

A Guide to Childhood Illnesses





Contents

This guide has been designed to help parents and caregivers know more about childhood illnesses, the symptoms, how to treat and when to get medical help.

From common colds and coughs through to more serious conditions such as sepsis and meningitis, we will give you the information you need to take care of your child and let you know where to seek support, help and guidance when you and your family most need it.

There are many childhood illnesses that can be treated at home, by a pharmacist or by your GP. This leaflet gives you information on a range of illnesses, and lets you know when you should seek urgent medical treatment. It also includes the vaccinations that your child should have from birth until they start school.



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Spotting the signs of a serious illness

Although your GP and pharmacy can help with common illnesses, it's important that you know the signs of a serious illness too so that you can get your child medical attention as soon as possible.

Go to the nearest Hospital Emergency (A&E) Department or phone 999 if your child has any of the following:

- becomes pale, mottled and feels abnormally cold to touch
- has pauses in their breathing lasting more than 10 seconds, is grunting or has blue lips
- is stiff or rigid or makes repeated, jerky movements of arms or legs that doesn't stop when you hold them (a fit or seizure)
- becomes extremely agitated (crying inconsolably despite distraction or more than usual), confused or very lethargic (difficult to wake)
- develops a rash that does not disappear with pressure (the 'Glass Test')
- is under three months of age with a temperature of 38°C/100.4°F or above (unless fever in the 48 hours following vaccinations and no other problems from the list above or right)

Please ring your GP surgery or call dial 111 if your child has any of the following:

- difficulty breathing, including breathing fast all of the time; widening their nostrils or pulling in of the muscles below the ribs when breathing
- not interested in feeding and/or looks dehydrated which means dry mouth, sunken eyes, no tears, drowsy, no wet nappies in the last eight hours or sunken fontanelle (soft spot on the head)
- is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down
- is getting worse or if you are worried.

Continue providing your child's care at home if none of the things above are happening with your child. If you are still concerned about your baby, speak to your health visitor, local pharmacist or call NHS 111.

It can be hard to know what to do if your child is unwell. It's important to trust your instincts and get medical help if your child needs it.

Call NHS 111 or visit 111.nhs.uk





Medicine cupboard essentials

A well-stocked medicine cupboard with medicines that can be bought from a pharmacy or supermarket means you're prepared just in case you ever need something for your child.

The following medicines might be useful:

- painkillers such as infant syrup paracetamol or ibuprofen
- rehydration mixtures for diarrhoea or vomiting
- a thermometer (preferably digital thermometer) to check for fever
- antihistamine medicine for infants such as Piriton
- teething gel or granules if your child is still teething
- decongestant drops/vapour rub (only for children over two years)
- antiseptic cream/spray and wipes
- cooling gel packs to help with fever/bumps/bruises
- tweezers
- saline solution and an eye bath
- plasters in a variety of sizes
- sun cream
- adhesive tape and bandages.



Useful tip

Check the packaging on all medication to make sure that it's in date, you give the correct dose for your child's age.



Download the NHS App

The NHS App is a simple and secure way to access a range of NHS services on your smartphone or tablet. You can use the NHS App to:

- check your symptoms
- get health advice and information on local services
- order repeat prescriptions
- book appointments.

The NHS App is free and available to download on Google Play and Apple app stores. Visit www.nhs.uk/nhs-app for more information.

Children with additional or complex needs

Cambridgeshire Early Support is for children from birth until the end of reception year at primary school, who have complex additional needs or disability and require on-going specialist support from across education, health and care. More information is online on Cambridgeshire Community Services' website:

www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services-cambridgeshire/childrearlysupport

www.cambscommunityservices.nhs.uk/cambridgeshire-children-with-complex-care-needs-home



Where to go for support

Help us help you by choosing the right service for your child's illness or injury.

Self-care

Stock up your medicine cabinet with self-care essentials. Many over-the-counter medicines (including paracetamol and ibuprofen) can help relieve symptoms of common illnesses.

Pharmacy

Your pharmacist can provide confidential, expert advice and treatment for a range of common illnesses and conditions. Many pharmacies are open late and over the weekend.

Find a pharmacy near you by visiting www.nhs.uk/service-search/pharmacy/find-a-pharmacy

111

NHS 111 can help if you have an urgent medical problem and you're not sure what to do. Call 111 or visit 111.nhs.uk open 24/7. If you're in a mental health crisis call 111 and select option 2.

GP practice

It's still important to get help from a GP if you need it. To contact your GP surgery, visit their website, use the NHS App or call them. This might take place over the phone or via video. If needed, you will be seen in person.

Urgent Treatment Centre or Minor Injury Units

Located in Ely, Wisbech, Doddington and Peterborough you can get help with minor injuries and illnesses, as well as x-rays. No appointment required. Peterborough Urgent Treatment Centre, based at Peterborough City Hospital is open every day of the year from 8am to 8pm. The opening times and locations of Ely, Wisbech and Doddington Minor Injury Units are available online at www.cpft.nhs.uk/service-detail/service/minor-injury-unit-87/

You can find information about how to manage your health and wellbeing on the NHS website at www.nhs.uk

This includes:

- A to Z guide to health
- A to Z guide to medicines
- Coronavirus (COVID-19)
- NHS services
- Pregnancy.

Scan the QR code to visit the NHS website





A-Z of common childhood illnesses

On the following pages there are some common childhood illnesses with information on their symptoms, how to treat them and when to seek further help. If you are ever concerned about your child's health, do not hesitate to contact your GP, health visitor, NHS 111 or visit the Urgent Treatment Centre or a Minor Injury Unit. In an emergency call 999 or go straight to your nearest A&E Department.

Bronchiolitis and RSV

Bronchiolitis is a common condition affecting babies and young children under two years old. One of the most common viruses that causes bronchiolitis is Respiratory Syncytial Virus (RSV).

Most cases are mild and clear up within two to three weeks without the need for treatment, although some children have severe symptoms and need hospital treatment.

It usually occurs in the winter months from November to March. Early symptoms of bronchiolitis can be very similar to a common cold – the first symptom is often a runny nose, and a cough. Further symptoms then usually develop over the next few days including:

- a slight high temperature
- a dry and persistent cough
- difficulty feeding
- fast or noisy breathing (wheezing).

There's no medication to kill the virus that causes bronchiolitis, and the infection usually clears up within two weeks without the need for treatment. Most children can be cared for at home in the same way that you'd treat a cold. Make sure your child gets enough fluid to avoid dehydration. You can give infants paracetamol or ibuprofen to bring

down their temperature if the fever is over 38°C. Sometimes fever can cause a child to have a febrile seizure, more information is available about this on page 18.

Most cases of bronchiolitis are not serious, but call your GP or call NHS 111 if:

- you're worried that your child is not improving
- your child has taken less than half their usual amount during the last two or three feeds, or they have had a dry nappy for 12 hours or more
- your child has a persistent high temperature of 38°C or above
- your child seems very tired or irritable than normal.

A diagnosis of bronchiolitis is based on your child's symptoms and an examination of their breathing.

Dial 999 for an ambulance if:

- your child is having difficulty breathing
- your child's tongue or lips are blue
- there are long pauses in your child's breathing



Chickenpox

An itchy, spotty rash is the main symptom of chickenpox. It can be anywhere on the body. Chickenpox happens in three stages, but new spots can appear while others are becoming blisters or forming a scab. Chickenpox starts with feeling unwell, a rash and a slight temperature. Spots develop, which are red, itchy and become fluid-filled blisters within a day or two. They eventually dry into scabs, which drop off. You can see a full guide, with pictures of what chickenpox spots look like online at www.nhs.uk/conditions/chickenpox/

Speak to your GP if you're not sure it's chickenpox or if you're concerned about your child.

How to treat chickenpox at home:

- encourage your child to drink plenty of water to avoid dehydration
- give your child paracetamol to help with pain and discomfort. Do not use ibuprofen unless advised to do so by a doctor, as it may cause serious skin infections
- speak to your GP or pharmacist if you are not sure which medicines to give your child
- help ease the itchiness with baths, loose comfortable clothes and cooling creams or gels.

To prevent spreading the infection, keep children off nursery or school, and away from public areas until all the spots have formed a scab.

Chickenpox is a potentially life-threatening disease for adults who have not had chickenpox or may have impaired immunity. You should also keep your child away from anyone who is pregnant or trying to get pregnant and newborn babies.

Chickenpox and pregnancy

Most people get chickenpox during childhood so it's rare to get chickenpox when you're pregnant. If you do get chickenpox when you're pregnant, there's a small risk of your baby being very ill when it's born. Go to 111.nhs.uk, call 111 or contact your midwife if you have not had chickenpox before and you've been near someone with it.





Colds and coughs

Most colds get better in five to seven days, but colds in younger children can last up to two weeks.

For some suggestions on how to ease the symptoms for your child have a look online at www.nhs.uk/conditions/baby/health/colds-coughs-and-ear-infections-in-children/

If your child is feeding, drinking, eating and breathing normally, and there's no wheezing, a cough isn't usually anything to worry about. If your child has a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours then follow the latest guidance on COVID-19 testing www.gov.uk/get-coronavirus-test

When to seek medical advice

If your child has had a cough that's lasted longer than three weeks, see a GP. If your child's temperature is very high, or they feel hot and shivery, they may have a chest infection. You should take them to a GP, or you can call 111. If this is caused by bacteria rather than a virus, the GP will prescribe antibiotics to treat the infection. Antibiotics will not soothe or stop the cough straight away.

If a cough continues for a long time, especially if it's worse at night or is brought on by your child running about, it could be a sign of asthma. Take them to a GP, who will be able to check if your child has asthma.

If your child seems to be having trouble breathing, seek medical help, even if it's the middle of the night.

Colic

Colic is when a baby cries a lot with no obvious cause. It's a common problem that should get better on its own. If you need additional help you can speak to a pharmacist, your midwife or health visitor, or contact your GP practice if you're worried. Also call your GP practice if nothing seems to be working, you're struggling to cope, or your baby is older than four months and still seems to have symptoms of colic.

If your GP can find no other cause of your baby's symptoms a diagnosis of colic can be made (although this is simply a term used to describe a baby that cries a lot). Your GP can advise you about the things you can do to help your baby.

You can also contact:

- the Cry-sis helpline on 0845 122 8669 (9am - 10pm, 7 days a week)
- ICON is all about helping people who care for babies to cope with crying iconcope.org



Conjunctivitis

Conjunctivitis is redness and inflammation of the eye and is very common. It usually affects both eyes and makes them red, itch, water, burn or feel gritty and produce pus that sticks to lashes.

Conjunctivitis caused by an infection does not usually need medical treatment. It should clear up in one to two weeks. Speak to a pharmacist about conjunctivitis. They can give you advice and suggest eye drops or antihistamines to help with your symptoms. If you need treatment for a child under two, you'll need a prescription from a GP.

To stop it from spreading

- wash your hands regularly with warm soapy water
- wash your pillowcases and face cloths in hot water and detergent
- cover your mouth and nose when sneezing and put used tissues in the bin.

You can treat conjunctivitis at home and there are details on how to do this online www.nhs.uk/conditions/conjunctivitis/

See a GP if your baby has red eyes – get an urgent appointment if your baby is less than 28 days old.

COVID-19

Children can get coronavirus (COVID-19), but they seem to get it less often than adults and it's usually less serious.

The main symptoms of COVID-19 are:

- a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste
- shortness of breath
- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick

Scan the QR code for advice on how to treat COVID-19





Dental care

As soon as your baby's teeth start to come through, you can start brushing them. You will need to buy a baby toothbrush and toothpaste specially for babies. Start by getting your baby used to having their teeth brushed by brushing them twice a day.

Carry on helping your child to brush their teeth until you're sure that they can do it well enough themselves. This will normally be until they're at least seven.

NHS dental treatment for children is free and is an important part of your baby's development. Taking babies to the dentist at an early age can help keep teeth healthy for a lifetime. Your baby will need to be registered with a dentist, but not all dentists will be taking on new patients.

Type 1 diabetes

Type 1 diabetes is a long-term condition that cannot be prevented or cured, and the onset is usually very fast. The main symptoms are:

- feeling very thirsty
- peeing more than usual, particularly at night
- feeling very tired
- losing weight without trying
- thrush that keeps coming back
- blurred vision
- cuts and grazes that are not healing
- fruity-smelling breath.

It is vital that type 1 diabetes is diagnosed as early as possible so that treatment can be started, so if you think your child has these symptoms, contact your GP practice immediately. If it is not picked up at this stage, diabetic ketoacidosis (see right) may occur.



To find a dental practice near you that is currently accepting NHS patients have a look online www.nhs.uk/nhs-services/dentists/how-to-find-an-nhs-dentist/

Diabetic ketoacidosis (DKA)

Diabetic ketoacidosis (DKA) is a serious life-threatening illness that can happen with type 1 diabetes. DKA can be fatal and always needs urgent medical attention. The symptoms of DKA are the same as type 1 diabetes and include:

- feeling very tired/sleepy
- being sick
- tummy pain
- deep or fast breathing
- confusion/passing out
- breath that smells fruity (like pear drop sweets or nail varnish).

Not all children will develop all the symptoms listed above. If your child does develop some of these symptoms, seek medical help immediately and ask for a test for type 1 diabetes.

For further help, information and support, visit DigiBete www.digibete.org/ for people under 18 with type 1 diabetes, their parents and carers.

Diarrhoea and vomiting

Diarrhoea and vomiting is common in young children. Also known as a stomach or tummy bug or norovirus, it's usually caused by an infection. **Most babies and toddlers who have diarrhoea and vomiting don't need treatment and you can safely look after them at home.**

When looking after a baby or toddler with diarrhoea and vomiting you should:

- make sure they stay at home and get plenty of rest
- make sure they drink lots of fluids, such as water or squash – take small sips if they feel sick
- carry on breast or bottle feeding your baby – if they're being sick, try giving small feeds more often than usual
- give babies on formula or solid foods should take small sips of water between feeds
- get them to eat when they feel able to – they do not need to eat or avoid any specific foods
- give them paracetamol if they're in discomfort – check the leaflet before giving it to your child.

Vomiting usually lasts for one to two days, while diarrhoea lasts for about five to seven days. If your child's symptoms last longer than this or they're showing signs of dehydration, speak to your GP.

Get urgent medical advice from NHS 111 now if:

- you're worried about a baby under 12 months
- your child stops breast or bottle feeding while they're ill
- a child under five years has signs of dehydration – such as fewer wet nappies or going to the toilet less often
- you or your child (over five years) still have signs of dehydration after using oral rehydration sachets
- you or your child keep being sick and cannot keep fluid down
- you or your child have bloody diarrhoea or bleeding from the bottom
- you or your child have diarrhoea for more than seven days or vomiting for more than two days.

Keep your child at home until they have not been sick or had diarrhoea for at least two days. If you're not sure what to do, call NHS 111 who will help you. They can arrange a phone call from a nurse or doctor if you need one.



Ear infections

Ear infections often follow a cold and sometimes cause a high temperature. Your child may pull or rub at their ear but babies can't always tell you where pain is coming from and may just cry and seem uncomfortable.

If your child has earache, with or without a high temperature, you can give them paracetamol or ibuprofen at the recommended dose. Try one medicine first and if it does not work, you can try giving the other one. You should not give children paracetamol and ibuprofen at the same time unless advised by a healthcare professional.

Do not put any oil, ear drops or cotton buds into your child's ear, unless a health professional such as a GP, pharmacist or health visitor advises you to do so.

Most ear infections are caused by viruses which cannot be treated with antibiotics. They'll just get better by themselves, usually within about three days. After an ear infection, your child may have some hearing loss. Their hearing should get better within a few weeks. But if the problem lasts for any longer than this contact your GP practice for advice.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common childhood illness. It usually gets better on its own in seven to ten days. The first signs of hand, foot and mouth disease can be a sore throat, a high temperature and not wanting to eat. After a few days mouth ulcers and a rash will appear. There are pictures online of these if you want to check www.nhs.uk/conditions/hand-foot-mouth-disease/

You cannot take antibiotics or medicines to cure hand, foot and mouth disease. To help ease the symptoms:

- drink fluids to prevent dehydration – avoid acidic drinks, such as fruit juice
- eat soft foods like yoghurt – avoid hot and spicy foods
- take paracetamol or ibuprofen to help ease a sore mouth or throat.

Speak to a pharmacist for advice about treatments, such as mouth ulcer gels, sprays and mouthwashes, to relieve pain. They can tell you which ones are suitable for children.

If you are not sure if your child has hand, foot and mouth disease then speak to your GP. You should also get medical advice if:

- your symptoms or your child's symptoms do not improve after seven to ten days
- you or your child has a very high temperature, or feels hot and shivery
- you're worried about your child's symptoms
- your child is dehydrated – they're not peeing as often as usual
- you're pregnant and get hand, foot and mouth disease.

Hand, foot and mouth disease can be spread easily to other people. You can start spreading it from a few days before you have any symptoms, but you're most likely to spread it to others in the first five days after symptoms start. Find out more online on how to reduce the spread

www.nhs.uk/conditions/hand-foot-mouth-disease



Head lice and nits

Head lice and nits live in human hair and are particularly common in children. Head lice are whitish to grey-brown in colour, and when fully grown they're about the size of a sesame seed. They do not have anything to do with dirty hair and are picked up by head-to-head contact. There is no need to contact your GP for treatment, your pharmacy can advise on the best treatment for your child.

Head lice can make your head feel:

- itchy
- like something is moving in your hair.

The only way to be sure someone has head lice is by finding live lice. You can do this by combing their hair with a special fine-toothed comb (detection comb). You can buy these online or at pharmacies.

Treat head lice as soon as you spot them. You should check everyone in the house and start treating anyone who has head lice on the same day. There's no need to keep your child off school if they have head lice.



Lice and nits can be removed by wet combing. You should try this method first. Details on how to do this are online at

www.nhs.uk/conditions/head-lice-and-nits/

Ask a pharmacist for advice if you have tried wet combing for 17 days but your child still has live head lice. They may recommend using medicated lotions and sprays. These kill head lice in all types of hair and you can buy them from pharmacies, supermarkets or online.



Meningitis

Meningitis can affect anyone, but babies and young children are the most at risk. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. It's important to be aware of all the signs and symptoms, as they can develop quickly. If someone is ill and getting worse, get medical help immediately. **In the early stages, there may not be a rash, or the rash may fade on pressure, do not wait for a rash to appear.** Below is a list of common signs and symptoms of meningitis and septicaemia (blood poisoning).

Symptoms can appear in any order and some may not appear at all:

- a high temperature
- cold hands and feet
- vomiting
- confusion
- breathing quickly
- muscle and joint pain
- pale, mottled or blotchy skin
- spots or a rash
- headache
- a stiff neck
- a dislike of bright lights
- being very sleepy or difficult to wake
- fits (seizures)
- refuse feeds
- be irritable
- have a high-pitched cry
- have a stiff body or be floppy or unresponsive
- have a bulging soft spot on the top of their head.

Take a look at the NHS page on meningitis symptoms which show what the rash might look like on different types of skin www.nhs.uk/conditions/meningitis/symptoms/

Children with meningitis and/or septicaemia can become seriously ill within hours. Trust your instincts – get medical help immediately if you are concerned. Viral meningitis can make people very unwell but is rarely life-threatening. Bacterial meningitis and septicaemia can kill, so urgent medical attention is essential. Most people make a good recovery, but many are left with debilitating after effects such as deafness, brain damage and where septicaemia occurs, limb loss.

A number of vaccinations are available that offer some protection against meningitis, see pages 20-21 for more information on vaccines.



Septicaemia glass test

Someone with septicaemia may have a rash of tiny 'pin pricks' that later develops into purple bruising. If you press the side of a clear glass firmly against the skin and the rash doesn't fade under pressure, it's a sign of meningococcal septicaemia. A fever with a rash that doesn't fade under pressure is a medical emergency, and you should seek immediate medical help. However, not everyone will get a rash so do not wait for a rash. If someone is ill and getting worse, get medical help immediately.

For more information on the signs and symptoms visit: www.meningitisnow.org/symptoms



Mental health

Having a baby is a big life event and it's natural to experience a range of emotions and reactions during your pregnancy and in the years after your child is born. But if they start to have a big impact on how you live your life, you might be experiencing a mental health problem and need some support.

Around one in five women will experience a mental health problem during pregnancy or in the year after giving birth. Whilst the number of men who become depressed in the first year after becoming a dad is double that of the general population. This might be a new mental health problem or another episode of a mental health problem you have experienced before. These are known as perinatal mental health problems and it's important that you recognise when you don't feel ok and get help.

It can be difficult to feel able to talk openly about how you're feeling when you become a new parent. You might feel pressure to be happy and excited and feel pressure to be on top of everything. You may be worried you're a bad parent if you're struggling with your mental health; concerned that your baby will be taken away from you if you admit how you're feeling. However, it's important to ask for help or support if you need it. You're likely to find that many new mothers are feeling the same way.

You can speak to your GP, midwife, obstetrician or health visitor for help. You can also visit: www.keep-your-head.com for information on looking after your mental health and local services available.

If you are experiencing something that makes you feel unsafe, distressed or worried about your mental health you should call 111 and

select option 2. You will be put through to a member of the First Response Service (FRS) who will speak to you and discuss your current mental health needs. First Responders are mental health nurses and social workers who can provide support and the best possible action for you at the time. They can also refer you to a Sanctuary, a safe place run by mental health charity Mind in Cambridgeshire that offers people short-term practical and emotional support between 6pm and 1am.





Scarlet fever

Scarlet fever is a contagious infection that mostly affects young children. The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of your neck).

A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. It may be harder to see on brown and black skin, but you can still feel it. The rash makes skin feel rough, like sandpaper. To see what the rash looks like have a look online at www.nhs.uk/conditions/scarlet-fever/

Contact your GP practice as soon as possible if you think your child has scarlet fever. A GP can usually diagnose scarlet fever by looking at the rash and other symptoms, although a sample of saliva or a blood test might need to be done and tested to confirm the diagnosis. It can be treated with antibiotics. If your child is ill again weeks after scarlet fever has cleared up, then contact your GP practice.

Advice

If your child has scarlet fever, they must stay away from nursery or school for 24 hours after they take the first dose of antibiotics.

There's no evidence that catching scarlet fever when pregnant will put your baby at risk but it can make you feel unwell, so it's best to avoid close contact with anyone who has it.



Sepsis

Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.

It is vital to familiarise yourself with potential symptoms of sepsis. There is no single sign for sepsis. Go straight to A&E or call 999 if your child has any of these symptoms:

- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when you roll a glass over it, the same as meningitis
- difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
- a weak, high-pitched cry that's not like their normal cry
- not responding like they normally do, or not interested in feeding or normal activities
- being sleepier than normal or difficult to wake.

If your child has any of the symptoms listed below, is getting worse or is sicker than you'd expect (even if their temperature falls), trust your instincts and seek medical advice urgently from NHS 111.

- feels very unwell or like there's something seriously wrong
- has not had a wee all day (for adults and older children) or in the last 12 hours (for babies and young children)
- keeps vomiting and cannot keep any food or milk down (for babies and young children)
- has swelling, redness or pain around a cut or wound
- has a very high or low temperature, feels hot or cold to the touch, or is shivering.

Do not worry if you're not sure if it's sepsis – it's still best to call 111. They can tell you what to do, arrange a phone call from a nurse or doctor, or call you an ambulance.

Sore throats

Sore throats are often caused by viral illnesses such as colds or flu. Your child's throat may be dry and sore for a day or two before a cold starts. You can give them paracetamol or ibuprofen to reduce the pain. Most sore throats get better on their own after a few days. If your child has a sore throat for more than four days, a high temperature and is generally unwell, contact your GP.

If they're unable to swallow fluids or saliva or have any difficulty breathing, go to A&E or call 999 immediately as they'll need urgent treatment in hospital.



Temperatures

A high temperature is very common in young children. The temperature usually returns to normal within three or four days. **A high temperature is 38°C or more.** A high temperature is the body's natural response to fighting infections like coughs and colds. Many things can cause a high temperature in children, from common childhood illnesses like chickenpox and tonsillitis, to vaccinations and sore throats.

Your child may have a temperature if they:

- feel hotter than usual when you touch their forehead, back or tummy
- feel sweaty or clammy
- have flushed cheeks.

Febrile convulsions/seizures

A febrile seizure or convulsion is a fit that can happen when a child has a fever. They happen most often between the ages of six months and three years. The cause of febrile seizures is unknown, although they're linked to the start of a fever. These seizures are usually harmless and almost all children make a complete recovery afterwards.

During a febrile seizure, the child's body usually becomes stiff, they lose consciousness and their arms and legs twitch, and some children might wet or soil themselves. They may also be sick and foam at the mouth, and their eyes may roll back.

If your child is having a febrile seizure:

- place them in the recovery position www.nhs.uk/conditions/first-aid/recovery-position/ by laying them on their side, on a soft surface, with their face turned to one side
- stay with your child and try to make a note of how long the seizure lasts
- don't put anything, including medication, in your child's mouth during a seizure because there's a slight chance that they might bite their tongue.

Use a digital thermometer, which you can buy from pharmacies and supermarkets, to take your child's temperature.

If your child has a fever then you look online on ways you can help them www.nhs.uk/conditions/fever-in-children/. You should also keep them away from childcare, nursery, preschool or school and let them know your child is unwell.

If you're worried about your child, call your GP practice and if it's closed call NHS 111. Your local pharmacy can also advise the right medication to take, which you can buy over the counter.

Take your child to your nearest A&E department as soon as possible, or dial 999 for an ambulance if any of the following things happen

- if it's your child's first seizure
- if the seizure lasts longer than five minutes and shows no sign of stopping
- you suspect the seizure is being caused by another serious illness such as meningitis
- your child is having breathing difficulties.

While it's unlikely that there's anything seriously wrong, it's important to get your child checked.

If your child has had febrile seizures before, and the seizure lasts for less than five minutes, phone your GP or NHS 111 for advice. Almost all children make a complete recovery after having a febrile seizure.



Whooping cough

Whooping cough, or pertussis, is a highly contagious bacterial infection of the lungs and airways. The first signs are like a cold. After about a week your child:

- will get coughing bouts that last for a few minutes and are worse at night
- will make a "whoop" sound – a gasp for breath between coughs (young babies and some adults may not "whoop")
- may bring up a thick mucus, which can make them sick
- may become very red in the face (more common in adults).

If whooping cough is diagnosed during the first three weeks of infection, a course of antibiotics may be prescribed to help prevent the infection being passed on to others. If your baby is under six months old and has whooping cough, they'll usually need treatment in hospital.

Take care to avoid the spread of infection to others in particular babies under six months of age. Children should also be kept away from nursery or school for 48 hours from the start of their antibiotics or after they have had three weeks of intense coughing. The coughing can last for around three months.

While recovering at home, ensure your child gets plenty of rest and drinks lots of fluids. Give painkillers such as paracetamol or ibuprofen for a fever. Avoid using cough medicines as they're not suitable for young children and are unlikely to help much.

Children are vaccinated against whooping cough as part of their childhood vaccinations. All pregnant women are offered vaccination against whooping cough when they are 16-32 weeks pregnant. Getting vaccinated while you're pregnant could help to protect your baby from developing whooping cough in its first few weeks of life.





Vaccination schedule (NHS)

As a parent, you may not like seeing your baby or child having an injection, but vaccinations will help protect them against a range of serious and potentially fatal diseases. It's important your child has all their childhood vaccinations and if you or your child have missed a vaccine, contact your GP to arrange an appointment to catch up on the any missed immunisations.

It's really important that parents ensure their children are vaccinated; not just for their own children's health but for the wider community and protection against illnesses such as measles outbreak. Your child will be offered a schedule of vaccinations for free on the NHS.

Your baby or child may cry for a little while after a vaccination, but they should feel better after a cuddle. Sometimes the area where the needle goes in can be sore and red for two to three days. This should go away on its own. Some children may also develop a high temperature (fever).

If your baby develops a fever, give them plenty to drink, make sure they are not wearing too many layers or blankets and give them the recommended dose for their age of paracetamol or ibuprofen. It's recommended that you give your baby liquid paracetamol after the MenB vaccine to reduce the risk of a high temperature.

Vaccinations during pregnancy

- **Flu vaccine** is normally available from September until early the following year. It is free to all pregnant women and will protect both you and your baby. Contact your midwife or GP for details.
- **Whooping cough vaccine** is an effective way of protecting your baby from whooping cough in the first weeks of their life. The best time to be vaccinated to protect your baby is from 16 weeks to 32 weeks of pregnancy. If you miss having the vaccine you can still be vaccinated up until you go into labour, however your baby is less likely to get protection from you. Ask your GP or midwife for details.

- **COVID-19 vaccine** is important to protect you and your baby. You're at higher risk of getting seriously ill from COVID-19 if you're pregnant. If you get COVID-19 late in your pregnancy, your baby could also be at risk. If you have not had a COVID-19 vaccine yet, it's recommended to get your first two doses as soon as possible. You do not need to delay vaccination until after you have given birth. You can book your vaccine by visiting www.nhs.uk/covidvaccine.

8 weeks

At eight weeks your child will be offered:

- 6-in-1 vaccine. This single jab contains vaccines to protect against six separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, Hib (Haemophilus influenzae type b) and hepatitis B
- Rotavirus vaccine is an oral vaccine against rotavirus infection, a common cause of diarrhoea and sickness
- MenB vaccine will protect your baby against infection by meningococcal group B bacteria.

16 weeks

At 16 weeks your child will be offered:

- 6-in-1 vaccine (third dose)
- MenB (second dose).

12 weeks

At twelve weeks your child will be offered:

- 6-in-1 vaccine (second dose)
- Rotavirus vaccine (second dose)
- Pneumococcal (PCV) vaccine. The pneumococcal vaccine protects against pneumococcal infections. These are infections caused by the bacterium Streptococcus pneumoniae and can lead to pneumonia, blood poisoning (sepsis) and meningitis.

1 year

At one year your child will be offered:

- Hib/Men C, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose)
- MMR (first dose), is a safe and effective combined vaccine which protects against three serious illnesses – measles, mumps and rubella (german measles)
- Pneumococcal (PCV) vaccine (second dose)
- MenB (third dose).

2 - 10yrs

At two to 10 years your child will be offered:

- A flu vaccine every year.

3yrs 4months

At three years and four months your child will be offered:

- MMR vaccine (second dose)
- 4-in-1 pre-school booster.



Useful information and resources

Better Births Cambridgeshire and Peterborough: transforming maternity care in the local area. This microsite contains information on maternity units, birth stories and local news www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/better-births/

Boloh: provides culturally informed signposting, advice and therapeutic support for Black, Asian and Minority Ethnic children, young people and families affected by the pandemic. helpline.barnardos.org.uk/ or call 0800 151 2605.

Breastfeeding help and support: An independent source of support and information for breastfeeding women and those involved in their care visit www.breastfeedingnetwork.org.uk/ or call 0300 100 0210 or visit www.nhs.uk/start4life/baby/breastfeeding

Brown Skin Matters: a community sourced database of skin conditions on non-white skin brownskinmatters.com/

Cambridgeshire and Peterborough Healthy Child Programme: www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services-cambridgeshire/cambridgeshire-0-19-healthy-child-programme/commonconcerns

COVID-19: Get NHS advice about COVID-19, including symptoms, testing, vaccination and self-isolation www.nhs.uk/conditions/coronavirus-covid-19/

CPR guidance for babies: www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-resuscitate-a-child/

First Aid from the Red Cross for babies and children: Visit their website at www.redcross.org.uk/BabyandChildFirstAid. You can also download an app for Apple and Android: www.redcross.org.uk/first-aid/first-aid-apps

Healthier Together: The website provides advice for parents, young people and pregnant women. what0-18.nhs.uk/

Meningitis Information, guidance and support: via the website www.meningitisnow.org or a 24-hour helpline on 0808 80 10 388. They also have an app available for Apple or Android which describes the signs and symptoms of meningitis and is like a mini version of their website.

Mental health general: You can visit: www.keep-your-head.com for information on looking after your mental health and local services available

Mental health perinatal: The Perinatal Mental Health Team provide a service for pregnant and post-natal women with complex or severe mental health issues. You can be referred by your GP, midwife, health visitor or other healthcare professional. Visit: www.cpft.nhs.uk/perinataalservice/

NHS online: www.nhs.uk is the UK's biggest health website. It provides a comprehensive health information service to help put you in control of your healthcare

Postnatal depression: Depression after a baby is born can be extremely distressing and is thought to affect around one in 10 women (and up to four in 10 teenage mothers). Contact your GP practice or visit: www.nhs.uk/conditions/post-natal-depression

Safe sleep for babies: The Lullaby Trust's website has tips on how to give your baby the safest sleep possible and reduce the risk of Sudden Infant Death Syndrome (SIDS - which is commonly known as cot death). Their advice is based on strong scientific evidence and should be followed for all sleep periods, not just at night. www.lullabytrust.org.uk/safer-sleep-advice

Safety for babies and toddlers Including preventing falls, choking, fitting smoke alarms and bath safety: www.nhs.uk/conditions/pregnancy-and-baby/baby-safety-tips/

Start4Life: Give your baby a better start in life. Getting babies healthy and active from birth gets them off to the best start: www.nhs.uk/start4life/

Sun care: How to stay safe in the sun: www.nhs.uk/conditions/baby/first-aid-and-safety/safety/safety-in-the-sun/

Teething tips and tooth care: In most babies, teeth start to emerge through the gums when they are around six months old. This process is known as teething. NHS dental treatment for children is free. Take your child with you when you go for your own dental appointments, so they get used to the idea: www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/

Vaccinations for your baby: www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/

Vitamins: From birth, all breastfed babies should be given a daily supplement of vitamin D (8.5 to 10mcg). But if your baby is having more than 500ml (about a pint) of first infant formula a day, they do not need a supplement because formula is already fortified with vitamin D www.nhs.uk/start4life/baby/baby-vitamins/

Weaning: Introducing your baby to solid foods, often called weaning on to foods, should start when your baby is around six months old: www.nhs.uk/start4life/weaning/

Your pregnancy and baby guide: Whatever you want to know about getting pregnant, being pregnant or caring for your new baby: www.nhs.uk/pregnancy/





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This booklet is for information only and is not a substitute for medical advice or treatment. If you think your child is unwell, always trust your instincts and seek medical help. You can **call 111** any time of day or night, or go to 111.nhs.uk.

This leaflet is also available in other languages, large print, and audio format upon request.