by themselves. Vomiting often stops first, diarrhoea might carry on for longer. For further information, turn to page 14.

Diarrhoea and vomiting



Things you can do at home to help:

-  Give your child regular small drinks of fluid.
-  Try to give your child five or 10 millilitres (ml) of rehydration powder mixed with water (see instructions on the back of the packet) every five minutes.
-  Don't make your child eat if they don't want to. The important thing is that they keep drinking.
-  If your child has a temperature or tummy ache, give them children's paracetamol or ibuprofen.

See your GP or call NHS 111 if:

-  Your child is vomiting so much they can't keep anything down.
-  Your child has cold hands or feet.
-  Your child has not had a wet nappy or a wee in the last 12 hours.
-  Your child has bright green or black vomit, or blood in their vomit or poo.
-  Your child has a temperature of 38°C or more and diarrhoea or vomiting.

Call 999 or go to the emergency department if:

-  Your child is not waking up or interacting.
-  Your child has severe abdominal (tummy) pain or is breathing rapidly.

Fever (high temperature)

Temperature over 38°C means a fever

1

What do I see?

My toddler is hot and grumpy. Their temperature is more than 38°C.



2

What is it likely to be?

Fevers are common in young children, and are the body's natural response to infection. A fever can usually be left to get better on its own as long as your child is drinking enough and is otherwise well.

3

What should I do now?

Give them children's paracetamol or ibuprofen to bring down the fever. Make sure they are drinking regularly so that they do not get too dry (dehydrated). Look out for the more serious signs of fever (see page 8).

4

What else do I need to know?








Your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids. For further information on fever and to see a urine colour chart (see page 15).

Fever (high temperature)





Things you can do at home to help:

- ✓ Give your child lots to drink - water is best.
- ✓ Try children's paracetamol or ibuprofen (not aspirin).
- ✓ Remove extra clothes. One layer of clothing should be left on. Do **not** use cold water or cold towels on the face or body.

See your GP or call NHS 111 if:

-  Your baby is under three months and has a temperature of 38°C or above.
-  Your baby is three to nine months old and has a temperature of 39°C or above.
-  Your child has a fever with a rash or other symptoms in addition to fever.
-  Your child has a temperature of 38°C or more, but cold feet and hands.
-  Your child has a high temperature that doesn't come down 15-30 minutes after having paracetamol or ibuprofen.
-  Your child is over three months old and has a temperature of 38°C or above for more than five days.
-  Your child has recently travelled overseas, especially if this was outside of Europe.

Call 999 or go to the emergency department if:

-  Your child is not waking up or interacting, or your child has become floppy.
-  Your child has a convulsion or fit with the fever, or has rapid breathing.
-  Your child has a rash that does not fade when you press it.
-  Your child looks bluish or pale, or feels abnormally cold to touch.

Ear problems

1

What do I see?

My toddler is tearful and keeps holding their ear.



2

What is it likely to be?

Ear aches are often caused by ear infections. These are common in babies and toddlers. They often follow a cold and can sometimes cause a high temperature.

3

What should I do now?

Most ear infections get better by themselves over several days. Try giving children's paracetamol or ibuprofen for the pain. If there is no improvement with painkillers, or they still have a high temperature after two days, or you notice fluid coming from the ear, then speak to your child's GP.





4

What else do I need to know?





Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (2-3 weeks). If this lasts longer than three weeks arrange to see your child's GP.

Ear problems

Things you can do at home to help:

-  Give your child lots to drink - fluid is important when they have an infection.
-  Try children's paracetamol or ibuprofen (not aspirin).
-  Comfort your child regularly.
-  Do not put oil or cotton buds into your child's ears as this can damage the ear and make infections worse.

See your GP or call NHS 111 if:

-  Your child has ear problems and a temperature of 38°C or above for more than two days.
-  You notice fluid coming out of your child's ear.
-  Your child has a temperature of 38°C or more that doesn't come down 15-30 minutes after having paracetamol or ibuprofen.
-  Your child seems in a lot of pain despite painkillers (paracetamol and ibuprofen).

Nappy rash

1

What do I see?

My baby has a red, sore rash around the nappy area and is uncomfortable and crying a lot.



2

What is it likely to be?

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

3

What should I do now?

Most nappy rashes can be treated with a simple skincare routine and by using a barrier cream that you can get from a pharmacist.

4

What else do I need to know?

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

Rashes and dry skin

1

What do I see?

Your baby's skin may be flaky and dry, or they have a rash.



2

What is it likely to be?

Dry skin and rashes are normal and usually nothing to worry about. They are very common in newborn babies.

3

What should I do now?

Avoid using soap or any other products on your baby's skin. Wash your baby in clean water. If your baby is well but has a rash you are worried about, contact your GP or health visitor.

A rash can be a sign of sepsis. Turn to page 13 for advice on the glass test.

Thinking about sepsis

Sepsis is a life-threatening reaction to an infection. The glass test is a really useful way of spotting the rash caused by sepsis. If your child has a lot of red or purple spots, press the side of a clear drinking glass firmly against the rash (spots) or press the rash gently with your finger. Pull away your finger quickly or look through the side of the glass.



If the spots under the glass have almost disappeared or if the rash disappears, or goes white, when you pull your finger away then it is unlikely to be sepsis.

If you are still worried contact NHS 111 or your GP. Please note, you can have sepsis without a rash.

The rash can be harder to see on dark skin. Check paler areas, such as the palms of the hands, soles of the feet, roof of the mouth or tummy.

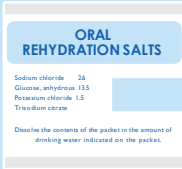
Call 999 or go to the emergency department (A&E)



If you can still see the spots through the glass see a doctor immediately.



Further information: Diarrhoea and vomiting



You can buy rehydration powder (sometimes called ‘oral rehydration salt’) at the supermarket or pharmacy.

Keep it in your first aid kit at home.

When your child wants to eat again, start with plain foods e.g. dry crackers, toast or plain rice. Avoid fatty foods and dairy products. Remember to keep drinking slowly.

Vomiting usually lasts for 1-2 days, while diarrhoea can last for about 5-7 days. If your child’s symptoms last longer than this, or if they are showing signs of dehydration, speak to your GP.

Your child may be dehydrated if they have:

- ▶ sunken eyes
- ▶ in young babies, a sunken soft spot (fontanelle) on their head
- ▶ few or no tears when they cry, a dry mouth or fewer wet nappies
- ▶ dark yellow urine

If your child is dehydrated, give them fluid. Water mixed with rehydration powder is a great way to rehydrate children.

Further information: Fever (high temperature)



A good type of thermometer to use at home is a digital underarm thermometer. For children under five years old, the armpit is the best place to measure their temperature.

A high temperature on its own is not worrying, but be sure to look out for other signs of illness.

Paracetamol - can be given to children for pain or fever. Check you have the right product, dose and strength for your child's age by reading the packaging carefully.

Ibuprofen - can be given to babies and children aged three months and over who weigh more than five kilograms (kg). Read the packaging carefully. Do not use ibuprofen if your child has asthma, unless advised by your GP.

Aspirin is not suitable for children under 16

What colour is your child's wee (urine)?



They are drinking enough fluid (adequately hydrated).



They might need to drink more fluid.



They need to drink more fluid (probably dehydrated).

+ First aid kit

Top tip: Keep a small supply of useful medicines in a first aid kit at home. You can buy these at your local pharmacy.



Make sure you have an **age-appropriate painkiller**, such as **paracetamol** or **ibuprofen**. For younger children you will also need a special dosing syringe from the pharmacy. Always follow the dosage instructions on the label.



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



Oral rehydration powder (rehydration salts). If a child is vomiting or has diarrhoea they can become dehydrated. Rehydration powder (mixed with water) replaces the salts and water that are lost, and reduces the effect of dehydration.



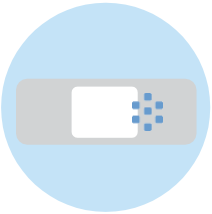
Antiseptic cream or spray can be applied to cuts, grazes or minor burns after cleaning to help prevent infection.

Barrier cream for dry skin.

Calamine lotion - this can help to soothe itching, irritated skin, rashes (including chickenpox) and sunburn.



Antiseptic wipes are a handy way to clean cuts and grazes and help prevent infection. To use them, take a fresh wipe and clean the wound, gently working away from the centre of the wound to remove dirt and germs.



Sticking plasters , adhesive tape and small band - ages. These protect minor cuts and grazes from further harm and help them heal quicker.

Top tip: Need advice on other illnesses?

Visit [https:// what0-18.nhs.uk](https://what0-18.nhs.uk)

