

WHEN SHOULD I WORRY? - Your guide to Coughs, Colds, Earache & Sore Throats

Information For:-

Who is this booklet for?

"..She woke in the middle of the night with a fever, vomiting, and a terrible cough. It was really quite scary .."

Having an ill child can be a very scary experience for parents. If you understand more about the illness it can help you to feel more in control. This booklet is for parents (and older children) and deals with common infections in children who are normally healthy. It is not meant for children who have ongoing health problems such as asthma, heart, or kidney problems. **You should not rely on the advice in this leaflet for children who are less than 6 months old.** Babies younger than this can respond differently to infections.

What is it that you are most worried about?

If you are seeing your GP or nurse, it is important to tell them what it is you are most worried about.

What are you expecting from the consultation?

When you consult with a doctor or nurse, it is a good idea to think about what you are expecting. If you have any ideas about what you would like done, you should tell the doctor or nurse. This will allow them to try and deal with the things that you are expecting.

☐ Fever (Raised Body Temperature)

- Fever is a normal response that may even help to fight infections.
- Fever does not harm your child. Bringing temperature down does not seem to prevent fits (see next page).
- Children with a high temperature (40 C or more) are more likely to have a more serious infection (though most will not). Look at page 7 to see other signs of more serious infections.

What can you do about it?
To make your child more comfortable, you may want to try and lower their temperature by giving them Paracetamol and / or Ibuprofen (see also page 6). Take off outer clothing (do not wrap your child up if they have a fever). Sponging a child with water can sometimes make matters worse by upsetting a child or making them shiver (which can raise their temperature more). However, as long as it does not upset your child, bathing/sponging with luke warm water may help a little.



Temperature Fits (Febrile Seizures)

- Young children can sometimes have a fit as a result of having a temperature. It can be very scary if your child has a seizure, but it is usually not serious. Treating fever with paracetamol or ibuprofen does not prevent fits.
- If your child has a fit – try to stay calm. Most of these fits will not cause your child any harm and will last less than 5 minutes.
- Unless your child has had previous febrile seizures and you are familiar with what to do, it is best to dial 999 immediately for an ambulance.
- It is a good idea to make sure a child who is having a fit is away from things they may hurt themselves on, and to roll them on their side (recovery position).

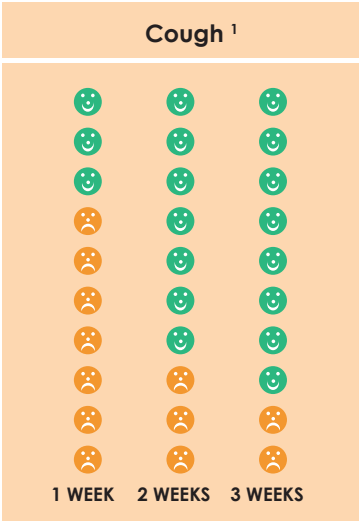
Cough/Chesty Cough

- When young children catch a cold they often develop a 'noisy chest' or a 'chesty cough'. This can be worrying for parents who believe that a chesty cough is a sign of a 'chest infection'.
- Young children often get noisy chests. This is because they have smaller airways and thinner rib cages than adults.
- A child with a true chest infection will generally be more 'unwell'. See page 7 for signs of a more serious problem.

How long will it last?
This chart shows you how long cough often lasts in children. The faces represent ten children who have seen their GP with a cough. Green faces are those who have recovered at each time period.

What can I do about it?
Coughing helps the body fight against infection and can take a while to go. Cough syrups probably do not help. See page 6 for other things that may help.

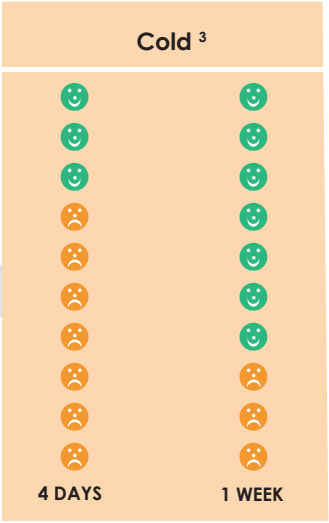
Do antibiotics help?
Most people who take antibiotics do not get better any faster than people who do not take them. Looking at adults and children with bronchitis (chesty cough), on average, **people taking antibiotics will have a cough for only half a day less than those who don't.**[2]



Common Cold

- Colds are very common. Normal, healthy children can sometimes have 8 or more colds in a year!

How long will it last?
This chart will give you an idea of how long colds often last. The faces represent ten children who have seen their GP with a cold. Green faces are those who have recovered at each time period.



Do antibiotics help?
There is no evidence that antibiotics help with colds.

Green Phlegm/Snot

- Some parents and doctors have long believed that the colour of nasal discharge (snot) gave an indication of the type (or seriousness) of an infection.
- Recent research suggests that this is not the case. Green nasal discharge can be caused by many types of infection and does not need to be treated with antibiotics.[4]

Sore Throat

- A sore throat does not need any treatment to make it go away. It will get better by itself
- If your child seems very unwell or has a sore throat and temperature, but no cough, for more than 3 days, he or she should see a doctor or nurse.
- You do not need to look in your child's throat. If you have, and you are worried about large tonsils, this is not, by itself, something to be concerned about. However, if your child is having difficulty breathing, or seems very unwell (see page 7), you should consult your doctor urgently.

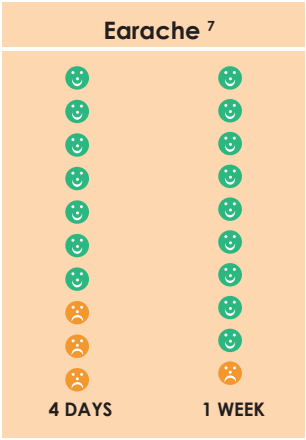


How long will it last?
This chart shows you how long sore throats often lasts in children. The faces represent ten children who have seen their GP with a sore throat. Green faces are those who have recovered at each time period.

Do antibiotics help?
After one week, more than three-quarters of those with a sore throat will be better whether they take antibiotics or not. **Most (13 out of 14) who take antibiotics will get better just as quickly as if they had not taken them.**[6]

Earache

- There is normally no need to treat ear infections with antibiotics. Pain control with Paracetamol and / or Ibuprofen is all that is normally needed.
- If your child is having hearing problems, or the ear is draining, they should see a GP.



How long will it last?
This chart shows you how long earache often lasts in children. The faces represent ten children who have seen their GP with earache. Green faces are those who have recovered at each time period.

Do antibiotics help?
After one week, more than three-quarters of children will be better whether they take antibiotics or not. **Most (14 out of 15) children who take antibiotics get better just as quickly as if they had not taken them.**[8] Children under the age of two with ear infections in both ears, and those with an ear infection that is draining, are more likely to benefit from antibiotics than other children and should be seen by a doctor or nurse.[9]

Croup

Croup can occur in children from 6 months to 12 years, but is most common in children under 3 years old. It is caused by a virus in the voice box and upper airway and causes a 'barking' cough (like a seal bark). It is usually worse at night.

What can I do about it?
Comfort and hold your child to keep them calm – anxiety seems to make croup worse. Give your child sips to drink to prevent dehydration. Sitting your child up may help them with the cough. Most croup will improve with simple measures like this. If this does not settle your child or they are having difficulty breathing you should call for help (see p.8).

Your child should see a doctor urgently if:

- **Their breathing is rapid**
- **The tissues around the neck or below the ribs are pulled in when they breathe**
- **They are becoming agitated, exhausted, bluish-grey or pale, or**
- **They can not swallow, or are drooling**

Do antibiotics help?
Antibiotics do not help with croup.

Not Eating/Drinking

- Children often eat and drink less when they are unwell. Encourage them to drink plenty. Most will start to drink before becoming dehydrated. However, you should watch for signs of dehydration, such as drowsiness, dry eyes / mouth, or peeing less. This is especially so for young children (under 1) and those who are vomiting.
- Most children can go a few days without eating much. See page 7 for advice on when you should seek further help.

What can I do?

- A child's immune system is very powerful, and will clear up most common infections by itself.
- You can help your child fight the infection by making sure they get plenty of rest and offering them healthy food (like fruit).
- Give your child plenty to drink. This will help prevent dehydration, loosen phlegm, and lubricate the throat. Try to avoid very sugary drinks.
- **Pain** and **fever** are best treated with **Paracetamol** and / or **Ibuprofen**.
- Paracetamol and Ibuprofen work differently. They can be used together if one alone has not worked. Just make sure you do not give more than the maximum recommended dose of either of them.
- These products often tell parents not to use them for more than a couple of days without seeing a doctor. If your child does not have any of the features on page 7, and you are not overly worried about them, you can continue to treat with these products for longer than this.
- Make sure no-one smokes around your child.
- See sections on fever and cough for advice on dealing with these symptoms.

Why not take antibiotics?

There are several reasons why it is not a good idea to take antibiotics unless they are really needed.

- Using antibiotics can make bacteria **resistant** to antibiotics. In other words, the antibiotics will no longer work against the bacteria. Someone who has recently had antibiotics is more likely to have resistant bacteria in their body. Some bacteria have become resistant to almost all antibiotics!
- Most antibiotics have side effects, e.g. diarrhoea, rashes and stomach upset.
- Antibiotics kill our natural bacteria that help to protect us. This can result in infections such as thrush.
- Antibiotics can also cause allergic reactions. These are often just annoying rashes, but can, in some cases, be severe reactions.





When should I seek further help?

No guide can be complete. **If you are still worried about your child after reading this leaflet then you should get advice.** This could be telephone advice or a consultation with a doctor or nurse at your surgery. Telephone advice is also available from NHS 111 and out-of-hours services (see contact numbers on the back of this leaflet). **If you need urgent advice then dial 111 (England), or if you feel that it is an emergency you should dial 999 for an ambulance.**

The following are signs of possible serious illness:

- Your child is **drowsy or irritable.** (Although children with a temperature are often more sleepy, irritable and lacking interest than usual, they usually improve after treatment with paracetamol and / or Ibuprofen. If they do not improve, or if they are very drowsy indeed, they should see a doctor urgently).
- Your child has **problems breathing** - including rapid breathing and being short of breath or 'working hard' to breath. (It sometimes looks as though the tissues between the ribs and below the ribs get sucked in each time they breath). Any child who has a lot of difficulty breathing needs to see a doctor urgently.
- **Cold or discoloured hands or feet** with a warm body
- Severe **arm and/or leg pains** (for no obvious reason)
- **Unusual skin colour** (pale, blue or dusky around lips)
- **High temperature** (40 C or higher) (not necessarily a sign of serious infection, but if the temperature does not come down with treatment or your child has other features on this list then you should seek help).
- An **infant who is not feeding** or any child that is showing signs of **dehydration**

Symptoms related to meningitis:

- Unusually severe headache
- A stiff neck (difficulty putting chin to chest)
- Dislike of bright lights
- A rash that does not fade with pressure (see page 8)

Other symptoms that should be assessed by a GP:

- A cough lasting more than 3 weeks (or sooner if becoming breathless more easily or there is a family history of asthma).
- A fever for 24 hours or more with no other sign of infection (cough, runny nose, earache etc.)
- Your child loses weight and does not re-gain it within two weeks in an under 5 year old, or within four weeks in an older child.

'Meningitis / Septicaemia Rash'





Images provided by the Meningitis Trust.

GLASS TEST

A rash that does not fade under pressure will still be visible when the side of a clear glass is pressed firmly against the skin

Glass test devised by Dr Petter Brandtzaeg

Contacts

GP phone number

GP out of hours number

If you urgently need medical help or advice, call NHS 111 (England).

In an emergency dial 999

Summary

- Most common infections do not get better quicker with antibiotics.
- Most children with a cold, cough, sore throat or earache, who see their GP, will still be ill 4 days later. This does not mean that they need treatment or need to be seen again.
- One third of children who have seen their GP with a cough will still be coughing 2 weeks later. This does not mean that they need treatment.
- Only children with signs of more serious illness generally need to be seen by a doctor or nurse. These signs include:
  - Excessive drowsiness
  - Difficulty breathing or rapid breathing
  - Cold or discoloured hands &/or feet with warm body
  - Abnormal pains in arms &/or legs
  - Abnormal colour (pale or blue)

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