

# KEEP YOUR FAMILY WELL THIS WINTER



Winter is the season of runny noses, fevers, coughs, and germs everywhere. It is a time when we are all more likely to get sick.

**This guide will help you** decide how and when to treat your family member at home and when you need to get medical advice.



Please keep this in a safe place so you can refer to it when you need it.



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# USE THE RIGHT SERVICE


If your family member has worrying symptoms, please visit your local pharmacist or get advice online from [111.nhs.uk](https://www.111.nhs.uk) Contact your GP practice if they are not improving.



**SELF-CARE:** Treat their minor illnesses such as headaches, cuts and bruises, coughs, and colds at home. Use over the counter medicines, drink plenty of water and get some rest. If their symptoms persist please see your pharmacist or GP.



**PHARMACY FIRST:** Community Pharmacists can give you advice and suggest medicines that can help. They may also be able to offer treatment and prescription medicine for some conditions, without you needing to see a doctor. This includes **earache** (aged 1 to 17 years), **impetigo** and **infected insect bites** (1 year and over), **sinusitis** (12 years and over), **sore throat** (5 years and over) and **urinary tract infections** (UTIs) (women aged 16 to 64 years), shingles (aged 18 years and over). [www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help](https://www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help)



**GP PRACTICE:** If your family member is feeling unwell, and not improving. Appointments are also available on weekday evenings and Saturdays.



111

**NHS 111:** Check your family member's symptoms and seek further advice at [www.111.nhs.uk](https://www.111.nhs.uk) If you can't get online, then call 111. If it is an urgent medical problem or your GP is closed, NHS 111 will provide advice and if necessary, make an appointment for your family member at a local service.



**URGENT TREATMENT CENTRES:** For new and urgent problems. Take your family member to an urgent treatment centre when you are advised to by NHS 111. There are urgent treatment centres at the Princess Royal University Hospital (24/7) and Beckenham Beacon (8am to 8pm 7 days a week).



**999/Emergency Department:** When your family member is seriously ill or injured, or their life is at risk.

# WINTER TIPS



We all tend to get sick more often in winter. Although cold weather doesn't cause colds, flu and wheezing, these viruses are more common in winter because people are in closer contact with each other due to staying indoors. Viruses stay in the air and on surfaces longer in cold and dry environments.

## Help keep your family well



- Make sure they are up to date with their routine immunisations and have their flu jab if eligible.
- Teach children the importance of good hygiene – especially handwashing.
- Cough or sneeze into a tissue and then put it in the bin and wash your hands.
- Discourage the sharing of toys with an infected child.
- Avoid people who are obviously sick.
- Wrap up warm.
- Eat healthily.
- Drink plenty of water.
- Keep essential medicines and first aid stock at home (safely out of reach of children) and check they are still in date and follow the instructions.
- Get plenty of sleep.
- Heat your home to a temperature that's comfortable. If you can, this should be at least 18°C in the rooms you regularly use.





## Be prepared for winter by keeping some essential medicines and first-aid supplies at home such as:

- a digital thermometer (and spare batteries) – please do not use forehead or ear thermometers on under 1 year olds
- children's liquid painkillers such as paracetamol and ibuprofen
- Adult's painkillers such as paracetamol and ibuprofen
- oral rehydration sachets
- antiseptic cream
- moisturisers or emollients

- teething gel or powders
- liquid antihistamine
- plasters
- sterile dressings
- saline nose drops for babies and infants.

**Speak to your pharmacist for more advice.** Keep all medicines out of the reach of children and check they are in date and follow the instructions.



**"It is normal to feel worried when a family member or child falls ill. Most illnesses get better by themselves. Please trust your instincts and seek help when you need to".**



# VACCINATIONS



## Adult vaccinations

Why not help protect yourself against flu and Covid this winter? The flu vaccine helps protect against flu, which can be a serious or life-threatening illness. It's offered on the NHS every year to people at higher risk of getting seriously ill from flu.

**A flu vaccine is available for free on the NHS for:**

- Anyone aged 65 or over
- Anyone with a long-term condition such as a heart, chest or spleen problem, kidney or liver disease, a neurological condition or diabetes
- Pregnant women
- Anyone with a weakened immune system
- Carers of an older or disabled person
- Household contacts of an immunocompromised person

**The winter Covid-19 vaccine is available free if you:**

- are aged 75 or over
- under 75 years and immunosuppressed
- live in a care home for older adults

Vaccine eligibility varies annually, for further information and to find out about other adult vaccinations please visit: [www.nhs.uk/vaccinations](https://www.nhs.uk/vaccinations)



# Childhood vaccinations

The best way to help protect your child against severe illness from polio, flu, measles, mumps, rubella, and other childhood diseases is to ensure their vaccinations are up to date. Some vaccinations may require more than one dose for full coverage.

**Vaccinations are free and are really important because:**

- they reduce the spread of infectious disease and even get rid of some completely
- when enough people get vaccinated, it's harder for a disease to spread to those who can't have vaccines
- getting vaccinated protects not only your child but also your family, friends, and community
- vaccines are made to prevent people from getting serious infectious diseases. It's much safer for your immune system to learn to fight illness through vaccination than by catching and treating them. **Please contact your GP practice to book their vaccinations.**



**Your child will get their routine vaccinations from their GP or at school. They can get these even if they are not registered with a GP. Anyone in England can register with a GP surgery. You do not need any proof of address or immigration status, ID or an NHS number. If you're worried your child has missed their vaccine, please contact your GP or health visitor.**

The MMR vaccine gives long-term protection against measles, mumps and rubella. Children need to have two doses, and it is offered at 1 year and 3 years and 4 months old. If your child has missed a dose speak to your practice team for advice on how to catch up.

# Flu vaccination

Flu can be really unpleasant for children. Flu is different from an ordinary cough and cold. It can also lead to serious problems, such as bronchiolitis and pneumonia. Getting your child vaccinated protects them and others they come into contact with. Children are offered the quick and painless nasal spray flu vaccine. Please vaccinate your child to keep them well over winter.

## The nasal spray flu vaccine is free for:

- children aged 2 or 3 years old (on 31 August before flu vaccinations start in the autumn)
- all primary school children (reception to year 6)
- some secondary school aged children (year 7 to 11)
- children aged 2 to 17 years with certain long-term health conditions



If your child is aged between 6 months and 2 years and has a long-term health condition that puts them at higher risk from flu, they will be offered a flu vaccine injection instead of the nasal spray. This is because the nasal spray is not licensed for children under 2 years old.

The nasal spray vaccine contains small traces of gelatine derived from pigs (porcine gelatine). If this is not

suitable because you do not accept the use of porcine gelatine in medical products, a flu vaccine injection is available that contains no gelatine.

To further protect newborn babies, the RSV vaccine is available for pregnant women alongside vaccinations for pertussis and flu. RSV helps to protect against bronchiolitis in babies under 6 months.



For information on when your child should have their routine NHS vaccinations visit: [www.selondonics.org/nhs-vaccinations](http://www.selondonics.org/nhs-vaccinations)



# ACCESSING THE RIGHT CARE

**You may have noticed some changes in the way you access primary care. General Practice teams across Bromley have been trained to help you reach the right care at the right time.**

Whether you pop in, call or make a request online, they'll ask you to share a brief overview of your query so they can understand how to best direct you. Your practice might describe this process as 'total triage'.

Once the team have reviewed your query, they may suggest booking an appointment with a Doctor, another member of the practice team or direct you to your local Pharmacy team.

You may be offered a face-to-face, phone, or video appointment, depending on the type of query, availability of clinicians and which will suit you best. Appointments are now offered based on clinical need, rather than on a first-come-first-served basis.

We're still able to offer same day appointments for urgent requests, with most appointments for routine requirements being offered within two weeks.

**Please only use emergency services when it is a serious or life-threatening injury or illness. A&E services are always busier over winter and need to be kept available for patients with critical needs. If you are feeling unwell, please try to reach your local GP or Pharmacy teams, or access 111 online if out of hours.**



For further information please visit:  
[www.selondonics.org/your-primary-care-in-bromley/](http://www.selondonics.org/your-primary-care-in-bromley/)

# MANAGING COMMON WINTER AILMENTS IN CHILDREN

The following pages give advice on common winter ailments. Find out how to treat these at home and when you may need to seek medical advice.



## High temperature/fever

If you think your child has a raised temperature, check this using a thermometer. The normal range is from 35.5°C to 37.9°C but this can vary. Temperature can be measured in children of all ages using a digital thermometer and placing it in the armpit. You can use an in ear thermometer for children over one year old. Please do not use forehead or infrared thermometers as they are less accurate.

You do not need to treat every high temperature with medicine but if your child is distressed you can give them liquid paracetamol or ibuprofen. Not all fevers need treatment. If your child seems otherwise well and comfortable, there is no need to treat a fever. A febrile seizure (convulsion or fit) is not necessarily linked to how high the temperature is. You cannot prevent febrile seizure.

A fever is a high temperature of 38°C or more. Fever is a common, normal and healthy way for the body to fight infections such as coughs and colds. Fever can also happen during teething and for up to 2 days after a vaccination.





## What you can do at home

- Home care and rest can help your child feel better whilst they fight off the infection. Keep their room comfortably cool.
- Reduce night time bedding to just a light cotton sheet.
- Encourage them to drink plenty of water or their usual milk.
- Use children's liquid paracetamol or ibuprofen if they are uncomfortable.
- Do not give aspirin to children under 16.

## When to seek help

**Trust your instincts as you know your child best. Contact your GP practice or NHS 111 online when your GP is closed if you are worried or if your child:**

- is between three and six months old and has a temperature of 39°C or above
- has a fever for more than five days
- is less active than usual
- is getting worse instead of better.



## Call 999 or go to the Emergency Department if your child:

- is under three months old and has a temperature of 38°C or above
- has a stiff neck and is bothered by bright light
- has a rash that does not fade when you press a glass against it
- has a fit (febrile seizure) for the first time (they cannot stop shaking and are not responding as normal)
- has unusually cold hands and feet
- has blue, pale or blotchy skin, lips or tongue
- has a weak, high-pitched cry that's not like their normal cry
- is drowsy and hard to wake
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe and sucks their stomach in under their ribs.



# Coughs and colds

Coughs and colds are very common in young children and are caused by viruses. They may have a runny or blocked nose, sneezing, headache, fever, cough, tiredness, sore throat and some aches and pains. Antibiotics do not work for most coughs and colds.



## What you can do at home

- Visit your local pharmacy for advice on useful remedies.
- Keep them well hydrated and encourage them to rest.
- Use children's liquid paracetamol or ibuprofen to keep them comfortable.
- Saline nose drops can help ease a blocked nose.
- Most cough syrups do not make any difference to symptoms or the duration of illness.

## When to seek help

Contact your GP practice or NHS 111 online when your GP is closed if:

- your child is breathless speak to your GP to rule out a chest infection or asthma
- you are worried about your child's breathing.



## Call 999 or go to the Emergency Department if your child:

- has blue skin, tongue or lips
- is breathing faster than normal
- is making grunting noises, having pauses in breathing or is sucking in their tummy under their ribs
- is making a harsh breathing noise as they breathe in, which is present all of the time.



# Bronchiolitis

Bronchiolitis is a common chest infection caused by viruses that usually affect babies and children under 2 years old. The majority of cases are mild and clear up within 2 to 3 weeks without the need for treatment. Symptoms can include a high temperature, cough, difficulty feeding and rapid or noisy breathing. Symptoms are usually worst between days 3 and 5 and the cough usually gets better in 3 weeks. Antibiotics do not work for bronchiolitis. Inhalers are also unlikely to help babies under 1 year old.



## What you can do at home

Early bronchiolitis symptoms are similar to a cold – such as sneezing, a runny or blocked nose and a cough and high temperature. Manage these symptoms the same as you would for a cough and cold.

## When to seek help

Contact your GP practice or NHS 111 online when your GP is closed if you are worried and your child:

- has half as many wet nappies than usual
- has a high temperature of 38°C or above that is not coming down
- seems very tired or irritable.



## Call 999 or go to the Emergency Department if your child:

- has taken less than half their usual amount during the last 2 to 3 feeds
- is drowsy, or floppy or not responding normally
- has blue skin, tongue or lips
- is making grunting noises, having pauses in breathing or sucking in their tummy under their ribs
- has had dry nappies for 12 hours or more.



# Asthma

Many children have a cough during the winter when they get sick. If they usually get a chronic (long term) cough that lasts most of the winter, make an appointment to see your GP.

This can be repeated every four hours as required until your child improves. If they feel better, then continue with their regular medications and preventer (brown) inhaler as per their usual daily asthma care plan. Have a supply of their asthma relief medicines ready for the winter. Your child needs to use their inhaler correctly, with a spacer if needed, so that the medicine reaches their lungs.

See your GP or asthma nurse if your child is having symptoms and using their reliever inhaler more than 3 times a week when they are well, it's a sign that their asthma is getting worse and they could be at risk of an asthma attack.



The symptoms of an asthma attack don't always occur suddenly. They can often come on slowly over a few hours or days.

## Signs that your child may be having an asthma attack include:

- their symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- their reliever inhaler (usually blue) is not helping
- they become too breathless to speak, eat or sleep
- their breathing is getting faster and it feels like they cannot catch their breath
- their peak flow score is lower than normal (if measured over 5 years)
- your child may also complain of a tummy or chest ache.

## What you can do at home

- Sit your child upright and keep them calm.
- Follow your child's personalised asthma action or wheeze plan if they have one. If you do not have a personalised plan then use this general advice:

**Step 1** - If your child is wheezing, coughing, their chest feels tight or they find it hard to breathe, then give your child 2-4 puffs initially of their reliever (blue) inhaler using their spacer device, every 10 minutes, up to a total of 10 puffs.

This can be repeated every four hours as required until your child improves. If they feel better, then continue with their regular medications and preventer (brown) inhaler as per their usual daily asthma care plan.





## When to seek help

- Follow your child's personalised asthma action or wheeze plan if they have one.
- If you have followed **Step 1** and your child's symptoms:
  - have still not improved 4 hours after the initial treatment with inhalers, or
  - if their breathlessness returns within 4 hours, or
  - if their symptoms have not improved within 48 hours, then you must move to Step 2.

**Step 2** - At this stage, please give your child one more cycle of their reliever inhaler treatment using their spacer device, up to a total of 10 puffs. You must now seek urgent help by contacting your GP Practice, going to an Urgent Treatment Centre or NHS 111 online when your GP is closed. Please continue with their regular medications and preventer inhaler as per their usual daily asthma care plan until your child is reviewed.



## Call 999 or go to the Emergency Department if your child:

- feels worse at any point, or if their symptoms do not improve after using their inhalers as advised in **Steps 1 and 2**. You must now move to **Step 3**.

### Step 3

- call 999
- give 10 puffs of their reliever inhaler using their spacer device until the ambulance arrives
- if the ambulance takes longer than 10 minutes and your child feels worse or no better, then repeat the treatment of 10 puffs of their reliever inhaler using their spacer device, every 10 minutes until the ambulance arrives.

**Never be frightened of calling for help in an emergency**



# Maintenance and Reliever Therapy (MART)

If your child is on MART, you may be given a different plan. MART is an asthma treatment that uses a special type of combination inhaler for both daily prevention and relief of symptoms. With MART therapy one combination inhaler is used instead of two separate preventer and reliever inhalers.



MART inhalers are usually prescribed for children over 12 years old. But can be used in some children under 12 if advised by a specialist doctor. If your child is on the MART regime their inhalers are usually red and white.

For children on a MART regime, please follow the guidance below.



## What you can do at home

1. Sit up straight – try to keep calm.
2. Take one puff of your MART inhaler every 1 to 3 minutes up to six puffs.
3. If you feel worse at any point OR you do not feel better after six puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are not better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

If you do not have your MART inhaler with you and need to use a blue reliever inhaler, take one dose every 30-60 seconds up to a maximum of 10 puffs and call 999 for an ambulance.



# Sore throats



Sore throats are very common and are often associated with a high temperature. Most sore throats are caused by viral infections and get better on their own with no treatment. There are a small number of bacterial throat infections (see the section on Group A Strep/Scarlet fever).



## What you can do at home

- Home care and rest can help your child feel better while they fight off the infection.
- Give them plenty of liquids to prevent dehydration, such as water or milk, especially if your child has a fever.
- Avoid orange juice or other acidic drinks, which can irritate a sore throat.
- For pain you can use over-the-counter medicine, such as paracetamol or ibuprofen. Do not give hard sweets to children under 5 years old as they can choke.

## Pharmacy First

Most Pharmacies can advise and offer treatment for children aged 5 years and over without you needing to see a GP or make an appointment.  
[www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help](http://www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help)



## When to seek help

Contact your GP practice or NHS 111 online when your GP is closed if your child:

- has a sore throat for 4 days that is not improving and is generally unwell.



## Call 999 or go to the Emergency Department if your child:

- has difficulty swallowing, eating or drinking
- starts drooling, cannot talk, or their voice becomes muffled
- can't drink or shows signs of being dehydrated such as a dry mouth, sunken eyes, makes less urine and/or their urine is very dark
- is hard to wake up (lethargic), acts confused or does not know what they're doing.



# Group A Strep/Scarlet Fever

Sore throats are very common and are often associated with a high temperature. Most sore throats are caused by viral infections, but a small proportion of them are caused by streptococcal infection. Scarlet fever is a type of Group A Strep infection that causes a sandpaper-like raised bumpy rash usually with a sore throat. There are specific signs that suggest streptococcal infection including pus on the tonsils. If you are worried, contact your GP practice to help determine if their sore throat is likely to be bacterial.

## What you can do at home

- Plenty of rest whilst they fight off the infection.
- For pain use over the counter medicines such as liquid paracetamol and ibuprofen.
- Encourage fluids.
- Prevent spreading the infection:
  - by teaching your child to cover their mouth and nose when they sneeze/cough
  - avoid sharing food, drinks, towels and family utensils
  - remind everyone in the family to wash hands well and often.

## When to seek help

**Contact your GP practice or NHS 111 online when your GP is closed if your child:**

- has a sore throat for more than 4 days, has a high temperature and is generally unwell
- has developed a sandpaper rash – your GP or NHS 111 online may consider antibiotics.

## Call 999 or go to the Emergency Department if your child:

- has difficulty swallowing, eating or drinking
- starts drooling, cannot talk, or their voice becomes muffled
- can't drink or shows signs of being dried out (dehydration), for example, they have a dry mouth, sunken eyes, make less urine and/or their urine is very dark
- is hard to wake up (lethargic), acts confused or does not know what they're doing.

# Diarrhoea and vomiting

Diarrhoea and vomiting are common in babies and children. They're often caused by a virus and should get better in a few days. These viruses are very easily spread so wash your hands regularly and thoroughly and don't share towels. Babies are at more risk of becoming dehydrated, so please ensure they have plenty of fluids.



## What you can do at home

- Stay at home and get plenty of rest.
- Give your child frequent sips of water or oral rehydration treatment from your pharmacist.
- Continue breast/bottle feeding your baby – if they're being sick, try giving smaller and frequent feeds.
- Give babies (over 6 months old on formula/solid foods) sips of water between feeds.
- Avoid cow's milk, dairy products, fruit juice or fizzy drinks until recovered.
- Allow your child to eat when they feel hungry, avoid fatty or spicy foods.
- Don't give children under 12 years medicines to stop diarrhoea.
- If your child has stomach cramps; painkillers such as paracetamol and ibuprofen may help.



## When to seek help

Contact your GP practice or NHS 111 online when your GP is closed if:

- the diarrhoea persists for more than 7 days or if it gets worse and your child becomes more poorly
- the vomiting persists for more than 2 days or gets worse and your child becomes more poorly
- your child can't drink or shows signs of being dried out (dehydration), for example, if they have a dry mouth, sunken eyes, makes less urine and/or their urine is very dark
- your child has bloody diarrhoea or has bleeding from the bottom



## Call 999 or go to the Emergency Department if your child:

- vomits blood or has a vomit that looks like ground coffee
- has yellow-green or green vomit
- has a sudden, severe stomach ache
- might have swallowed something poisonous
- is hard to wake up (lethargic), acts confused or does not know what they're doing
- has blue, pale or blotchy skin, lips or tongue
- has a weak, high pitched cry which is not usual for them



# Earache

Earache is common in children and is often accompanied by a fever. The earache is usually on one side and caused by a viral infection. Earache can also be caused by other things such as teething or even swimming.

Your child may also have a runny nose, cough, sore throat or vomiting. They may feel unwell, be irritable, rub their ears frequently and have a poor appetite.

## What you can do at home

- Most ear infections resolve within two or three days and don't need antibiotics. You can give your child liquid paracetamol or ibuprofen to make them more comfortable. This not only helps with fever but also reduces pain.
- Place your child in an upright position with pillows. A warm towel held against their painful ear may help.

## Pharmacy First

Most Pharmacies can advise and offer treatment for children aged 1 to 17 years without you needing to see a GP or make an appointment.  
[www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help](http://www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help)

## When to seek help

Call your GP or 111 online when your GP is closed if your child:

- is having hearing problems or fluid is coming out of their ear
- doesn't seem to be getting any better after three days
- has a fever for more than five days
- has a severe headache
- has swelling or pain or redness behind the ear
- is aged between 6 months and 2 years old with infection in both ears, with associated symptoms such as altered sleep, fever and being very upset
- has an underlying health condition that makes them more vulnerable to serious infection.



# Croup

Croup is a common viral condition that affects the airways of babies and young children. Symptoms can include a seal-like barking cough, difficulty breathing, a hoarse voice and a high pitched rasping sound when breathing in. Children will usually have cold-like symptoms to begin with such as a temperature, runny nose, and cough.

Croup symptoms usually come on after a few days and are usually worse at night or if your child is upset. Children with mild croup symptoms can usually be managed at home. Steam inhalation is no longer recommended as there is little evidence to suggest it is helpful, and some children have been scalded with the steam or hot fluid. Symptoms usually resolve within 48 hours, although some episodes may last for up to one week. Occasionally croup can be more severe requiring treatment in hospital.

## What you can do at home

- Sit your child upright and try not to let them lie down.
- Comfort them if they're distressed and try to keep them calm (crying can make the symptoms worse).
- Give them plenty of fluids.
- Give them liquid paracetamol or ibuprofen to help ease any discomfort.
- Check on your child regularly. Symptoms may become WORSE at night and onset of any breathing difficulties may be sudden.



## When to seek help

Call your GP or 111 online when your GP is closed if your child:

- has worsening symptoms or difficulty breathing.
- for more severe symptoms, GPs can prescribe steroid medication to help to reduce the inflammation. Steroid medicines do not shorten the length of the illness, but they are likely to reduce the severity of symptoms.



## Call 999 or go to the Emergency Department if your child:

- is breathless
- has difficulty swallowing, eating or drinking
- starts drooling, cannot talk, or their voice becomes muffled
- can't drink or shows signs of being dehydrated such as a dry mouth, sunken eyes, make less urine and/or their urine is very dark
- is hard to wake up (lethargic), acts confused or does not know what they're doing.



## Other winter ailments

**Dry skin:** A lack of humidity from the cold, dry air outside and the warm, dry air inside can cause children to have itchy, dry skin during the winter. Use a mild soap or soap substitute when your child bathes and then quickly apply a moisturiser. Avoid washing with very hot water as this can remove oils and dry out the skin. You may have to reapply the moisturiser several times during the day.

**Eczema:** Children with eczema can have areas of red, itchy skin all year round, but these can be worse in the winter. Talk to your GP if your usual eczema regime isn't working during the winter.



If you would like information and advice on other childhood illnesses not included here visit [www.nhs.uk/conditions](http://www.nhs.uk/conditions)



# Serious ailments



## Meningitis

**Symptoms can develop suddenly and include:**

- a high temperature
- vomiting
- headache
- stiff neck and dislike of bright lights
- sleepier than normal and difficult to wake, not responding like they usually do or seizures
- babies refusing to be held
- babies refusing to eat
- a weak, high pitched cry which is not usual for them
- your child may have a rash which doesn't fade when you roll a clear glass over it.

**Trust your instincts.**

**If you think it's serious call 999 or go to your nearest emergency department.**

## Sepsis

**Sepsis is your body's response to an infection where it can injure its own tissues and organs. Prompt treatment is critical. Sepsis can be life threatening and it can be hard to spot in children.**

**Act immediately by calling 999 or going to your nearest Emergency Department if your child has any of these symptoms:**

- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when a clear glass is rolled over it
- difficulty breathing, breathlessness or breathing very fast
- a weak, high pitched cry which is not usual for them
- not responding like they usually do
- considerably sleepier than normal and difficult to wake.



# ANTIBIOTICS

**Children don't often need antibiotics unless they have an underlying health condition that makes them more vulnerable.**



Antibiotics do not treat viruses so will make no difference to a cough, cold or sore throat. They are not routinely used to treat chest or ear infections either.

Trust your GP when they advise if your child needs antibiotics or not. Taking antibiotics when you don't need them may mean they will not work for you in the future and may cause unwanted side effects such as loose stools.

If your child is prescribed antibiotics, please make sure that they take the full course, even if they start to feel better otherwise the infection may come back.



If you would like information and advice on antibiotics visit [www.nhs.uk/conditions/antibiotics/](https://www.nhs.uk/conditions/antibiotics/)

# WHEN SHOULD I KEEP MY CHILD AT HOME?

Knowing when your child should stay at home from school or nursery if they are unwell can help slow down the spread of winter viruses.



Children with a runny nose, sore throat, or slight cough who are otherwise well and do not have a high temperature can continue to go to school or nursery.

The following table provides guidance on common childhood conditions and how long to keep your child off school.

ILLNESS	RECOMMENDATIONS
<b>Chicken pox and shingles</b>	Keep off school for five days from the start of a rash and until all the spots have crusted over.
<b>Cold sores</b>	No need to be off school.
<b>Conjunctivitis</b>	No need to be off school.
<b>Respiratory infections including coronavirus (COVID-19)</b>	Keep your child off school if they have a high temperature and are unwell. Children are not routinely tested for COVID-19 unless advised to by a health professional. If they have symptoms or have tested positive, stay at home for at least 3 days, or until they no longer have a high temperature and are well enough to attend school.
<b>Diarrhoea and vomiting</b>	Keep off school until 48 hours after the last episode of diarrhoea or vomiting.
<b>Flu</b>	Return to school as soon as your child has recovered.

ILLNESS	RECOMMENDATIONS
<b>Glandular fever</b>	No need to be off school.
<b>Hand, foot and mouth disease</b>	It is not usually necessary to keep your child off school.
<b>Head lice</b>	No need to be off school.
<b>Impetigo</b>	Keep off school until lesions (spots) are crusted or healed or 48 hours after starting antibiotic treatment, whichever is shorter.
<b>Measles</b>	Keep off school for four days from the start of rash and until recovered.
<b>Molluscum contagiosum</b>	No need to be off school.
<b>Mumps</b>	Keep off school for five days from the start of swollen glands.
<b>Ringworm</b>	It is not usually necessary to keep off school.
<b>Rubella (German measles)</b>	Keep off school for four days from the start of rash.
<b>Scabies</b>	Return to school after the first treatment.
<b>Scarlet Fever</b>	Keep off school for 24 hours after starting antibiotic treatment.
<b>Slapped cheek/ Fifth disease/ Parvovirus B19</b>	No need to be off school once rash has developed.
<b>Threadworms</b>	No need to be off school.
<b>Warts and verrucae</b>	No need to be off school.
<b>Whooping cough (pertussis)</b>	Keep off school for two days after starting antibiotic treatment or 21 days from the start of a cough if no antibiotic treatment has been given.



# USEFUL INFORMATION AND SERVICES

**For a range of free health, wellbeing, information and advice visit:**

[www.bromleywell.org.uk](http://www.bromleywell.org.uk)

**For details of the service and support available in your community:**

<https://bromley.simplyconnect.uk>

[www.bromley.gov.uk](http://www.bromley.gov.uk)

**Find out more about Primary Care Networks, Children's Centres and Family Hubs:**

[www.bromleypcns.nhs.uk](http://www.bromleypcns.nhs.uk)

[www.bromley.gov.uk/  
ChildrenAndFamilyCentres](http://www.bromley.gov.uk/ChildrenAndFamilyCentres)

[www.bromleyparentinghub.info](http://www.bromleyparentinghub.info)

**For support with food, housing, debt, IT and other advice:**

[www.livingwell.life](http://www.livingwell.life)

[www.bromleyborough.foodbank.org.uk](http://www.bromleyborough.foodbank.org.uk)

[www.bromleycab.org.uk](http://www.bromleycab.org.uk)

[www.clearcommunityweb.co.uk](http://www.clearcommunityweb.co.uk)

**For a guide to independent living and available services visit:**

<https://www.bromley.gov.uk/help-adults/guide-independent-living>

**To discover support for mental health visit:**

[www.selmind.org.uk](http://www.selmind.org.uk)

[www.bromley-Y.org](http://www.bromley-Y.org)

## Join us on social media:





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# TOP TIPS



-  **Trust your instincts** – you know your family member best.
-  **Keep essential supplies/medicines** at home for when you need them.
-  **Help your NHS** and manage minor conditions and symptoms at home.
-  **Vaccinate your children and eligible adults** – it is the best thing you can do to protect them.

**www.nhs.uk** has lots of helpful information and advice on keeping your family well.



For information on Bromley children's services visit **www.bromley0to19.co.uk**

If you would like this guide in another format please email **bromley.contactus@selondonics.nhs.uk**