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National Pharmaceutical Association

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Caring for kids

A self-care guide to childhood ailments



Introduction

All children experience common ailments like colds, and infections such as chickenpox from time to time – they are all part of growing up. Most common ailments will not need a prescription and are rarely serious, so treating your child’s ailment or infection yourself, or with advice and medicines from your pharmacist, can often be the easiest and quickest way to deal with your child’s problem.

This booklet has information on the most common childhood ailments and helps you:

- recognise your child’s minor ailment
- treat your child’s minor ailment at home
- decide what to do if you are still unsure
- know what medicines to use



www.askyourpharmacist.co.uk



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Medicines Advice

When you are buying medicine for your child be prepared to tell the pharmacist:

- Who it is for and give your child's age – many medicines are for adults only
- What the symptoms are and how long your child has had them
- What treatment, if any, has already been tried
- What other medicines, either from your doctor or pharmacist, the child is taking
- If your child is sensitive or allergic to any other medicines that you know of
- Any relevant medical history.

Using medicines

- Keep all medicines secure, locked in a cool dry place, and out of reach of children.
- Always read the label before giving medicine to your child and only give them the dose recommended on the packet.
- Check the sell-by date – never use out-of-date medicines. Take any out-of-date medicines back to your pharmacist who can destroy them safely – this is to stop medicines from getting into the public water supply and the wrong people getting hold of medicines that someone else has thrown away.
- Keep all medicines in their original containers.
- Ask your pharmacist who is able to offer you expert advice on medicine and can advise you on which medicines are appropriate for your child, based on the latest available information.



Medicines to have handy...

There are many childhood ailments that you can successfully treat yourself using medicines that you can buy from your pharmacy without the need for a prescription.

It may be helpful for you to have the following at home in your medicines cabinet.

For pain relief:

Children's paracetamol (which can be given to children 3 months and over) or ibuprofen (which can be given to children over six months old only)*. These are good for things like earache and teething, and can also help to bring down your child's temperature if they have a fever.

* Aspirin

Children below 16 years should not be given aspirin, except on specialist advice from a doctor.

For coughs and colds:

There are various cough mixtures available to ease a cough. Decongestants which help blocked noses come as nasal drops, as a rub for the chest, or drops to put on clothes. Take care to only use nasal drops or sprays for the time recommended by the manufacturer. Some of these products can make nasal congestion worse if overused. Remedies that contain pain relievers and decongestants are also available. Be careful not to double up on the dosage. Ask your pharmacist which products would be best for your child.

For cuts, grazes, burns and bites:

Various creams, solutions and ointments are available from your pharmacist containing antiseptic with soothing qualities. Ask your pharmacist for advice.

For hay fever/allergy:

Antihistamines for young children come in syrup form and give relief from hay fever and other allergic problems, e.g. hives. Eye drops are available for sore itchy eyes caused by allergies.

For diarrhoea:

Oral rehydration sachets that can be dissolved in water are the most suitable products for children. These replace the salt and water lost in the diarrhoea.

For wind and gripe:

Child formulations are available to relieve the symptoms of wind and gripe – ask your pharmacist.

For teething:

Special gels are available that help to relieve pain and discomfort caused by teething. Children's paracetamol (can be given to children 3 months and over) or ibuprofen (for children over six months only) are also good for pain relief.

For baby rashes:

Various creams are available from your pharmacist that will provide rash relief. Calamine lotion helps soothe itchy and hot rashes. Adding two tablespoons of bicarbonate of soda to bath water may also relieve the itching.

Special creams are available for nappy rash but some antiseptic creams may also be suitable for nappy rash and rashes in general – ask your pharmacist for advice. If the rash is giving your child pain or discomfort you can give them some children's paracetamol (can be given to children 3 months and over). Do not use cream or ointment on broken or bleeding skin without medical advice.

For fevers:

Digital and forehead thermometers are available for checking your child's temperature. A child has a fever if the temperature is 38°C/100.4°F or more. If your child does have a fever there are various things that you can do to bring it down – see Fever page 17.

Your pharmacist is a medicines expert and will give you advice on the best medicine for your child. If you are in doubt, or are worried, ask your pharmacist for help.

Immunisation timetable

Immunisation is a way of protecting children from a range of infectious illnesses using a vaccine. Vaccines can protect children from many diseases such as polio, tetanus, diphtheria, whooping cough, measles, mumps and rubella (German measles).

The immunisation timetable is a guide to help you give your child maximum protection as early as possible. It may be useful for you to use this timetable as a record of your child's vaccinations.

When to immunise	Vaccination given	How vaccination is given	What vaccination protects against
Two, three and four months	Polio	by mouth	Polio
	Diphtheria, Tetanus, Pertussis and Haemophilus Influenza type B (DTP-Hib)	one injection	Diphtheria, Tetanus, Pertussis (whooping cough) and Hib Meningitis
	Men C	one injection	Meningitis C
12-15 months	Measles Mumps Rubella (MMR) (see page 12)	one injection	Measles, Mumps and Rubella (German measles)
3 to 5 years (pre school or nursery school entry)	Polio	by mouth	Polio
	Diphtheria, Tetanus and acellular Pertussis (DtaP)	one injection	Diphtheria, Tetanus, attenuated Pertussis (whooping cough)
	Measles, Mumps and Rubella (MMR)	one injection	Measles, Mumps and Rubella (German measles)
10 to 14 years (and sometimes shortly after birth)	BCG	skin test, then if needed one injection	Tuberculosis
13 to 18 years	Tetanus and low dose Diphtheria (Td)	one injection	Tetanus and Diphtheria
	Polio	by mouth	Polio

Rashes

If your child develops a rash and there are no other symptoms it is unlikely to be serious. (See also MMR page 12).

What should I do if my child develops a rash?

- Encourage your child to rest and keep an eye on them for any signs of illness.
- Make sure your child is drinking plenty of fluids.
- Children's paracetamol (can be given to children 3 months and over) can help to ease any discomfort the rash may be causing.
- Calamine lotion may give some relief for a short time.
- Two tablespoons of bicarbonate of soda added to bath water may relieve any itching.
- Ask your pharmacist to recommend a cream to provide relief. Hydrocortisone creams should not be used on children under 10 years unless specifically recommended by a doctor.

Common rashes in children

There are some common rashes that your child may experience from time to time such as **cradle cap, nappy rash and heat rash**. There are a number of ways that you can treat these types of rashes yourself at home.

Nappy Rash

Symptoms: A red rash (not usually raised) in the nappy area.

Most babies get nappy rash from time to time. It is caused by the irritating effect of urine and faeces (poo) coming into contact with the skin. There are several ways to prevent your child from getting nappy rash and it can easily be treated.

How can I prevent my child from getting nappy rash?

- Change the nappy as soon as it becomes soiled or wet.
- Avoid disposable wipes containing alcohol or moisturising chemicals – use plenty of warm water instead and dry thoroughly by patting (not rubbing) the skin, and leaving the fresh nappy off for a few minutes.

- Leave the nappy, particularly plastic pants, off as much as possible.
- Avoid talcum powder as this can cause irritation.
- Avoid caustic household detergents on re-useable nappies.

How can I treat my child's nappy rash?

- Quickly treat the rash with a cream or ointment from your pharmacist, who can advise on which one to use.
- Leave the nappy off wherever possible: exposing the skin to air will help healing.
- Change the nappy frequently.
- Consider switching from disposable to reusable nappies if nappy rash is a persistent problem.

If the condition gets worse or any other symptoms develop ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Cradle Cap

Symptoms: A white and yellow waxy scale on the scalp (looks a bit like dandruff).

Cradle cap is completely harmless and often clears up by itself after a few weeks. It is very common in new babies for the first three months, but toddlers and older children can also develop it in small patches. The cause of cradle cap is unknown.

How can I prevent my child from getting cradle cap?

- In most cases regular washing will prevent cradle cap.

How can I treat my child's cradle cap?

- Simply rub the affected parts of the scalp with olive oil. Leave it on overnight and then wash it off the next morning with a mild shampoo.
- Your pharmacist can give you advice on special shampoos, but you should try rubbing with olive oil first.



Heat Rash

Most babies and children will have heat rash at some point. No treatment is needed apart from trying to lower their temperature by moving them away from the heat, removing their clothes and keeping them in a cool room. Calamine lotion is soothing and may help settle the baby or child more quickly.

Eczema

Eczema is a skin condition affecting 1 in 5 children in the UK and can range from being mild to severe. It is not contagious. There is no cure for eczema but it can be treated and managed. Most children are likely to be free of it by the time they reach adulthood.

Symptoms: dry, flaky, itchy skin, which can become red, sore, cracked or weepy.

There are several different types of eczema but the two types most commonly found in children are:

Atopic – this usually affects the creases of the body such as the back of the knee and inside the elbow, the cheeks and the neck of child, but can appear on other parts of the body. Eczema can look different in each child. Usually the skin is very itchy, which is the main characteristic of eczema. The skin may look very dry and swollen with tiny blisters. In African-Caribbean and Asian children the skin can look either darker or paler.

The causes of Atopic Eczema (sometimes referred to as Atopic Dermatitis) are not fully understood, but it would appear to be combination of a family history of eczema, asthma or hay fever and factors from the environment in which we live.

Infantile Seborrhoeic dermatitis – found in infants under the age of one. Often the nappy area is affected first, although it can start on the scalp or the scalp and nappy area at the same time. The forehead, eyebrows, back of the neck, behind the ears and the folds at the sides of the nose are often also affected. Infantile Seborrhoeic eczema is usually not itchy or sore.

How can I treat my child's eczema?

- It is important to keep the child's skin from drying out, as dry skin will itch more, so ensure the skin is kept moist by using an emollient (non cosmetic moisturiser). You may have to try several different ones to find the best for the child. Emollients can be used as often as necessary.
- Avoid the use of soap as this has a drying effect on the skin. Use a soap substitute instead.
- Antihistimine tablets can be used for short periods if the eczema is keeping the child awake at night.
- A steroid cream may need to be prescribed by your doctor in order to help heal the skin and control the itch. If the eczema is mild your pharmacist may be able to advise but for moderate to severe eczema you will need to get advice from your doctor.
- Your pharmacist/health visitor should be able to advise you on the range of emollients and soap substitutes available, many of which are available on prescription.

Eczema herpeticum

If your child is running a high temperature or has flu-like symptoms or the skin is sore and tender rather than itchy contact your doctor as your child may have eczema that has become infected.

For practical advice on caring for a child with eczema contact:

**The National Eczema Society
Hill House
Highgate Hill
London N19 4EH**

**Telephone Helpline No: 0870 241 3604
(11 am – 4pm Mon-Fri)**

If you are still worried about you child's eczema speak to your health visitor where relevant, pharmacist or GP or call NHS Direct on 0845 4647 (England and Wales only).

Chickenpox

Symptoms: A slight fever, stomach ache, and feeling generally run down. This starts a day or two before a flat, red spotty rash appears. The rash normally begins on the scalp, face and back but can spread anywhere. Itchy, watery blisters will follow and fresh red spots are usually seen next to blisters and crusts.

If children are exposed to the chickenpox virus they will develop chickenpox seven to 21 days later. This virus spreads quickly, particularly amongst children through coughing and sneezing. For most children chickenpox will last less than two weeks and a child will be infectious until the last spot has crusted over.

How can I prevent my child from getting chickenpox?

Chickenpox vaccine is not in general use, though it has been developed and the possibility of including it in routine immunisations is being examined.

What can I do to treat my child's chickenpox?

- Give your child cool baths without soap every three to four hours for the first few days.
- Adding a few tablespoons of bicarbonate of soda to the bath water may help.
- Keep your child's finger nails short or put cotton socks on their hands at night to help prevent damaging scratching that can lead to infection and scarring.
- Children's paracetamol (can be given to children 3 months and over) will help reduce the fever. Children over four can be given ice



lollies which help to lower the temperature and reduce the irritation of a mouth infection.

- Calamine lotion may relieve the itching.

If your child develops chickenpox and is taking medicines such as steroids speak to your GP as this could cause complications or call NHS Direct on 0845 4647 (England and Wales only). Other serious complications are very rare.

MMR

Measles, mumps and rubella (MMR) are rare because of the MMR vaccine which protects children against the diseases. Rubella is also known as German measles.

Before the vaccine was introduced there were between 50 to 100 times more reported cases of suspected measles than recent levels⁽¹⁾. There were also 13 deaths on average each year from acute measles compared with 4 in total since the introduction of the vaccine in 1988⁽¹⁾.

Will my child be at risk without MMR?

Yes. If children are unprotected these diseases will become more common again. This puts all children at risk:

- Measles is highly contagious and in some rare cases can cause inflammation of the brain leading to death in 15% of cases and complications in 20-40% of survivors. In the year before MMR was introduced in England 86,000 caught measles and 16 died. The recent drop in numbers of children being vaccinated with MMR has led to an outbreak which resulted in some deaths.
- Mumps was the biggest cause of viral meningitis in children before the MMR vaccine was introduced.
- Rubella (German measles) harms unborn babies. If a pregnant woman is infected with rubella it can cause mental disability, cataracts, deafness, cardiac abnormalities and brain lesions in the unborn child.

To find out more about the evidence on MMR vaccinations:

- Department of Health www.immunisation.nhs.uk
www.mmrthefacts.nhs.net
- Public Health Laboratory Service www.phls.co.uk
- UK vaccinations Group www.uvig.org.uk
- Call NHS Direct on 0845 4647 (England and Wales only)
and ask for the MMR information Pack for Parents.

(1) Salisbury DM & Begg NT (Eds.) 1996 Immunisation Against Infectious Disease.
HMSO 1996

Measles

Symptoms: Measles begins like a bad cold with a high temperature, tiredness, runny nose, sore eyes and a cough. There will be small white spots in the mouth and throat and a blotchy red rash then appears behind the ears, spreading to the face and body. The rash will last for up to seven days. After four days the child will usually feel better.

Measles is a highly-contagious viral infection. Children are most vulnerable to measles, but due to the Measles Mumps Rubella (MMR) vaccination this infection is now very rare in the UK. Measles spreads easily – sneezing, coughing and physical contact all help to spread the infection. The time between catching the illness and becoming unwell is around 10 to 12 days.

How can I protect my child from getting measles?

If your child has had the MMR vaccination or if they have already had measles they will be virtually immune. Even though immunisation rates are high, you should keep your child away from other children if you think your child may be infected.

What should I do if my child has measles?

If your child has measles there are a number of things that you can do to treat their symptoms:

- Check their temperature – children’s paracetamol syrup (can be given to children 3 months and over) will help bring their temperature down and ease aches and pains
- When your child has measles their eyes will be extra sensitive to bright lights – reducing sunlight or electric lights in the room will help
- Clean away crustiness around the eyes with cotton wool and cooled boiled water
- Cough medicines can ease ticklish throats. You can also place a bowl of water in the room which helps to humidify dry air
- Give your child plenty of fluids to avoid dehydration
- Some people find it helpful to give their child warm water with a teaspoon of lemon juice and two teaspoons of honey, which helps ease sore throats.

If you think that the eyes and ears have developed a secondary infection, you may need to see your GP. Serious complications are rare.

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Mumps

Symptoms: Swollen face and neck, slight fever, they may also complain of a dry mouth and chewing and swallowing may be uncomfortable.

Mumps used to be common between the ages of five and thirteen although it is now rare due to the MMR (measles mumps rubella) vaccine. Your child will be infectious from a few days before becoming unwell, until the swelling goes down – around ten days in all.

How can I prevent my child from getting mumps?

The MMR vaccination is an effective way to prevent mumps.

What can I do if my child has mumps?

- Give them plenty of drinks, but not fruit juices, which can hurt sore mouths and throats.
- Give soup and mashed foods if swallowing is difficult.
- A warm cloth or pad applied to the swollen glands will ease the pain.
 - If your child is obviously in pain give children's paracetamol (can be given to children 3 months and over).
 - Try to keep your child away from adults who have not had mumps.

If a high temperature persists or new symptoms develop speak to your pharmacist, health visitor, or doctor for advice or call NHS Direct 0845 4647 (in England and Wales only).



Rubella (German measles)

Symptoms: Slightly raised temperature, swollen glands on the back of the neck and base of the skull, pin-head-sized flat red spots.

Rubella (German measles) is a contagious virus and will spread quickly in people who are not immune. It is usually much milder than measles and can often go unnoticed. The infectious period starts about one week before the spots appear and lasts around four days. German measles (rubella) is now uncommon due to the Measles, Mumps and Rubella (MMR) vaccine.

How can I prevent my child from getting rubella (German measles)?

- The MMR vaccination is an effective way to prevent rubella.

How can I treat my child's rubella (German measles)?

- Children's paracetamol (can be given to children 3 months and over) will help to reduce the fever.
- The spots will last for about two days and need no treatment.

If an unvaccinated woman becomes infected with rubella (German measles) while pregnant it can affect the development of the baby.

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).

Fever

A high temperature is a symptom of many common ailments such as colds, flu, chickenpox and earache.

How do I know if my child has a fever?

If your child is flushed or feels hot and sweaty they may have a fever, or high temperature. A child has a fever if the body temperature is 38°C/100.4°F or more.

If my child has a fever what should I do?

If your child has a high temperature there are ways you can bring it down to improve comfort and reduce misery.

- Give children's paracetamol (for children three months and over) or ibuprofen (for children over 6 months only) regularly for 48 hours – check the instructions on the label for the right dose and for how often it can be given.
- Encourage your child to drink extra fluids – at least double the usual amount each day. This is very important to reduce the risk of dehydration, and will also help reduce the temperature. Use their favourite cool drink, or ice lollies.
- Make sure your child is not wearing too many clothes – a vest and nappy or pants is enough if the house is at a normal temperature.
- Reduce the night-time bedding to a light cotton sheet only.
- Make sure your child is up to date with immunisations.
- If the fever does not go away, other symptoms develop, or the condition gets worse ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).



Colds and flu

Symptoms: Runny nose, sore throat, fever, aches and pains, a phlegmy or dry cough, sneezing.

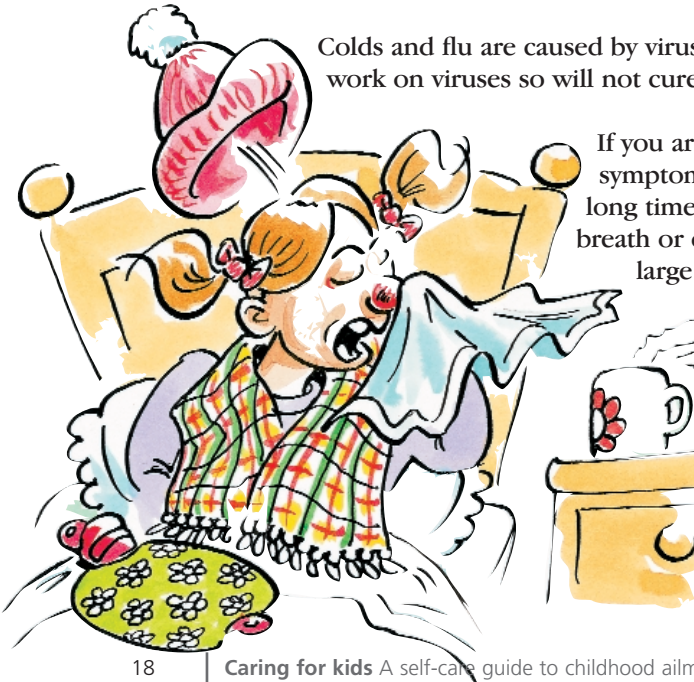
All children will catch a cold at some point, and it's not unusual for them to have as many as eight a year. If your child has flu they will feel much worse than with a cold although both are treated in the same way. There are simple things you can do to help your child get over a cold or flu.

What can I do if my child has a cold or flu?

- Give them children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) which will help to bring their temperature down.
- Increase the amount of fluids they drink. Warm drinks can have a soothing effect.
- Your pharmacist can advise on a medication to help soothe a cough or sore throat.
- Encourage your child to rest.

Colds and flu are caused by viruses. Antibiotics do not work on viruses so will not cure colds or flu.

If you are still worried, the symptoms are severe, or last a long time, if your child is short of breath or coughing up blood or large amounts of green or yellow phlegm ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).



Coughs

Coughs are normally caused by colds or flu or a throat infection.

How can I treat my child's cough?

- Give them extra fluids. Warm drinks help to loosen a chesty cough, and a warm lemon and honey drink can be soothing for a dry cough.
- Avoid having your child in a smoky atmosphere. Smoke can make the cough worse and lead to more severe illness.
- At night keep your child propped up in bed with extra pillows so they can sleep better. For babies under one year prop a pillow under the head of the mattress to raise it slightly.
- A humid environment, like a bathroom with the shower on, may help (make sure you are supervising your child). Placing a bowl of boiling water in the room (in a safe place well out of reach of the child) can also help.

If the condition gets worse or new symptoms develop, ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).



Croup

Symptoms: Harsh barking cough, wheezy breathing.

Croup often comes with a cold and usually occurs in children between the ages of one and five. Young children are more likely to get the condition because their air passages are narrower.

What should I do if my child has croup?

- Croup can be eased by breathing moist air. A humid environment like a bathroom with the shower on may help (make sure you are supervising your child). Also placing a bowl of boiling water in the room (in a safe place well out of reach of the child) can help.
- Make breathing easier by propping up your child in bed.



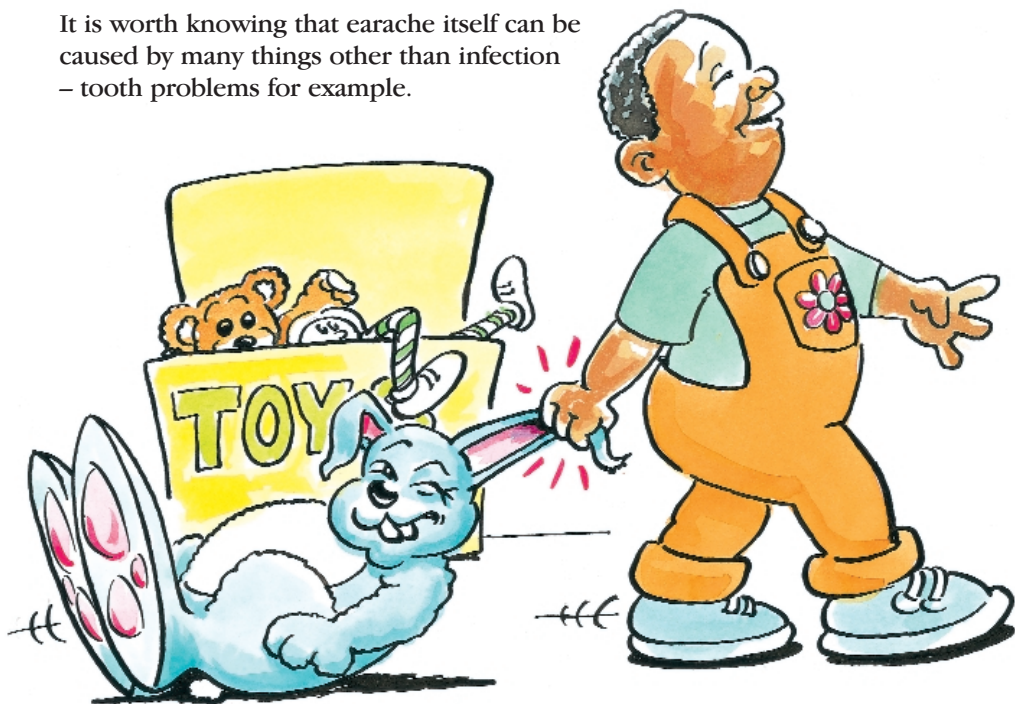
Ear infection

Symptoms: Earache (usually just on one side), congested cold, fever, general feeling of being unwell, irritability, frequent ear pulling or rubbing, poor appetite.

There may also be a greenish yellow discharge from the ear, and hearing loss – usually mild.

Your child is likely to have an ear infection at least once before the age of five. It is usually caused by a viral infection in the ear space behind the eardrum. These ear infections often follow a nose or throat infection such as a cold. Outer ear (canal) infection is especially common after swimming, in the summer time, and in humid climates. Ear wax can soak up water and encourages bacteria to grow.

It is worth knowing that earache itself can be caused by many things other than infection – tooth problems for example.



How can I treat my child's ear infection?

Most ear infections eventually clear up on their own, in the meantime there are ways you can help relieve the symptoms:

- Give pain relief, such as children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) to help relieve the pain
- Place your child in an upright position with pillows
- A warm (but not boiling) hot water bottle wrapped in a towel, placed over the ear, may give some pain relief
- Keep your child away from smoky environments
- Don't let your child drink from a bottle while lying down
- Decongestants may give temporary relief by helping fluid drain away from behind the eardrum into the throat (through a natural connection – the Eustachian tube), but be sure to follow the manufacturer's instructions on how long they should be used for
- Never poke any objects in to the ear (e.g. cotton buds). These often push wax inwards and can damage the ear.

Antibiotics will not be given in the early stages of an ear infection but persistent or recurrent ear symptoms may need further treatment to avoid more serious problems. If the earache persists ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).

Did you know?

The chances of a child suffering from ear infection are increased if they are exposed to cigarette smoke in the home.

Teething

Symptoms: Irritability, dribbling, red inflamed gums, flushed cheeks, gnawing.

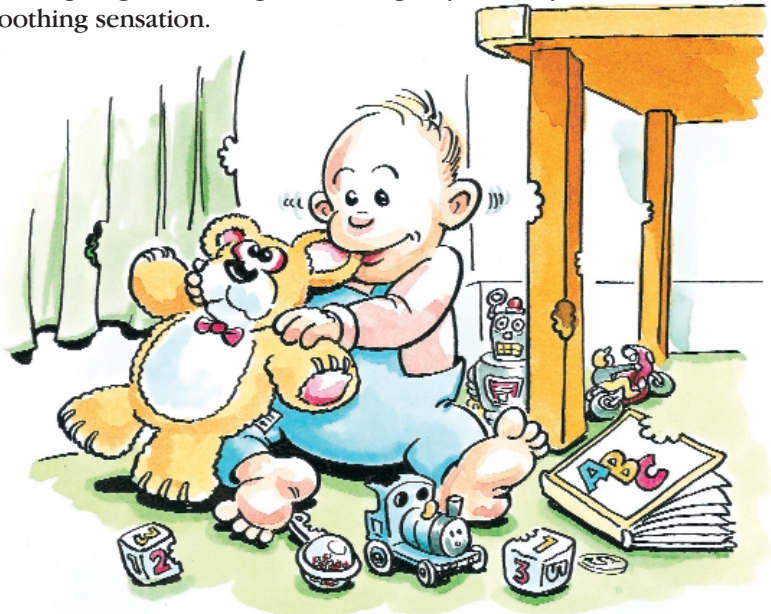
Babies begin to teeth on average from about six or seven months, though they can start earlier. It is common for babies to become irritable and tearful, and restless at night when teething. Some babies will want to chew almost anything they can get their hands on!

What can I do to help my baby during teething?

- Comfort your baby and give extra drinks of cool boiled water.
- Give them something to bite on like a hard rusk, teething ring or rattle.
- Ask your pharmacist for teething gel which will help to numb discomfort and inflammation on the gums.
- Children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) will also help to relieve any discomfort.

Top teething tip:

Pop the teething ring in the fridge, this will give your baby an extra soothing sensation.



Colic

Symptoms: Long periods of crying or screaming, sometimes going red in the face and pulling up the legs to the tummy.

Although a colic attack looks very distressing, your baby will usually be otherwise well, and once the spasm has passed will be back to normal again.

How can I prevent my child from getting colic?

The simple answer is – you can't. The cause of colic is unknown and usually gets better after the age of three months.

How can I treat my child's colic?

- Try the usual soothing tricks like cuddling, rocking, burping. It's important not to show your own upset as even young infants can pick up your anxiety and become more distressed.
- If the colic continues ask your pharmacist who can recommend a gripe mixture or colic drops.



Diarrhoea and Vomiting

Babies and young children are bound to get an upset tummy from time to time. This will usually cause one or more of three symptoms – vomiting, diarrhoea and tummy pains.

Diarrhoea

What can I do if my baby or child has diarrhoea?

Diarrhoea is common in babies and young children. If they are otherwise well it is likely that it will settle in 24 hours. In the meantime there are some things that you can do to help.

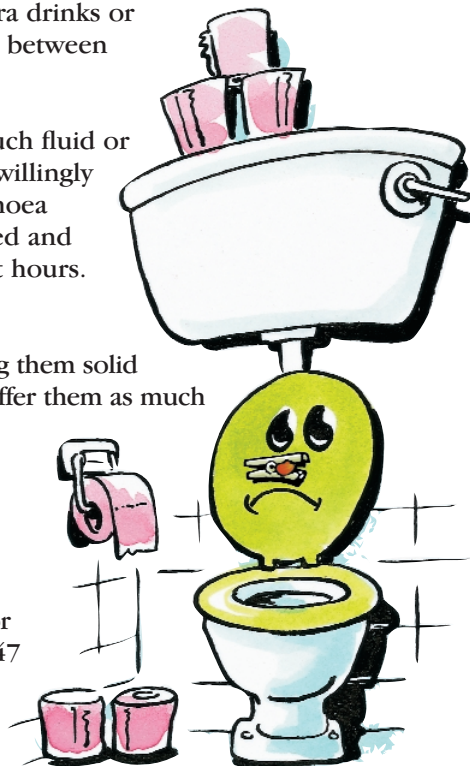
If your baby is breast fed – continue to feed them when they need it. You can also give them extra drinks or rehydration fluids from your pharmacist between feeds.

If your baby is bottle fed – offer as much fluid or oral rehydration fluid as your baby will willingly take for the first four hours. If the diarrhoea continues, switch between the bottle-feed and oral rehydration fluids for the next eight hours. You can then introduce normal feeds.

If you have an older child – avoid giving them solid foods until their appetite has returned. Offer them as much fluid as they need (avoid cow's milk until 24 hours after the diarrhoea has settled). Oral rehydration fluids will also help.

Still worried?

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Tip:

Fluid loss from the diarrhoea and vomiting can cause dehydration and babies can become ill very quickly if they do not have enough fluids. A good way of telling if your baby is dehydrated is to lightly pinch the skin on the back of their hand. If the skin stays up it means they are dehydrated.

Constipation

What can I do if my child is constipated?

Not enough fluids – especially when the weather is hot can cause constipation in children. Make sure they drink plenty of fluids and eat a mixed diet with plenty of fibre, fruit and vegetables. If there is no improvement or if new symptoms develop ask your pharmacist, health visitor or doctor or call NHS Direct 0845 4647 (England and Wales only).

Vomiting

What can I do if my baby is vomiting?

Babies often bring up a little milk after their feed – this is quite normal. If your baby is vomiting more than normal make sure that:

Whether you are breast feeding or bottle feeding you continue feeding as normal and introduce rehydration fluids in small amounts between feeds.

- Sachets of fluids can be obtained from your pharmacist, who can recommend which one is best for your baby.
- Do not give large amounts of fluids in one go.

What can I do if my child is vomiting?

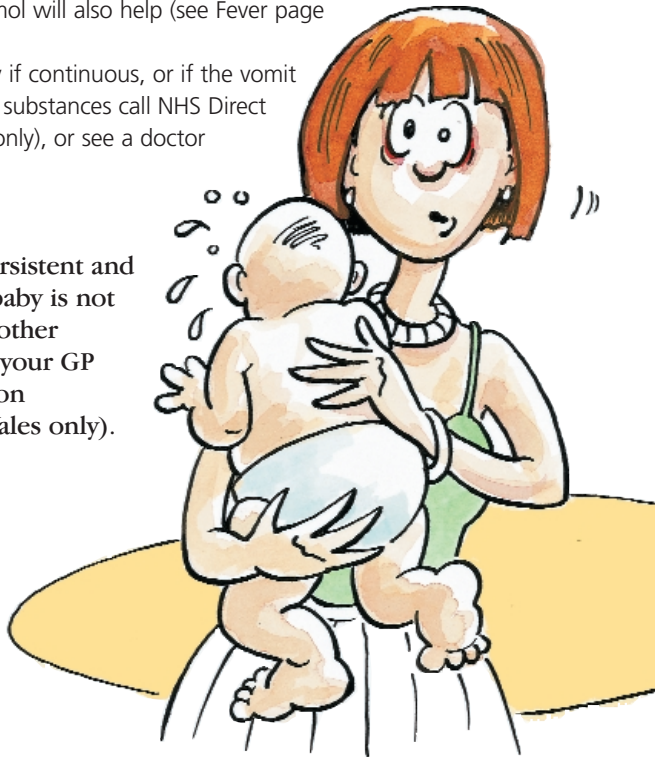
If your child is vomiting it could be due to many things such as a tummy bug. Occasionally some medicines will cause vomiting. Infections of the middle ear are also common and cause vomiting.

The best thing to do is:

- Give them sips of water or rehydration fluids for the first few hours – your pharmacist can advise
- Gradually increase the amount of clear fluids they have every two hours
- Avoid solid foods which are harder to digest than liquid foods. As the vomiting settles your child's appetite will return. Start with bland food like toast and avoid foods high in fat
- If your child is not taking fluids or is bringing most of it back up ask your pharmacist, health visitor or doctor or call NHS Direct 0845 4647 (England and Wales only)
- If your child has a high temperature (38°C/100.4°F or more) – lowering their temperature with paracetamol will also help (see Fever page 17)
- If your child is in pain – especially if continuous, or if the vomit contains blood or brown soil-like substances call NHS Direct 0845 4647 (England and Wales only), or see a doctor urgently.

Still worried?

If the vomiting becomes persistent and you are worried that your baby is not keeping any milk down or other symptoms develop contact your GP surgery or call NHS Direct on 0845 4647 (England and Wales only).



Threadworms

Symptoms: Itchy bottom – especially at night.

Threadworms are common in children. They are tiny white worms about half an inch long that live in the gut and around the bottom. Sometimes they can be seen in your child's faeces (poo) and are often seen around and on the anus. They look like tiny threads of white cotton. They can be collected using a reversed piece of clear sticky tape for confirmation by a health professional

Threadworms do not live for very long, so if you are careful and avoid re-infestation this ailment may cure itself.

How can I prevent threadworms spreading?

- Keep your child's fingernails short and clean.
- Make sure that everyone living in your house washes their hands well and scrubs their nails before every meal and after going to the toilet.
- Make sure that everyone uses their own towel and flannel.
- Your child should wear pyjamas or pants in bed. Make sure the bed linen is changed regularly.
- Give your child a bath or a shower daily, washing thoroughly around the bottom area.

Your pharmacist can also recommend treatment for threadworms. (All members of the family should be treated, even if they do not have any symptoms of infection.)



Head Lice

Head lice aren't fussy and will live in clean or dirty hair – most children will come into contact with them at some point. They don't cause health problems and are more of a nuisance than anything else.



What are lice like?

Lice are small flesh-coloured insects that live on human hair and lay eggs which stick to the hair near the scalp. They vary in size – from pinhead size to the size of a sesame seed on a burger bun. The eggs are dark in colour and hard to see, but the shells turn white when the louse is hatched. The empty egg shells are called nits. Nits don't need treatment – only adult head lice do!

How can I tell if my child has head lice?

Wash your child's hair in the usual way and leave hair wet but not dripping. Straighten and untangle with an ordinary comb, conditioner may help. Then use a plastic detection comb (available from your pharmacy) to comb from the roots to the tips of the hair, keeping the comb as close to the scalp as possible. Work the comb around the whole head. Keep checking the comb for lice. If you find living lice check every head in your family and treat them in the same way. This is called the detection method.

What can I do to tackle head lice?

- Check your child's hair regularly (about every 1-3 weeks) using the detection method.
- Tell your child to avoid sharing other peoples combs or brushes.
- If you find living lice, there are several treatments to choose from.



Treat lice using:

Lotions containing insecticides

There are several insecticide treatments available from your pharmacy. It is important to ask your pharmacist for advice on the best lotion to use as some insecticide treatments are unsuitable for some people. Treat anyone else in the family who is also found to have living adult head lice, at the same time, with the same lotion (if suitable). This helps to prevent re-infestation. Remember there is no need for treatment for the empty lice shells, only for live lice.

Wet combing/Bug busting

This removes lice by combing through the hair from the roots to the ends, removing any lice found. A 'Bug Buster Kit', available from your pharmacy or by mail order from Community Hygiene Concern (Bug Buster helpline: 020 7686 4321 www.nits.net/bugbusting) contains the right combs and instructions. It is designed to be used with ordinary shampoo and hair conditioner.

Alternative methods

Some people claim that tea tree oil or lavender oil helps to get rid of or prevent head lice infestations. Other alternative treatments include combing the hair regularly with a fine toothed comb. These methods have not been rigorously tested so there is no evidence to prove whether they are effective or not.

Treatments should only be used if live lice are detected.

Don't pass it on

Let any close contacts know about your child's head lice, and the need for them to check their own hair: this is important for anyone who may have had head-to-head contact with your child. Remember – anyone with hair, clean or dirty, can catch head lice, so it's nothing to be ashamed of.

