

Getting the right support for your child

Facts you need to know about your child's health and NHS services



Which NHS service? When?

Self-care

Conditions that will get better themselves over time:

Headaches, coughs, colds, grazes, sore throats.

You can look after yourself at home. Ensure you have a well stocked medicine cabinet.



Pharmacy

Conditions that are helped by medicines:

Diarrhoea, painful coughs, medicine advice.

Pharmacy teams are experts in medicines who can help you. They all have consultation rooms if you'd prefer to talk in private.

GP practice

Longer lasting illnesses:

Vomiting, aches and pains, fever in children, ear infections.

Your GP practice offers a range of healthcare professionals including doctors and nurses who are available for all health concerns and can refer to other medical services when required.



NHS 111

Unwell and unsure where to go?

Advice on more urgent medical conditions.

111.nhs.uk online or over the phone can help if you have an urgent medical problem and you're not sure what to do. They can even book an appointment to some health services if needed.



Mental health support

Wellbeing helpline: **0800 915 4640**
or text 'hello' to **07860 022 846**.

In crisis and need support straight away,
call **0800 953 0110**.

Visit www.healthyyoungmindslsc.co.uk
for support for young people.

Urgent Treatment Centres

For conditions that are more urgent but not life threatening:

Cuts, sprains, minor burns and fractures.

You can go to these centres if you need more urgent medical
attention that's not life threatening. Most can even x-ray.



A&E or 999

**Severe bleeding, severe chest pains, strokes,
breathing difficulties, loss of consciousness**

Emergency departments or A&E are only for life
threatening emergencies. You may have to wait as
more serious conditions are dealt with first.

If you require your dentist in an emergency or out of normal opening hours, call
them as they will have answer machine messages detailing where to access
out of hours service. If you have a dental emergency, but aren't registered with
a dentist, call the **dental helpline 0300 1243 010** or use **NHS 111**.

Find your nearest pharmacy here:

nhs.uk/service-search/pharmacy/find-a-pharmacy



Find your nearest **Urgent Treatment Centre or Minor Injury
Unit** here: nhs.uk/service-search

Getting your child vaccinated

You want to do what is best for your child. Did you know that one of the best ways to protect them, your family and your friends is to make sure children have all of their vaccinations?

Some diseases continue to harm or kill children across the world: Don't let your child be one of them.

Vaccinations are very safe and effective: They are only licensed for children after long and careful development and testing by researchers and doctors. Vaccines will involve some discomfort and may cause pain, redness, or tenderness at the injection site, but this is minimal compared to the diseases these vaccines prevent. Fever can be expected after any vaccination. Serious side effects following vaccination, such as severe allergic reaction, are very rare.

The MMR vaccine: Unfortunately, social media coverage on vaccines increasingly focuses on their **side effects and adverse reactions.**

Although **there is absolutely no evidence to suggest that the MMR vaccine is associated with an increased risk of autism, misinformation about this has directly resulted in unnecessary parental anxiety and a significant drop in MMR vaccine uptake.** This has led to an increasing number of cases of measles in the UK and across Europe, resulting in severe illness and even deaths in a number of adults and children.

Five reasons to get your child the flu vaccination:

- 1** It protects your child against flu and serious complications such as bronchitis and pneumonia.
- 2** Protects you, your family and friends by preventing spread of the virus.
- 3** No injection is needed – it's a nasal spray that's painless and easy to have. It's been given to millions of children all over the world with an excellent safety record.
- 4** It's better than having flu.
- 5** Avoids extra costs such as needing time off work or arranging childcare.

For more information go to



www.what0-18.nhs.uk/parentscarers/keeping-your-child-safe-and-healthy/childhood-vaccinations-essential-information

Health facts

There are lots of different health messages out there. Get HEALTH-WISE as we put the story straight with these health facts.

It is not always quicker to go to A&E rather than wait for a GP appointment.

A Minor Injuries Unit provides treatment for patients with common injuries, such as scalds, burns, cuts, stings, bites, and suspected broken bones, which although not life-threatening do still need urgent medical treatment.

It is not only GPs who are qualified to see and treat you. Seeing a nurse, pharmacist or other expert within general practice, where clinically appropriate, can save time by reducing the number of appointments needed to get the right care.

The NHS recommends that **if you are pregnant, you should have both the flu and COVID-19 vaccine to protect both you and your unborn baby. It's safe to have either vaccine at any stage of pregnancy**, from the first few weeks up to your expected due date.

Most GP practices in Lancashire and South Cumbria will ensure a child will be seen on the same day as a request is made as long as the request is made first thing in the morning. This may be over the telephone or you may be asked to attend your GP practice.

X-rays are available at Urgent Treatment Centres (UTCs). You will be treated for fractures or have them ruled out. If you have a serious injury that needs treatment, the UTC can assess you, and will refer you to A&E or a Fracture Clinic, if needed.

Buying over-the-counter medicines from a supermarket is often much cheaper and means no waiting for your GP to prescribe or your pharmacy to dispense.

A&E sees the sickest people first.. You could face a long wait if there are people with more serious conditions. You may also be sent elsewhere that's more suitable to help you.

Self care

Self care is about keeping fit and healthy, understanding when you can look after yourself, when a community pharmacy can help, and when to get advice from your GP practice or another health professional.

Most of the common ailments are self-limiting.

That means they will get better themselves over time. Here's some advice on some common winter ailments and how you can use home remedies and over the counter medicines to speed recovery.

Asthma

Expect to last: it can last for life but many children grow out of it.

Home remedies:

- > Avoiding triggers such as
 - allergies
 - smoke, pollution and cold air
 - excessive exercise
 - infections like colds and flu.
- > Make sure you use your preventer inhaler if you have one.
- > If having an attack give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve.

Seek medical advice on [111.nhs.uk](https://www.nhs.uk) if:

- > wheezing and breathless and blue (salbutamol) reliever inhaler 2-5 puffs is not lasting 4 hours
- > coughing or wheezing/tight chested during the day and night
- > too breathless to run/play/do normal activities.

You can also increase blue (salbutamol) reliever inhaler to 6-10 puffs every 4 hours - but please seek advice.

Treat as an emergency if your child:

- > too breathless to talk/eat or drink
- > has blue lips
- > having symptoms of cough/ wheeze or breathlessness which are getting worse despite taking

your blue (salbutamol) inhaler every 4 hours

- > confused and drowsy.

Also give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.

Bronchiolitis

Bronchiolitis is an infection that causes the tiniest airways in your child's lungs to become swollen. This can make it more difficult for your child to breathe.

Expect to last:

2 weeks with symptoms getting worse in the first 3 days.

Home remedies:

- > Children with bronchiolitis may have some signs of distress and discomfort. You may wish to give either paracetamol or liquid ibuprofen to give some relief of symptoms (paracetamol can be given from 2 months of age).
- > If your child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your child to take them, ask your pharmacy, Health Visitor or GP.
- > Bronchiolitis is caused by a virus so antibiotics will not help.
- > Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like bronchiolitis worse.

Seek medical advice on [111.nhs.uk](https://www.nhs.uk) if your child:

- > has laboured/rapid breathing or they are working hard to breathe – drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession)
- > seems dehydrated (sunken eyes, drowsy or not passed urine for more than 12 hours)
- > is becoming drowsy (excessively sleepy)
- > seems to be getting worse or if you are worried.

Treat as an emergency if your child:

- > has blue lips
- > has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting
- > has severe difficulty in breathing - too breathless to feed
- > becomes pale, mottled and feels abnormally cold to touch
- > becomes extremely agitated, confused or very lethargic (difficult to wake)
- > is under 3 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 red or amber features).

Colds

Expect to last: 1-2 weeks

Home remedies:

- > Sadly, there is no cure for the common cold. The best thing to do is get plenty of rest, eat healthily and drink plenty of fluids. Warm drinks often help.
- > There are a range of cold and flu medicines available and most of them tackle some of the symptoms such as congestion or headaches. Paracetamol or ibuprofen do the same thing.

Seek medical advice on 111.nhs.uk if:

- > has a high temperature above 38°C
- > begins to feel confused or disorientated
- > has sharp pains in their chest
- > coughs up blood
- > has difficulty breathing
- > has swelling in their neck
- > has symptoms lasting longer than 3 weeks.



Cough

Expect to last: 3 weeks

Home remedies:

- > Freshly squeezed juice from one lemon and a teaspoon of honey to a mug of hot water.
- > Cough mixtures and lozenges can help loosen phlegm or ease pain caused by coughing.
- > Paracetamol is also recommended.

Seek medical advice on 111.nhs.uk if your child:

- > coughs up blood
- > the cough lasts longer than 3-4 weeks
- > also has chest pains
- > finds it difficult to breathe
- > you notice swelling in their neck or above the collarbones.

Croup

Croup is a common childhood illness that can cause a distinctive, bark-like cough. It can also cause difficulty breathing which can be frightening for both you and your child.

Expect to last: a few days

Home remedies:

- > Sit your child upright.
- > Give them plenty of fluids.
- > Give paracetamol or ibuprofen to help ease a high temperature.
- > DO NOT give them cough or cold remedies.

Seek medical advice on 111.nhs.uk if:

- > has laboured/rapid breathing or they are working hard to breathe
- > a harsh breath noise when they breathe in, present only when they are upset
- > seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours)
- > is becoming drowsy (excessively sleepy)
- > seems to be getting worse or if you are worried.

Treat as an emergency if your child:

- > has blue lips
- > too breathless to talk, eat or drink
- > becomes pale, mottled and feels abnormally cold to touch
- > becomes extremely agitated, confused or very lethargic (difficult to wake)
- > develops a rash that does not disappear with pressure (the 'Glass Test')
- > develops swollen lips, a swollen tongue and is struggling to breath
- > is under 3 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 red or amber features).



Diarrhoea and vomiting

(also known as norovirus)

Expect to last: 2-3 days

Home remedies:

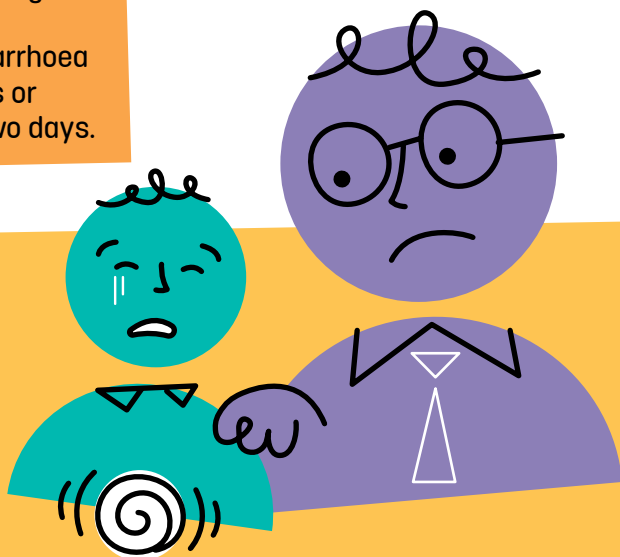
- > Get plenty of rest.
- > Drink lots of fluids to stay hydrated.
- > Keep them off school until they have not been sick or had diarrhoea for at least two days. Do not visit hospitals or care homes either.

Make an appointment with your GP or use NHS 111 if:

- > you're worried about a baby under 12 months
- > your child stops breast or bottle feeding while they're ill
- > a child under 5 years has signs of dehydration – such as fewer wet nappies
- > 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.

Treat as an emergency if:

- > vomit blood or have vomit that looks like ground coffee
- > have green or yellow-green vomit
- > might have swallowed something poisonous
- > have a stiff neck and pain when looking at bright lights
- > have a sudden, severe headache or stomach ache.



Fever in children

Expect to last: a few days

Home remedies:

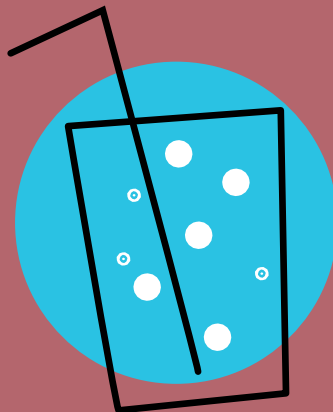
- > Avoid over or under dressing your child.
- > Make sure the room temperature isn't too high.
- > Make sure they drink regularly.
- > Check while the child is sleeping for signs of other serious illness.
- > Look for a rash that doesn't fade on pressure (press a glass against the rash to see if it fades).
- > You can give paracetamol OR ibuprofen, but never give children both at the same time (unless advised to do so by a doctor).

Make an appointment with your GP or use 111.nhs.uk if:

- > your child's health gets worse
- > it's a high fever over 38°C
- > your child vomits repeatedly or brings up green vomit
- > your child does not respond normally, wakes with difficulty, is much less active or cries in an unusual way
- > your child breathes much faster than normal
- > the fever has lasted more than five days
- > you notice abnormal grunting
- > your child doesn't eat or drink much
- > your child can't walk and has developed a swelling or new lump in a limb or joint

Treat as an emergency if:

- > your child has a stiff neck, cold limbs or has a fit
- > your child looks pale, mottled (patchy) or blue
- > you notice a new rash that doesn't fade on pressure (press a glass against the rash to see if it disappears).



Rashes

Skin rashes are extremely common in babies and children. A skin rash associated with fever is most often due to a viral infection. This occurs along with other symptoms such as runny nose and cough. The rash can vary in shape and size, usually appearing as blotchy red spots commonly affecting most of the body.

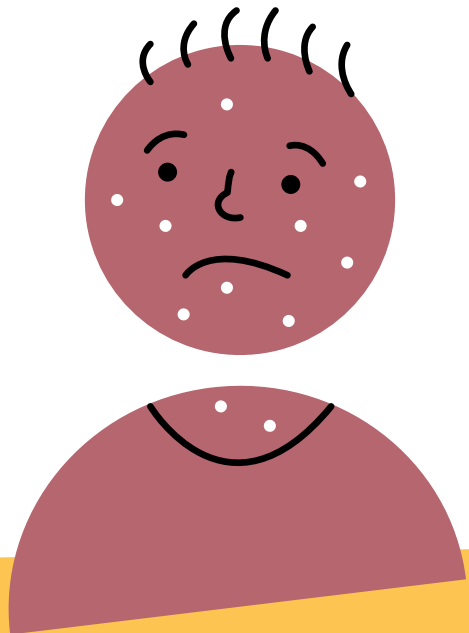
Look out for

Not all rashes are due to viral infections. If your child develops a rash that doesn't fade under pressure using the glass test, they need to be seen urgently by a doctor. Other features that you should look out for: painful skin rashes, blistering rashes and rashes affecting the lips and tongue. If your child has had chickenpox in the past couple of days and is now getting more unwell with a high fever and a spreading red rash, they need to be seen urgently. If your child appears unwell to you, in terms of being difficult to rouse, pale and floppy or if they are struggling to breathe, you should have them seen urgently by a doctor. If their temperature stays above 38°C for more than five days, you should also have them seen.

Expect to last: a few days.

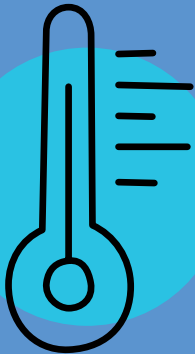
Home remedies:

If your child has a fever and is distressed, you may consider giving them paracetamol (calpol) and/or ibuprofen (although ibuprofen should be avoided if your child has chickenpox). Some rashes require you to keep your child off from nursery or school. This includes chickenpox and scarlet fever.



Seek medical advice on [111.nhs.uk](https://www.nhs.uk) if your child:

- > develops a painful rash
- > develops a blistering rash
- > develops a rash affecting more than 90% of their body
- > has had chickenpox in the past few days and is now getting more unwell with a high fever and spreading red rash
- > develops red lips or a red tongue
- > develops significant skin peeling
- > continues to have a fever of 38°C or above for more than five days.



Treat as an emergency if your child:

- > has blue lips
- > too breathless to talk, eat or drink
- > becomes pale, mottled and feels abnormally cold to touch
- > becomes extremely agitated, confused or very lethargic (difficult to wake)
- > develops a rash that does not disappear with pressure (the 'Glass Test')
- > develops swollen lips, a swollen tongue and is struggling to breath
- > is under 3 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 red or amber features).

Scarlet fever

Look out for

The rash of scarlet fever often begins with small spots on the body that then spread to the neck, arms and legs over the next 1-2 days. It is often 'sand-paper' like to touch but is not itchy.

Your child may also have a:

- > sore throat/tonsillitis
- > fever (temperature of 38°C (100.4°F) or above)
- > painful, swollen glands in the neck
- > a red tongue (strawberry tongue).

NOTE: there are many causes of rash in children - if your child does not have the other features above, they are unlikely to have scarlet fever.

Home remedies:

If you think that your child has scarlet fever, you should let your GP practice or NHS 111 know the same day. If a healthcare professional thinks that your child has scarlet fever, they will prescribe your child antibiotics.



Seek medical advice on 111.nhs.uk or with your GP if your child:

- > is finding it hard to breathe
- > has laboured/rapid breathing or they are working hard to breathe – drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession)
- > unable to swallow saliva
- > has features suggestive of scarlet fever (see above)
- > seems dehydrated (sunken eyes, drowsy or not passed urine for 12 hours)
- > is 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
- > has extreme shivering or complains of muscle pain
- > has a painful, red swollen gland in their neck which is increasing in size or a painful swelling behind their ear which is pushing their ear forwards
- > is 3-6 months of age with a temperature of 39°C/102.2°F or above (but fever is common in babies up to two days after they receive vaccinations)
- > continues to have a fever of 38°C or above for more than five days
- > if your child has recently had scarlet fever but now appears to have a puffy face/eyelids, 'coca-cola' coloured urine (pee), or a swollen, painful joint(s)
- > is getting worse or if you are worried.

Treat as an emergency if your child:

- > is pale, mottled and feels abnormally cold to touch
- > has blue lips
- > too breathless to talk, eat or drink
- > has a fit/seizure
- > is extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- > has dark green vomit
- > has a rash that does not disappear with pressure (the 'Glass Test').

HEALTH-WiSE

healthierlsc.co.uk/NHShealthwise

