

Back to School



Back to school

A self-care guide to common ailments





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Common ailments which your child may pick up at school are rarely serious and will not need a prescription. Treating your child’s ailment or infection yourself, or with advice and medicines from your pharmacist, can often be the easiest and quickest way to deal with your child’s problem.

This booklet will help you recognise and treat your child’s common ailment at home or with advice from your pharmacist. It covers common ailments often picked up at school.

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Head lice

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

What are lice like?

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

How can I tell if my child has head lice?

Wash your child's hair in the usual way and leave hair wet. Straighten and untangle with an ordinary comb, conditioner may help. Then use a plastic detection comb (available from your pharmacy) to comb from the roots to the tips of the hair, keeping the comb as close to the scalp as possible. Work the comb around the whole head. Keep checking the comb for lice. If you find living lice check every head in your family and treat them in the same way. This is called the detection method.

What can I do to tackle head lice?

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



Treat lice using:

Wet combing/Bug busting

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

Lotions containing insecticides

There are several insecticide treatments available from your pharmacy. It is important to ask your pharmacist for advice on the best lotion to use as some insecticide treatments are unsuitable for some people. Treat anyone else in the family who is also found to have living adult head lice, at the same time, with the same lotion (if suitable). Remember there is no need to treat the empty lice shells, only for live lice. Insecticide treatments cannot prevent your child from catching head lice.

Alternative methods

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

Don't pass it on

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



Ear infection

Earache (usually just on one side), congested cold, fever, general feeling of being unwell, irritability, frequent ear pulling or rubbing, poor appetite are all symptoms of an ear infection.

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

What causes ear infections?

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



What can I do if my child has an ear infection?

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

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

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

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

More information

For more advice and information on treating common health problems visit the Consumer Health Information Centre www.chic.org.uk

To speak to a nurse for advice on over-the-counter medicines call the **Over-the-Counter Medicines Advice Line** on **020 8742 7042** (weekdays 10am-3pm). They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.

* If your child is asthmatics speak to a GP before giving ibuprofen.

Diarrhoea

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

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

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

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

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



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

Still worried?

If you are still worried ask your pharmacist, health visitor or a doctor for advice or call **NHS Direct** on 0845 4647.

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

Vomiting

What can I do if my baby is vomiting?

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

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

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



What can I do if my child is vomiting?

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

The best thing to do is:

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

Still worried?

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

Threadworms

Threadworms are common in children and cause an itchy bottom especially at night. They are tiny white worms about half an inch long that live in the gut and around the bottom. Sometimes they can be seen in your child's faeces (poo) and are often seen around and on the anus. They look like tiny threads of white cotton. They can be collected using a reversed piece of clear sticky tape for confirmation by a health professional. Threadworms do not live for very long, so if you are careful and avoid reinfestation this ailment may cure itself.

What can I do to prevent threadworms spreading?

- Keep your child's fingernails short and clean.
- Make sure that everyone living in your house washes their hands well and scrubs their nails before every meal and after going to the toilet.
- Make sure that everyone uses their own towel and flannel.
- Your child should wear pyjamas or pants in bed. Make sure the bed linen is changed regularly.
- Give your child a bath or a shower daily, washing thoroughly around the bottom area. Your pharmacist can also recommend treatment for threadworms. (All members of the family should be treated, even if they do not have any symptoms of infection.)



Ring worm

Ringworm appears as a round or oval patch of itchy skin with a red outline. It can be found anywhere on the body, especially on the groin or the scalp. It may appear as red itchy patches at the base of hair. It is common in children.

Ringworm is a contagious fungal infection of the skin and is normally caught from an infected person or pet. It is not a worm. Ringworm can also be caught from sharing hairbrushes, combs and unwashed clothes.

How can I treat my child's ringworm?

- The affected area should be kept dry and where possible leave it uncovered.
- Avoid further infection by using a different flannel or towel for the infected area.
- Ask your pharmacist. There are several different creams which will help to get rid of the infection.

Where to get advice

If you are still concerned or need further advice ask your pharmacist or call **NHS Direct** on 0845 4647.

Scabies

Itchy rash, inflammation of the skin and red lines are all symptoms of scabies.

A rash will commonly appear on wrists, elbows, between the fingers and genitals caused by a mite that burrows into the skin. Scabies is caught from contact with an infected person.

How can I treat my child's scabies?

- Clothing and bedding should be washed thoroughly.
- Ask your pharmacist. There are several different creams which will help to get rid of the infection. (All members of the family should be treated, even if they do not have any symptoms of infection.)

Where to get advice

If you are still concerned or need further advice ask your pharmacist or call **NHS Direct** on 0845 4647.



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