

Ryan, Kate and the others ...

When children are ill: Some advice for parents

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Kinder- und Jugendmedizin

The brochure was last revised in 2012 and is no longer in line with the latest findings on some issues. However, it continues to serve as a useful guide for parents, providing clear and understandable information on the most common illnesses and emergencies.

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Introduction

Does Kate look ill? Something is worrying you about Ryan? Before running to the telephone to call the paediatrician, consult this brochure; you will find practical information telling you what to do first of all.

Suggestion: It is advisable to read the brochure now, before you really need it.

The chapter entitled **To be observed** describes the most frequent problems which are also usually benign.

The chapter **Urgent** explains the rare situations which can be life threatening and need the rapid intervention of a paediatrician.

The heading **What to do first?** suggests to you what to do first, whether you need to consult a doctor, and gives advice on decisions to take according to the specific situation.



The symbol indicates that you should contact your paediatrician for further advice or a non-urgent appointment.

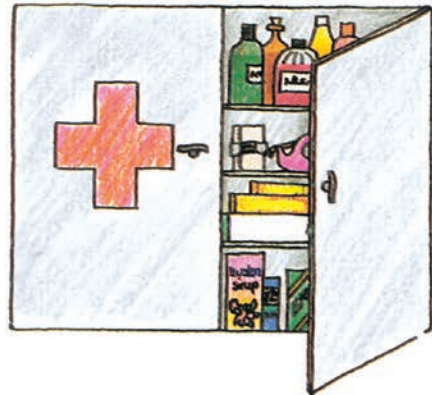


The symbol indicates that you should see the doctor urgently or go rapidly to the hospital in your own car with an accompanying person if possible, or by ambulance (telephone 144).

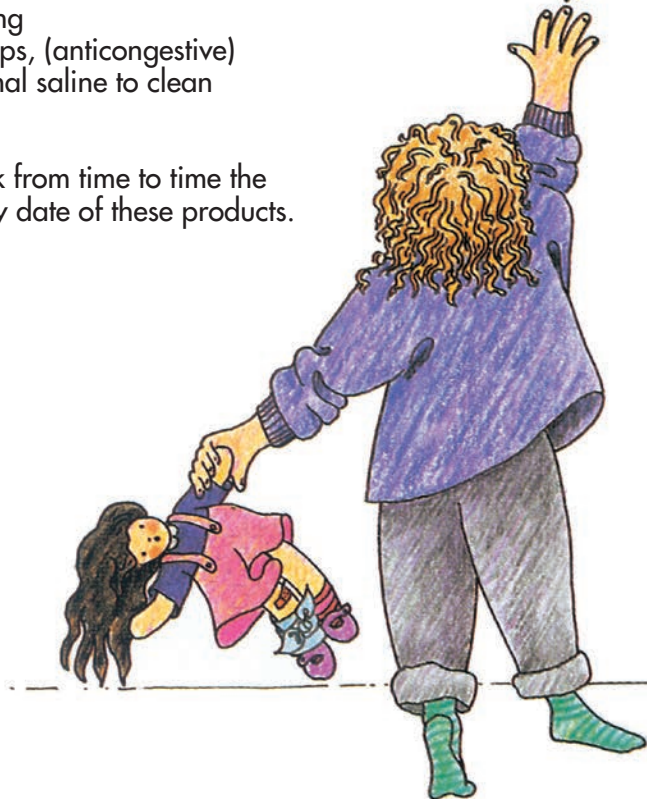
Home pharmacy for children

Do you have everything you need for the care of your children? Here is a list of the minimum of material necessary for your first-aid kit. Make sure the child minder is informed of the contents and the appropriate use.

- Liquid disinfectant for wounds
- Plasters
- Elastic bandage, gauze bandage
- Medicine for fever. Most are also efficient for pain
- Electronic or alcohol thermometer (ear thermometer can be used on children over two)
- Rehydrating medicine in case of diarrhea or vomiting
- Nose drops, (anticongestive) and normal saline to clean the nose



N.B.: Check from time to time the expiry date of these products.



To be observed and checked

Fever (this advice does not apply to infants under 3 months of age, see p.38).

A fever, even if it is high, is not necessarily a serious sign and it does not damage the brain. It is often caused by a viral infection and may persist for 72 hours.

Your child has fever ... how much? **Measure** the rectal temperature (or if not possible, under the arm).

What to do first?

1. **Less than 38° rectal:** *Nothing serious, check the temperature a little later.*

Between 38° and 38,5°: *Undress the child and leave him in his underclothes in a cool room if it is not too uncomfortable for him. Too many clothes or covers will raise the temperature.*

Higher than 38,5°: *Especially if the child is less than 4 years old: Try to decrease his temperature, for his comfort and also to avoid a possible febrile convulsion (fit) (see page 8).*

Give him an antipyretic (fever reducing) medicine such as paracetamol (Ben-u-ron, Dafalgan, Tylenol etc.). The dose is 10 mg/kg body weight (eg: 80 mg for a body weight of 8 kg). This may be repeated every 6 hours if the fever persists.

Other antipyretic medicines exist such as ibuprofen (Brufen, Advil) or mefenamic acid (Ponstan, Méfénacide, Méfadolor etc.). These are also anti-inflammatory and should be given according to the advice of your doctor and in the recommended dose. The above mentioned medicine is effective against pain.

If, in spite of the medicinal treatment, the fever persists or increases, and you cannot give additional medication, you can possibly apply «cold wraps»: Cold compresses around the thighs and legs, if it is not too uncomfortable for the child.

N.B.: *Aspirin is not recommended before age 12 years and must not be given during chickenpox infection.*

To be observed and checked

2. *It is also important to give a lot of fluids to the child. If he is breast-fed, give him your milk, otherwise choose preferably water or dilute weak tea rather than milk or fruit juices which may induce vomiting.*
3. *Observe the child's condition: If he walks, plays, has a good colour and no particular complaints, the illness is probably minor.*



If the child is pale and apathetic,

if he has small purple spots on his skin, spreading fast, which do not disappear with pressure,

if he has a very sore throat, dribbles saliva and is gasping for breath,

if he coughs, breathes fast and with difficulty,

if he has a headache, a stiff neck or vomits,

if he has other worrying signs,

go quickly to the hospital or call the ambulance (144).



If the fever lasts longer than 3 days,

if the temperature rises a few days after a cold,

if fever is accompanied by a sore throat, earache, stomachache or urinary symptoms,

contact the paediatrician within half a day.

N.B.: It is not dangerous to take a child with fever out to visit the doctor; on the contrary it may help decrease the fever.

To be observed and checked

Febrile convulsions

These may occur in children aged between 6 months and 6 years in the presence of fever (eg: Caused by viral infection). They are alarming to observe but are not harmful to the brain. The child becomes unconscious, his eyes roll up, he becomes limp or stiff and his limbs jerk rapidly. The convulsion usually ceases spontaneously within a few minutes.

What to do first?

1. *Keep calm.*
2. *Prevent the child from hurting himself.*
3. *Put him on his side and undress him.*
4. *Decrease his temperature; but do not give oral medicines nor a bath while he is unconscious.*



If it is the first convulsion, telephone the paediatrician immediately or consult the emergency department. Rarely a convulsion may be a symptom of meningitis.

If the convulsion lasts more than 5 minutes, **call the ambulance (144)**. Do not leave the child on an elevated surface when you leave to make a phone call.



If your child has had a febrile convulsion previously and his physical condition is good, consult the paediatrician within the half day.

To be observed and checked

Cough

A cough is a **useful** reflex to clear the respiratory tracts of an irritation. There are many possible causes:

Most often, it is due to an irritation of the throat by a virus, accentuated by the secretions of a cold. The child coughs more frequently in the lying position. Note whether the breathing is normal between the cough spasms.

One cause of cough is **croup** which is an inflammation of the voice organ (larynx); this is common under the age of 5 years; the child wakes at night with a barking cough, loses his voice and sometimes has difficulty in breathing as inspiration of air is hindered.

Asthma, an inflammation of the bronchi or **bronchiolitis**, a viral inflammation of the small bronchioles (generally before 2 years of age) also provoke cough; the child is short of breath, expiration of air is difficult and a wheeze may be audible. Finally **bronchitis** or **pneumonia**, infection of the bronchi or lungs, may also be the cause of cough; breathing is rapid and the child has fever.

What to do first?

1. *In the case of a cold: Encourage your child to sleep on his abdomen (not for children aged less than 1 year) and raise the head of the bed; humidify the atmosphere of the room; apply nose drops.*
2. *In the case of croup (barking cough and hoarse voice): **Sit** the child in the bathroom and turn on the hot water tap to make the maximum humidity rapidly. Humidify his room with a humidifier (cold vapour if possible).*
3. *In the case of bronchiolitis: Humidify the air.*
4. *In the case of asthma: Give the medicine prescribed by the doctor and humidify the air.*
5. *In all cases: Hydrate the child by giving frequent small quantities of water or weak tea.*

To be observed and checked



If the child sleeps poorly,

if the cough lasts for more than 10 days,

if the cough is accompanied by a raised temperature for more than 3 days, or by rapid breathing or by chest pain,

consult the paediatrician.



To be observed and checked



In the case of croup or bronchiolitis: If the child's condition does not improve within 15 minutes of intense humidification,

in the case of asthma: If it is the first attack or if the treatment you have given is not effective,

if he has inhaled a small object,

if he salivates abundantly and has a very sore throat,

call the doctor immediately or go to the hospital immediately keeping the child in a sitting position, or call the ambulance (144).

(See also suffocation p. 28.)



Never expose children to cigarette smoke, it might lead to respiratory infections.

N.B.: Take care that the child does not burn himself on a hot steam humidifier.

To be observed and checked

Sore throat

Your child complains of a sore throat; he has a temperature of 38,4°:
What is the problem?

In 80% of cases, a **sore throat** is due to a viral infection, accompanied by a cold, sore irritated eyes, sometimes a cough, and a raised temperature.

It may also be a symptom of a **Streptococcal infection** which needs treatment with an **antibiotic** in order to prevent serious complications. The child usually (but not always) has a very high fever, sometimes vomits, complains of headache and abdominal pain and may have little red spots on his body which could be a scarlet fever.

Finally, rarely sore throat may be a symptom of epiglottic infection (see page 28).



To be observed and checked

What to do first?

- 1. If the child is more than 4 years old, you may give him throat lozenges to diminish the pain, after asking advice from your pharmacist for a product suitable for the child's age.*
- 2. Treat the fever.*
- 3. Give him plenty of cool drinks but avoid fruit juice and lemonade which may sting the throat and avoid milk which may make him vomit.*
- 4. Wait and see.*



If the child has fever or rash but is otherwise stable,
consult the doctor to exclude a Streptococcal infection.



If the child has **severe** pain, cannot swallow liquids, salivates abundantly and has difficulty breathing,
call IMMEDIATELY the ambulance (144), and keep him in the SITTING POSITION.

To be observed and checked

Earache

If your child has a cold, is woken by a violent and persistent pain in the ear and develops a fever, he probably has an **acute** otitis. This is an infection of the tympanic membrane and middle ear and is a frequent complication of a cold in children. The usual symptoms are: Pain (may be absent or inconspicuous in the young child), fever (not always), diarrhoea or vomiting (especially in the young child), and sometimes a white-yellow discharge from the ear which indicates that the ear drum has perforated.

What to do first?

1. *Take the temperature.*
2. *If your child has fever or suffers pain, give him an antipyretic analgesic medicine (see page 6).*
3. *Note whether there is discharge from his ear.*
4. *Do not put anything in the ear without consulting a doctor.*

If the child is aged more than 2 years and has no fever,
if the pain is slight or intermittent,
monitor his progress for 24–48 hours before **consulting the doctor**.

To be observed and checked



If the child is under 2 years of age,
if he is pale and irritable,
if the pain is intense and persistent,
if the region behind the ear is red and swollen,
if the child becomes unwell and feverish a few days
after starting a cold,
contact the doctor rapidly.



A certain number of episodes of acute otitis can be avoided by preventing the child from drinking from the bottle in the lying position (ie: He should drink in the sitting position), and by avoiding exposure to cigarette smoke.



To be observed and checked

Rashes

Rashes are frequent in children. They may occur with or without fever. There are many causes such as viral infections, childhood illnesses and allergies.

What to do first?

- 1. Take the rectal temperature.*
- 2. Verify that the child is behaving normally.*
- 3. Observe the general condition of the child: Does he have any other symptoms?*



If the child has a rash without fever,
if he has a rash together with a moderately raised temperature
and his physical condition is good,
contact the paediatrician.



If the child has a purple coloured rash together with a high fever
and his physical condition is deteriorating,
go rapidly to the hospital or call the ambulance (144).

To be observed and checked

Foreign body ingestion

Whilst you are answering the phone, your child has swallowed a pin ... Be reassured! In most cases, the object, even if it is pointed or sharp, comes out at the other end of the digestive tract!

What to do first?

- 1. Observe the state of the child. Does he vomit? Does he have stomachache?*
- 2. Observe his stools: You will be relieved to find the object in his pot! Observe whether the colour of the stools is normal.*



If the object is big,
if it is a battery, or a magnetic object,
if the child has stomachache,
if his stools are black,
call the doctor urgently.



N.B.: Small children have a tendency to put everything in the mouth. Do not leave money, batteries, needles, pins or other small objects within their reach.

The object may also lodge in the respiratory tract. This is much more serious and many cause breathing problems.

To be observed and checked

Animal bites

A child may be bitten by a domestic animal (eg: Dog, hamster etc.) or by a wild animal.

What to do first?

1. *Keep calm.*
2. *Wash the wound abundantly with soap and water for 15 minutes then disinfect.*

It is essential to find out:

- ***In the case of a domestic animal:*** *Whether it has been correctly vaccinated against rabies.*
- ***In the case of a wild animal:*** *What kind of animal has bitten the child? Try to capture it ... if possible.*



In all cases, contact the pediatrician who will decide on the necessary course of action (eg: tetanus booster and antibiotics).



To be observed and checked

Insect bites and stings

A child may have a painful reaction following an insect bite or sting.

What to do first?

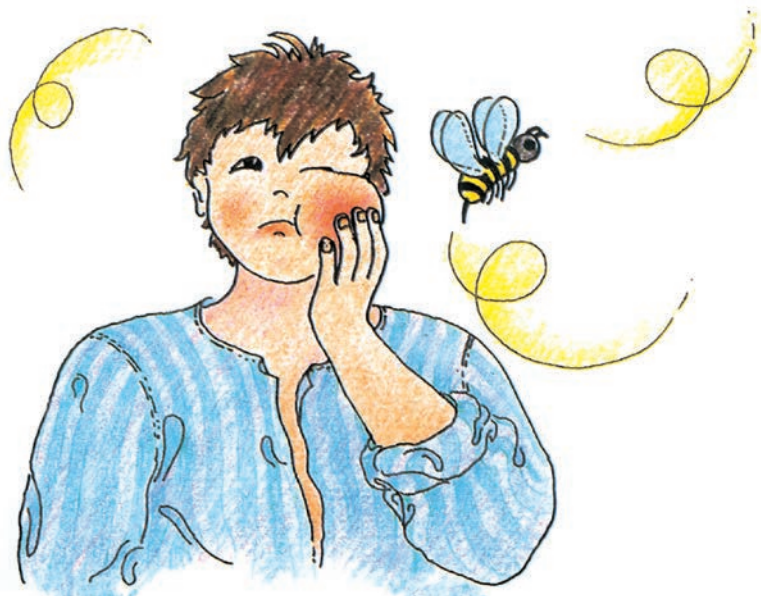
1. *Reassure the child.*
2. *Remove the sting (in the case of a bee sting).*
3. *Disinfect and apply a cool dressing to the area.*
4. *If in acute pain, give a painkiller.*



If the child is stung in the mouth or throat,

if he presents generalised symptoms of redness, difficulty in breathing or swallowing, neck or facial swelling, fainting, loss of consciousness,

go immediately to the hospital or call the ambulance (144).



To be observed and checked

Head injury

Head trauma is frequent in children but most cases are not serious. Often a lump, which does not signify danger, appears at the site of impact.

What to do first?

- 1. Apply cool (tepid) water to the bruise.*
- 2. Observe the child and ascertain that his behaviour remains normal in the hours and days that follow.*



You should take the child rapidly to hospital, or possibly call an ambulance (144) if:

He loses consciousness at the moment of the accident,
he bleeds or has discharge from his nose, ears or mouth,
his behaviour changes,
he vomits more than twice after the head injury,
his pupils (the black centre of his eyes) are unequal in size,
he has fallen from a height of over 5 meters or three times his height.

Call the ambulance (144) if he remains unconscious or convulses (has a fit).

To be observed and checked

Vomiting

Vomiting is the violent expulsion of an appreciable quantity of liquid or food from the stomach. It is a symptom of various conditions which are often minor (viral infection, indigestion, travel sickness etc.) but sometimes serious (gastroenteritis, urinary infection etc.).

What to do first?

- 1. Stop all solids.*
- 2. Give small quantities of an oral rehydrating solution frequently (every 15 minutes for the child aged less than 2 years). Do not persist with this regime for more than 24 hours. It is inadvisable to give milk or fruit juice (see page 24).*
- 3. Take the child's temperature and reduce it if elevated.*
- 4. Observe for other symptoms such as diarrhoea, headache, abdominal pain, pain on passing urine, etc.*



If the child is less than 1 year old,

if the child is less than 2 years old and has very liquid diarrhoea,

if vomiting continues for more than 6 hours, despite the above treatment,

if the child complains of stomachache or pain on passing urine,

contact the paediatrician.

To be observed and checked



If the child has a high temperature and violent headache,

if he vomits blood,

if the child has increasing abdominal pain
(especially on the right side),

if he has black or blood containing stools,

if he has not passed urine for 8 hours,

if he has had a violent shock on the head preceeding
the vomiting,

contact the doctor immediately or go to the hospital.

- N.B.:** – Only reintroduce solids (and even then low fat containing foods) when nausea has ceased.
– Vomiting accompanying a cough is a common symptom and usually of minor importance.

To be observed and checked

Diarrhoea

This is the passage of **frequent liquid** stools.

Most often diarrhoea is due to a viral infection: Commonly called intestinal 'flu'. It lasts for 3–5 days and may be accompanied by fever and vomiting. The child may become **dehydrated**, especially if he is less than 2 years old.



To be observed and checked

What to do first?

1. Give the child plenty to drink.

If you are breast feeding: You should continue and give, in addition, a rehydration solution (see below for details).

If the baby is bottle fed: Stop the formula milk for 4–6 hours and during this time give him a rehydration solution (see below for details).

2. If the child is already taking **solids**, you should rehydrate him (see below) and give him a diet containing carrot, banana, raw apple, rice, potatoes, lean meat.

Rehydration instructions

- **For the first 4 hours:** 50 ml liquid/kg weight eg: For a baby of 6 kg give 300 ml. Give this liquid in small quantities very often, even if he continues to vomit.
- **After 4–6 hours:** Give 100 ml each time the baby has diarrhoea.



If the diarrhoea is frequent (more than 5/24 hours) and the child is less than 2 years old,

if the stools contain blood,

if the child refuses to drink or if he vomits all that he drinks,

if the child passes little urine (less than once every 8 hours) or if he is too quiet,

if the child appears ill, has a fever, even if the diarrhoea is not considerable,

contact the paediatrician rapidly.

- N.B.:** – Liquid stools are normal for a breast fed baby.
– The rehydration instructions apply also in case of vomiting.

To be observed and checked

Abdominal pain

Childhood abdominal pain has many possible causes: A viral infection, sore throat, urinary infection, digestive problem, constipation, appendicitis and even psychological stress. This list is inexhaustive.

What to do first?

In the case of intense pain:

- 1. Lie the patient down in a calm place.*
- 2. Check his temperature and treat fever if present.*
- 3. Give him small quantities of sweetened liquids.*
- 4. Avoid solid food for several hours.*



If there is diarrhoea, high fever, vomiting,
if the child has difficulty passing urine,
if he has a lump in the groin, (hernia, see p. 26),
if a testicle is swollen,
if the pain is intense, persistent or situated on the right side,
if the child is doubled up with pain,
if his general condition is worrying, or if he is pale or very red
or weak,

contact the doctor rapidly.

To be observed and checked

Hernia

Whilst changing your 3 month old child you notice a lump in the groin, above the testicles in boys, in the genital region in girls: It is probably a hernia.

What to do first?

- 1. Try to calm the child if he is crying. Often the hernia will disappear when the child relaxes, for example while he is in the bath. The hernia is likely to appear and disappear, and in this situation there is no urgency to consult.*
- 2. Do not try to reduce the hernia and do not use a compressive bandage.*



When you discover a hernia for the first time,
contact your doctor to confirm the diagnosis.



If the hernia is hard and purple coloured (strangulated hernia),
if the child cries persistently and the hernia seems painful,
if the child vomits,
contact the doctor urgently.

N.B.: In babies it is common to find a lump at the level of the umbilicus. This is likely to be an umbilical hernia, which usually heals spontaneously, never strangulates and never causes any medical problem.

To be observed and checked

Constipation

This is passage of infrequent hard stools. It is usually of dietary or psychological origin and is rarely the sign of an illness.

What to do first?

- 1. Give fruit juice and a varied diet including vegetables, cereals etc.*
- 2. Try to establish a regular routine for going to the toilet.*
- 3. Do not prevent your child from going to the toilet when he needs to.*
- 4. Do not use manual methods without consulting the paediatrician.*



If this advice is unsuccessful,
if the child is sick or has intense pain,
call the paediatrician.

Suffocation

This means the child has great difficulty in breathing, is gasping for breath and he has a poor colour – grey blue.



In a young child (less than 3 years old) it may be that he has **inhaled a foreign body**. Take care not to leave small objects (beads, buttons, **peanuts**, etc.) within reach of small children.

If he has a high fever, salivates abundantly, cannot swallow liquids because he has an **INTENSE** sore throat, he probably has an **infection of the epiglottis** at the entrance to the larynx.

If his face is swollen and there are red patches on the skin, it may be an **allergic reaction**.

A barking cough could indicate that the problem is a **severe croup**. Asthma and bronchiolitis may also cause suffocation symptoms. (see p. 9).

What to do first?

1. *Keep calm: Your fear will only aggravate the child's condition.*
2. *If the child is choking after having put an object in his mouth, do not under any circumstances try to take it out or put anything in his mouth. If he is less than 2 years old: put the child flat on your knees and apply pats to his back. Then turn him over and compress his sternum 5 times.*

For an older child: stand behind him, pass your arms under his arms and hug the thorax. Place a fist in the pit of his stomach and place the other hand over your fist. Press briefly very strongly, pulling your fists up.

3. *If you think he has croup or bronchiolitis, sit him in the bathroom and turn on the hot tap to give a maximum amount of humidity.*

Urgent



If the child has inhaled an object,
if he seems to have a serious infection of the throat eg: Epiglottitis,
if he has a severe asthmatic attack,
if he has croup or bronchiolitis and his condition does not improve after 15 minutes of intense humidity,
go to the hospital immediately keeping the child in the SITTING position or call an ambulance (144).

Convulsion

Your child has fallen: He does not react, is breathing noisily, may be limp or stiff or making jerky movements of one or more limbs. This is a convulsion (fit) which may be due to **fever** (see febrile convulsion page 8), a head injury or epilepsy.

What to do first?

- 1. Remain calm. Most convulsions cease within 5 minutes and do not cause any brain damage.*
- 2. Prevent the child from hurting himself.*
- 3. Put him on his side and undress him.*
- 4. If he has a raised temperature, try to reduce it (see fever) but do not give anything by mouth to an unconscious child.*



If your child convulses for the first time, with or without a raised temperature,

if he has had convulsions previously without fever and the convulsion lasts for more than 10 minutes,

go to the emergency department at the hospital.

If the convulsion follows a violent head trauma, call the ambulance immediately (144). Do not leave the child on an elevated surface while you leave to make the phone call.



If it is a second or subsequent febrile convulsion, and you are not too concerned about his wellbeing and recovery,

consult the paediatrician within the half day.

Coma

At a time when your baby is normally awake, he seems to be deeply asleep with noisy or irregular breathing.

What to do first?

- 1. Remain calm. Undress him and lie him on his side with his legs slightly raised.*
- 2. Shake him gently by his shoulders and pinch his earlobe to try to waken him.*
- 3. Observe his breathing.*



If the child does not wake,

call the ambulance (144).

If the child wakes,

consult your paediatrician urgently.

Poisoning



Prevention is better than cure! Do not leave any toxic products within reach of young children.

Dangerous products for children:

Kitchen	decalcifier products for unblocking sinks washing powder washing up liquid dishwasher powder bleach etc.
Bathroom	cleaning products medicines certain cosmetics etc.
Toilet	disinfectants deodorants
Bedroom	medicines cosmetics
Sitting room	alcohol petrol for lamps tobacco etc.
Balcony/garage	Poisonous plants anti-freeze petrol car cleaning products
Workshop	chemical products for D.I.Y. photo development equipment
Garden	gardening products poisonous plants

If an accident happens:

What to do first?

1. Do not make your child **vomit** without first consulting a doctor.
2. Find out:
 - What the child has swallowed.
 - The quantity.
 - At what time it happened.
3. Observe whether the child presents abnormal signs.
4. Know and remember the **weight** of your child.



Immediately telephone the paediatrician or the poison centre (in Switzerland: *Swiss toxicological information centre of Zürich, tel. 145*) who will ask you the preceding questions, advise you about treatment and inform you about what to do.

N.B.: If they advise you to go to the hospital, try to take an accompanying person with you. Take the product together with its wrapping, whatever the child has already vomited, and a bowl.



If the child is unconscious or convulses,
call the ambulance (144).

Accidents



Prevention is better than cure!

Take care when using hot steam humidifiers, saucepans, kettles full of boiling liquid, unprotected electric plugs, swimming pools and many other potential hazards.



Burns

What to do first?

1. Cool the burnt area in tepid water (15–20°) after removing clothing if necessary and possible. Do not remove clothes that stick to the skin.

N.B.: This cooling recommendation does not apply to babies under 1 year old, unconscious children, or in case of a burn covering a large area.

2. Give paracetamol for the pain.
3. If the child's clothes are on fire, throw cold water onto the child or wrap him in a **non-synthetic cover**.



Even if the burn is superficial or small,
contact the paediatrician.



If the burn is deep or large, go straight to hospital.

- N.B.:** – A burn to the face, hands, feet or genitals must be checked by a doctor.
- Never put grease or cotton wool onto a burn.
 - Never burst the burn blister at home.

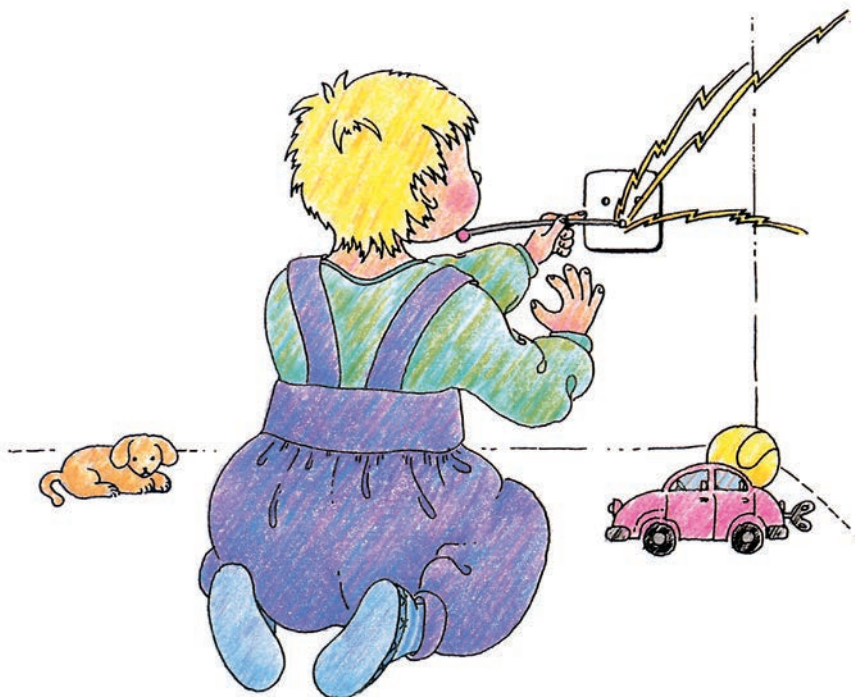
Electrocution

What to do first?

1. Disconnect the electric current **before touching the child**. If this is not possible, use a stick (eg: A broom but not a metal broom) to separate the child from the contact with the current. Make sure that your **hands are dry**.
2. Observe the conscious state of the child. If he is unconscious and has stopped breathing: Resuscitate him (mouth to mouth breathing, heart massage).
3. Observe whether the child has burns. If so, rinse them with cool tap water (see burns p. 35).



Call an ambulance (144) and continue resuscitation.



Drowning

What to do first?

1. *If the child is conscious, undress him, dry him and wrap him in a dry blanket or towel.*



If the child is unconscious, resuscitate him (mouth to mouth breathing, heart massage) as best you can and call the ambulance (144).

N.B.: Even if the child remains conscious you must take him immediately to the hospital, complications may appear a few hours later.



The baby aged 0 to 3 months

Your baby has

- A good appetite,
- regurgitates slightly or not at all,
- urinates regularly and passes stools every day,
- does not have a raised temperature (temperature less than 38°),
- cries vigorously.

You must not worry, even if ...

- He does not stop crying between 7 p.m. and 10 p.m. This is a tiresome and common problem.
- He cries, bending up his knees rhythmically: This is colic: Ask your paediatrician for advice.
- He is breast fed and has not passed stools for several days: This is normal if he receives only breast milk: Contact the paediatrician if he is uncomfortable.

But ...

- If his temperature is more than 38°,
- if his behaviour is abnormal (eg: Feeble cry),
- if his stools are very liquid and very frequent (even if he is breast fed),
- if his umbilicus is red, purple or purulent.



Telephone the paediatrician straight away!

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