FamSignal
Your family week, made easier.

CLINICALLY REVIEWED

Winter Health Guide

Practical information for parents and carers of children aged 0 to 5

Winter 2026

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YOUR FAMILY HANDBOOK

Using this guide

Finding the information you need

Clinically reviewed by a pharmacist independent prescriber and a doctor on 16 November 2026.

This guide gives general information for parents and carers of children from birth to their sixth birthday. It cannot diagnose your child or replace advice from a healthcare professional. Service and nursery guidance is for England. FamSignal produces this guide independently. It is not endorsed by NICE, the NHS or UKHSA.

If your child is getting worse or you are worried, seek medical help even if their symptoms are not listed. Call 999 for emergency signs. For urgent advice, call NHS 111. Follow advice given specifically for your child. Before giving medicine, check the exact product, strength, packaging and leaflet.

Start with help, then read about the illness

When your child is unwell, start with the next chapter on getting help. Each condition chapter then explains its particular warning signs, what you may notice, what can help at home and when to ask for another assessment. You do not need to work out the name of an illness before asking for help.

The usual length of an illness is a guide, not a reason to wait when your child is getting worse. A child who has already been assessed can become more unwell. Keep checking how they are, including during the night, and get further help if things change.

For a child under 5, telephone NHS 111 rather than using the online symptom service. This guide uses the telephone route throughout, including for 5-year-olds. Call 999 for an emergency.

What is included

Find the ten condition chapters through the contents. The rash overview explains why appearance alone cannot identify an illness. Separate sections cover nursery returns and usual recovery times, including when to ask for another assessment. These illnesses can happen throughout the year.

Medicines and individual advice

The medicines chapter includes product-specific paracetamol and ibuprofen dose tables and a medicine record. Read the safety notes with each table and check your own packaging and leaflet. Ask a pharmacist or clinician if you are unsure whether a medicine is suitable. A medicine used for another child, or during a previous illness, is not automatically suitable now.

If your child has an ongoing condition, a weakened immune system or an individual care plan, tell the professional you speak to. Follow the advice given specifically for your child. Keep the medicine packaging available when you ask for help.

Further reading
NHS urgent help; NHS 111; NHS fever; NHS pharmacy services; CALPOL leaflet; Nurofen leaflet

YOUR FAMILY HANDBOOK

Getting medical help

What to do when your child is unwell

Call 999 for emergency signs

Get emergency help if your child has any of the following signs. You do not need to wait for several signs to appear together.

- Difficulty breathing, grunting, very fast breathing, the tummy pulling in beneath the ribs, or pauses in breathing.
- Blue, grey, unusually pale or blotchy skin, lips or tongue. On brown and black skin, changes may be easier to see on the palms or soles.
- Being floppy, not responding normally, difficult to wake or unable to stay awake.
- A rash that does not fade when pressed with a clear glass.
- A first seizure, even if it has stopped. The fever chapter explains other seizure warning signs.
- A stiff neck, being troubled by light, or sudden confusion.
- Sudden swelling of the lips, mouth, tongue or throat, especially with trouble swallowing or breathing.
- A weak, high-pitched or continuous cry, or a child who seems seriously ill to you.

If you think something is seriously wrong, get immediate medical help. These lists cannot cover every situation. Follow the emergency call handler's instructions.

Urgent help for fever and dehydration

Call 999 now if your child seems seriously ill or has an emergency sign, such as struggling to breathe, being hard to wake, or having a rash that does not fade when pressed.

Call NHS 111 now if your baby is under 3 months and has a temperature of 38°C or higher, or is 3 to 6 months old and has a temperature of 39°C or higher. If you think your baby under 6 months has a fever and you cannot get a reading, call 111 straight away. Tell them if your baby was recently vaccinated. Do not wait for medicine to bring the temperature down before calling.

Go to A&E now if your child is under 5 and has not had a wee or wet nappy for 12 hours. Call 999 if they seem seriously ill or you cannot get them to hospital safely. Call 111 sooner if they are drinking much less than usual, have fewer wet nappies, or you are worried about dehydration. You do not need to wait 12 hours to ask for help.

If a child under 5 has a reading below 36°C and otherwise seems well, take their temperature twice more within 10 minutes. If it stays below 36°C, go to A&E now. If they feel unusually cold or shivery, or are unwell with cold, damp or clammy skin, go to A&E now. Call 999 if they seem seriously ill or show emergency signs. Do not delay to take more readings.

Call NHS 111 when you need help now

Call if you are worried about symptoms or do not know what to do. NHS 111 can direct you to the right service when your GP is closed or you cannot contact them. Depending on the situation, this may be an urgent appointment, a clinician's callback, another service or advice for care at home.

For children under 5, use the phone service. If your child gets worse or develops different symptoms while you are waiting for a callback, call again. If emergency signs develop, call 999 instead. You can ask for an interpreter when you telephone 111.

Useful details to have ready

You can jot these down, but do not delay an urgent call to complete a list.

- Your child's age and what is worrying you most.
- When the illness started and what has changed.
- Their temperature, if you have measured it, and when it was taken.
- How much they are feeding or drinking compared with usual.
- Wet nappies or trips to the toilet and when they last had a wee.
- Any medicines already given and the packaging.
- Existing health conditions, allergies and advice already received.

Choosing the right route

Route	When to use it
999	Emergency signs or a child who seems seriously ill. Follow the specific warning signs in this guide.
A&E now	Under 5 with no wee or wet nappy for 12 hours. Also follow the low temperature and condition-specific hospital warnings. Call 999 for serious illness or unsafe transport.
NHS 111 by phone	Infant fever at the thresholds above, or other urgent advice. Telephone for a child under 5.
Urgent GP appointment	A condition chapter recommends urgent assessment. If you cannot reach the surgery or it is closed, telephone NHS 111.
GP or pharmacist	Non-emergency assessment, medicine questions or follow-up as described in the relevant chapter. Pharmacy First has age and condition limits.

What a pharmacist can help with

Pharmacists can advise on minor illnesses and medicines, check whether a treatment is suitable and direct you to other care. They are not a substitute for emergency or urgent medical help when warning signs are present.

In England, Pharmacy First includes earache for children aged 1 to 17, impetigo from age 1 and sore throat from age 5. The pharmacist assesses whether the service is suitable and whether any medicine is needed. An appointment does not automatically mean antibiotics. Contact the pharmacy before visiting to check which services it offers.

Further reading
NHS urgent help; NHS fever; NHS bronchiolitis; NHS rashes; NHS meningitis; NHS 111; NHS pharmacy services; NICE NG143; NICE NG254; NHS sepsis

YOUR FAMILY HANDBOOK

How long recovery may take

Usual illness lengths and when to ask again

Use the times as a guide

These are usual patterns, not a countdown to safe recovery. Get help sooner if your child is getting worse, drinking less, passing less wee or you are worried. Call 999 for emergency signs. Follow any earlier review time given by the professional caring for your child.

Recovery at a glance

Condition	Usual course	When to check back
Fever	Often 1 to 4 days.	NHS 111 at 5 days or more. Young babies need help sooner. See fever chapter.
Colds and coughs	Cold improves in 1 to 2 weeks, sometimes longer. Cough may last 3 to 4 weeks.	GP if cold not improving after 10 days, fever beyond 3 days or cough beyond 3 weeks.
Croup	Often improves within 48 hours. Milder cough may linger about another week.	Urgent GP or NHS 111 for suspected croup. Ask again if worse or not improving after assessment.

Condition	Usual course	When to check back
Sore throat and tonsillitis	Sore throat usually improves within a week. Tonsillitis often 3 to 4 days, sometimes longer.	GP if not improving after a week. NHS 111 sooner for pus-filled spots or pain limiting eating or drinking.
Ear infection	Often improves within 3 days. Symptoms may last a week.	GP if earache not improving after 3 days. Suspected infection in a baby under 1 needs GP assessment from the start.
Vomiting and diarrhoea	Vomiting 1 to 2 days. Diarrhoea 5 to 7 days.	NHS 111 beyond 2 days of vomiting or 7 days of diarrhoea. Sooner for dehydration or fluids not staying down.
Hand, foot and mouth	Usually 7 to 10 days.	GP if not improving then. Urgent advice sooner for less wee or concern.
Chickenpox	Usually 1 to 2 weeks.	NHS 111 for worsening symptoms, dehydration or hot or painful skin around blisters.
Impetigo	Often improves within days of treatment. Finish the course.	GP if changed or worse after treatment. Follow the review plan if not improving.
Conjunctivitis	Often about 2 weeks without treatment.	GP if not cleared within 7 days. Babies with red, sticky eyes need earlier assessment, urgently under 30 days.

Condition	Usual course	When to check back
Sticky eyes from developing tear ducts	Uncomplicated stickiness can last weeks or months.	Get advice for redness, swelling, pain, increasing discharge or an unwell baby.

Recovery time is different from nursery time

The table describes symptoms, not how long an infection spreads or when nursery can restart. For example, vomiting may stop within 2 days, but the 48-hour nursery interval starts after the last vomit or loose stool. Use the nursery chapter for the separate return rules.

Further reading

NHS fever; NHS colds; NHS coughs; NHS croup; NHS sore throat; NHS tonsillitis; NHS ear infections; NHS stomach bugs; NHS hand, foot and mouth; NHS chickenpox; NHS impetigo; NHS conjunctivitis; UCLH croup; UKHSA nursery rules; NICE NG120; NICE NG91; NICE NG84; NICE CG84; NHS sticky eyes

YOUR FAMILY HANDBOOK

Paracetamol and ibuprofen

Checking the medicine, measuring a dose and keeping a record

Start with your child and the bottle

Paracetamol or ibuprofen can ease pain or discomfort. For fever, use a suitable medicine if your child is distressed or uncomfortable. A lower temperature does not remove the need for medical help when warning signs are present. These medicines do not prevent febrile seizures. Use them for discomfort, not just to reduce the temperature reading.

The tables below refer to two named UK products and the strengths shown. They are a reference for children aged 0 to 5, not an instruction to give medicine to every unwell child. Read your own pack and leaflet before each use. Products with the same ingredient can have different strengths, age ranges or directions. If your label differs, ask a pharmacist rather than combining instructions. Follow a prescription made for your child.

Do not give paracetamol and ibuprofen together. Do not alternate them unless a health professional tells you to and explains the doses and timings. If the medicine is not helping, get advice. Do not give aspirin to a child under 16.

A young baby needs assessment first

Call 999 now if your child seems seriously ill or has an emergency sign, such as struggling to breathe, being hard to wake, or having a rash that does not fade when pressed.

Call NHS 111 now if your baby is under 3 months and has a temperature of 38°C or higher, or is 3 to 6 months old and has a temperature of 39°C or higher. If you think your baby under 6 months has a fever and you cannot get a reading, call 111 straight away. Tell them if your baby was recently vaccinated. Do not wait for medicine to bring the temperature down before calling.

Do not give paracetamol to a baby under 2 months, or use the ibuprofen table for a baby under 3 months. A clinician may give individual instructions, which this guide does not replace.

Check, measure, record



Check the name and strength

Use the supplied oral syringe

Record after giving

Check the medicine and previous doses first. Use the supplied oral syringe, then record the dose as soon as it has been given.

Concept illustration; syringe scale is not shown. Illustration clinically reviewed on 16 November 2026.

Paracetamol liquid at 120 mg in 5 mL

CALPOL Infant Original 120 mg/5 mL Oral Suspension
Pain and illness-related fever. Read your own pack and suitability notes.

Child's age	One dose	Most doses in any 24 hours
Under 2 months	Do not give	None
2 months to under 3 months, only if over 4 kg and born after 37 weeks of pregnancy	2.5 mL, containing 60 mg	2 doses in total, then get advice before more
3 to 5 months	2.5 mL, containing 60 mg	4
6 to 23 months	5 mL, containing 120 mg	4
2 to 3 years	7.5 mL, containing 180 mg	4
4 to 5 years	10 mL, containing 240 mg	4

At least 4 hours between doses. Never exceed the table's maximum or give another paracetamol-containing medicine. Under 3 months with 38°C or above: call NHS 111 now. Suspected fever without a reading: call 111 immediately. Call 999 for emergency signs. Call before waiting to see if medicine helps. At 2 to under 3 months, the eligible baby may have a second 2.5 mL dose after 4 to 6 hours if needed. Two doses in total, then advice before more. From 3 months, seek advice if needed for more than 3 days. Vaccination uses separate instructions.

This table is based on CALPOL Infant Original 120 mg/5 mL Oral Suspension. It covers pain and fever from illness, not fever after vaccination. It must not be used for a stronger liquid, such as a Six Plus product.

Leave at least 4 hours between doses. For a baby aged 2 to under 3 months who meets the weight and birth requirements, a second 2.5 mL dose may be given after 4 to 6 hours if needed. The two-dose limit is not permission to start another two doses the next day. Seek advice before giving more. Fever in this age group needs the prompt assessment described above.

For children aged 3 months and over, do not continue for more than 3 days without speaking to a doctor or pharmacist. Get help sooner if your child worsens or you are worried. The maximum is a limit, not a target.

Before giving paracetamol

Do not use it after an allergy to paracetamol or an ingredient. The named CALPOL product contains sucrose and sorbitol. It must not be used with hereditary fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency. Ask a pharmacist if you are unsure about a diagnosed sugar intolerance.

Ask a doctor or pharmacist first about kidney or liver disease or other medicines. The leaflet says to ask a doctor before use if the illness is unexplained or includes a rash, breathing difficulty, diarrhoea or excessive tiredness. Follow any assessment and treatment advice already given for your child. Read the full leaflet.

Check every medicine already given, including cold and flu products. Do not give another product containing paracetamol alongside it. Tell the pharmacist about prescribed medicines too, including flucloxacillin.

Shake this bottle for at least 10 seconds. Measure in mL with the supplied oral syringe. If a dose needs more than one syringe fill, check the total carefully.

Ibuprofen liquid at 100 mg in 5 mL

Nurofen for Children 3 months to 9 years Orange 100 mg/5 mL Oral Suspension Illness-related pain and fever. Read your own pack and suitability notes.

Child's age and weight	One dose	Most doses in any 24 hours
Under 3 months, or 5 kg or less	Do not use this table	Get individual advice
3 months to under 6 months, over 5 to 7.6 kg	2.5 mL, containing 50 mg	3
6 months to under 1 year, 7.7 to 9 kg	2.5 mL, containing 50 mg	4
1 to 3 years, 10 to 16 kg	5 mL, containing 100 mg	3
4 to 5 years, 17 to 20 kg	7.5 mL, containing 150 mg	3

Usually 6 to 8 hours apart, never less than 4 hours. Do not exceed the maximum. At exactly 5 kg, with unknown weight, or if age and weight do not match one row, ask a pharmacist or doctor before using this table. Do not calculate a different dose. Do not use with dehydration. For chickenpox or asthma, use only if a doctor recommends it. At 3 to under 6 months, get medical advice if worse or symptoms last 24 hours. At 3 to 6 months with 39°C or above: call NHS 111 now. Suspected fever without a reading: call NHS 111 now. Call 999 for emergency signs. Call before waiting to see if medicine helps. From 6 months, speak to a doctor if worse or needed for more than 3 days. Vaccination uses separate instructions.

This table is based on Nurofen for Children 3 months to 9 years Orange 100 mg/5 mL Oral Suspension, restricted here to children aged 0 to 5. It covers pain and fever from illness. Fever after vaccination has different directions. Do not use this table for a 200 mg/5 mL liquid or a different product without checking its leaflet.

The usual interval for this product is 6 to 8 hours. Its leaflet sets an absolute minimum of 4 hours between doses. Do not use that minimum to make a routine four-hourly schedule, and never exceed the age-specific maximum in any 24 hours. For babies aged 6 months to under 1 year, the leaflet permits 3 or 4 doses in 24 hours, only as needed.

The weight ranges come from this product's prescribing information. Use the table only when your child's age and weight fit the same row. If they do not, or you do not know the weight, ask a pharmacist or doctor. The illness-dose instructions specify over 5 kg for the youngest babies. At exactly 5 kg, ask for individual advice before using the table. Do not calculate a new dose from this guide.

For babies aged 3 to under 6 months, get medical advice if symptoms worsen or persist for 24 hours. For children aged 6 months and over, speak to a doctor if symptoms worsen or medicine is needed for more than 3 days. With an infection, get advice without delay if symptoms persist or worsen. Stop when the medicine is no longer needed.

When ibuprofen is unsuitable

Do not give ibuprofen to a child who is dehydrated. For chickenpox, use it only if a doctor tells you to. If your child has asthma, use it only if a doctor has recommended it. Vomiting, diarrhoea or poor drinking can lead to dehydration. Seek advice if this happens while your child is taking ibuprofen.

Do not give it after a previous allergic reaction to ibuprofen, aspirin, another anti-inflammatory painkiller or an ingredient in the product. Do not combine it with another ibuprofen product or another anti-inflammatory painkiller, such as aspirin or diclofenac.

The leaflet also rules out use with severe kidney, liver or heart failure, certain stomach ulcers or bleeding, and previous gut bleeding or perforation caused by anti-inflammatory medicines. The named orange product is unsuitable for hereditary fructose intolerance or wheat allergy. Check with a pharmacist before use if your child has any ongoing condition, previous stomach or bowel problems, or takes other medicines. These reminders do not cover every interaction or warning in the leaflet.

Shake the bottle thoroughly and use the supplied oral syringe. For a sensitive stomach, this product can be taken with or after food. Food does not make ibuprofen suitable for a dehydrated child.

Stop and get help for a serious reaction

Stop the medicine and seek medical help straight away if a new rash, blistering, peeling skin or worsening skin symptoms develop during treatment. Do not give another dose while waiting for advice about a possible reaction.

Call 999 for trouble breathing, swelling of the mouth or throat, collapse or difficulty waking. After ibuprofen, call 999 for signs of stomach bleeding, such as vomiting blood or black, sticky poo, or a stiff neck with severe illness or confusion. For other suspected serious side effects, call NHS 111. These are examples, not a complete side-effect list.

Vaccination doses need their own instructions

Do not use the illness tables as a vaccination schedule. Follow the advice given by the vaccination team, including the exact medicine, strength, dose and timing. MenB vaccination advice for young babies has its own paracetamol schedule. Ask the team or a pharmacist if the advice and your leaflet appear different. Do not combine two schedules.

If too much may have been given

If you or another carer have given your child an extra dose of paracetamol or ibuprofen, or more than the label or prescription allows, telephone NHS 111 straight away. Do this even if your child seems well. Too much paracetamol can cause serious liver damage before obvious symptoms appear. Do not give another dose while waiting for advice about the error.

Have the bottle, packaging, remaining medicine and other medicines ready. Tell the adviser what was given, when, and your child's age and weight if known. Call 999 for emergency signs such as difficulty breathing, collapse or being difficult to wake. Never give a double dose to make up for a missed dose.

Accidental swallowing or suspected poisoning

If you think your child may have swallowed something harmful, including medicine taken by accident, call 999 or go to A&E. Do not wait for symptoms. Follow the emergency service's advice about getting to hospital.

If you are unsure whether something they swallowed is harmful, telephone NHS 111 straight away. Keep the container or packaging. Do not try to make your child sick. Do not give food or drink while waiting for help unless a healthcare professional tells you to.

Keep one medicine record between carers

Before giving medicine, check the bottle and the record of doses already given. Record each dose immediately afterwards. Count doses in the previous 24 hours, including those given overnight or by another adult. Midnight does not reset the allowance.

Use one shared record with a separate line for each dose. Include the child's initials, date, medicine name and strength, dose in mL, time given and who gave it. If you are unsure whether a dose was given, check with the other carer and get advice before giving more.

Open the printable medicine record.

Keep medicines out of children's sight and reach. Use the measuring device supplied for the medicine, not a kitchen teaspoon. Ask a pharmacist if you need help measuring a dose or replacing a missing syringe.

Further reading
NHS fever; NHS paracetamol; NHS ibuprofen; CALPOL leaflet; Nurofen leaflet; CALPOL prescribing information; Nurofen prescribing information; NHS poisoning; NICE NG143; NHS urgent help; NHS sepsis; NICE NG254

Medicine record

Write each dose down straight after giving it. Check all doses in the previous 24 hours before giving more. Keep another copy for the next entries.

Child's initials

Date | Time given

Medicine name and exact strength

Dose in mL | Given by

Date | Time given

Medicine name and exact strength

Dose in mL | Given by

Date | Time given

Medicine name and exact strength

Dose in mL | Given by

Date | Time given

Medicine name and exact strength

Dose in mL | Given by

Check the dose tables and safety notes. Midnight does not reset the 24-hour allowance.

CONDITION 01

Fever

Checking a temperature and looking after a feverish child

Call 999 if your child has a fever and an emergency sign

- A stiff neck, discomfort with light or a rash that does not fade under a glass.
- A first fit or seizure, even if it has stopped.
- Unusually cold hands and feet, or blue, grey, unusually pale or blotchy skin, lips or tongue.
- Drowsiness with difficulty waking, extreme agitation that does not settle, or confusion.
- Difficulty breathing, grunting, the tummy sucking beneath the ribs or very fast breathing.
- Not responding normally, or no interest in feeding or normal activities.

Call 999 rather than waiting to see whether a medicine lowers the temperature.

When fever needs immediate or urgent help

Call 999 now if your child seems seriously ill or has an emergency sign, such as struggling to breathe, being hard to wake, or having a rash that does not fade when pressed.

Call NHS 111 now if your baby is under 3 months and has a temperature of 38°C or higher, or is 3 to 6 months old and has a temperature of 39°C or higher. If you think your baby under 6 months has a fever and you cannot get a reading, call 111 straight away. Tell them if your baby was recently vaccinated. Do not wait for medicine to bring the temperature down before calling.

For a child under 5 with no wee or wet nappy for 12 hours, go to A&E now. Call 999 if they seem seriously ill or cannot travel safely.

See getting help for low readings and cold or clammy skin.

Call NHS 111 for these other concerns:

- A high temperature lasting 5 days or more.
- A rash with fever, or other symptoms that worry you.
- Your child is not their usual self, is not eating or drinking normally, or you are worried.
- Signs of dehydration, such as less-wet nappies, sunken eyes or few tears. Do not wait for 12 hours without a wee.

What a fever means

A temperature of 38°C or more is a high temperature. It is a natural response to fighting an infection. Many childhood illnesses can cause it. The temperature often returns to normal within 1 to 4 days, but that usual timescale does not replace the reasons for getting help above.

Look at your child as well as the thermometer. A reading alone cannot tell you which illness they have. Keep checking their breathing, how they respond to you, their feeding or drinking and their wet nappies or wees.

Taking a temperature

Use a digital thermometer. Place it at the top of the armpit and gently hold your child's arm against their body. Leave it in place for the time given in the thermometer's instructions, then read the display. Some thermometers beep when ready.



Top of the armpit Arm gently against the body

Place a digital thermometer at the top of the armpit. Gently hold the arm against the body for the time stated in its instructions.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

If your child has just had a bath or been wrapped in a blanket, the reading may be higher briefly. Wait a few minutes and check again. If your child has emergency signs, do not delay help to repeat a reading.

Other thermometer types

NHS home advice recommends a digital armpit thermometer for under-5s.

For babies under 4 weeks, use an electronic armpit thermometer. NICE guidance also allows an infrared ear thermometer from 4 weeks to 5 years. Check your device is suitable for your child's age and follow its instructions for the correct site and positioning. Incorrect positioning can give misleading ear readings, particularly in babies with small ear canals. Ask a pharmacist if unsure.

Care at home

- Offer plenty of fluids. Continue breastfeeding as normal.
- Offer food if your child wants it.
- Keep them at home and check on them regularly, including at night.
- Avoid too many clothes or blankets. Do not undress them or sponge them down to cool them.
- Get medical advice if you are worried or if medicine for discomfort is not helping.

Paracetamol or ibuprofen may help a child who is distressed or uncomfortable, if the medicine is suitable for them. Check the leaflet or ask a pharmacist or GP. Do not alternate the two unless a health professional tells you to.

Do not give paracetamol to a baby under 2 months. Do not give ibuprofen to a child under 3 months, weighing under 5 kg or who is dehydrated. At exactly 5 kg, ask a pharmacist or doctor before using the dose table. For chickenpox, use ibuprofen only if a doctor tells you to. For asthma, use it only if a doctor has recommended it. Check the age and weight limits in the medicines chapter. Do not give aspirin to anyone under 16.

Fever medicines do not prevent febrile seizures. Continue watching your child even if the temperature comes down.

If your child has a seizure

A febrile seizure is a fit associated with a high temperature. These usually affect children between 6 months and 6 years. A child may stiffen, twitch or shake, become unconscious or not respond to you. Even though most febrile seizures are short, a first seizure needs emergency help.

Call 999 if it is their first seizure, it lasts more than 5 minutes, they have trouble breathing, the stiffness or twitching affects only one side, they remain sleepier than usual for more than an hour afterwards, or they have more than one seizure in 24 hours.

While waiting, note the start and end time, protect their head and move dangerous objects away. Do not hold them down, put anything in their mouth or use cold water to cool them.

If your child is still unresponsive after the seizure stops, call 999 immediately if you have not already called. Follow the call handler's instructions.

If they are breathing normally, use the recovery position. For a child, roll them onto their side, gently tilt their head back and lift their chin to keep the airway open. For a baby, cradle them in your arms with their head tilted downwards. Keep checking their breathing. If they are not breathing normally, or you are unsure, start CPR as directed by the call handler.

If they are still having a seizure or are unconscious, call an ambulance rather than taking them to hospital yourself.

During a seizure and afterwards

Call 999 immediately for a first seizure, even if it has stopped. Protect the head, clear hazards and time the seizure. Do not restrain the child or put anything in their mouth.



Note the start and end time

Protect the head

After the seizure stops Unresponsive, breathing normally

After the seizure, if a child is unresponsive but breathing normally, place them on their side. Gently tilt the head back and lift the chin to keep the airway open. If they are still unresponsive, call 999. Keep checking their breathing.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

Nursery and returning to normal

Keep your child at home while they have a fever. If there is a diagnosed infection, follow its return guidance too. A child recovering from a fever may still need rest and fluids. Do not use the fact that a medicine has lowered the temperature as the only reason to send them back.

Further reading
NHS fever; NHS seizures; UKHSA nursery rules; RCUK child resuscitation; RCUK first aid; SJA recovery position; NHS thermometers; NICE NG143; NICE NG254; NHS urgent help; NHS sepsis; SJA baby recovery position

CONDITION 02

Colds and coughs

Comfort, feeding and changes in breathing

Call 999 for breathing or responsiveness changes

Call if your child struggles to breathe, grunts, breathes very fast, pulls their tummy in under the ribs or has pauses in breathing. Blue or grey lips or tongue, or a child who is floppy and will not wake or stay awake, also need emergency help. On darker skin, check the palms, soles, lips and gums for colour changes.

A cough may begin with ordinary cold symptoms. That does not make new breathing difficulty safe to watch at home.

Get urgent advice if things are worsening

Call NHS 111 or ask for an urgent GP appointment if the cough is very bad or quickly worsening, your child seems very unwell, has chest pain, coughs up blood, or has swelling and pain at the side of the neck.

Also get urgent advice if a cold is worsening, your child is feeding much less, is unusually tired or irritable, or has fewer wet nappies or other dehydration signs. Do not wait for a set number of hours. For a child under 5 with no wee or wet nappy for 12 hours, go to A&E now. Call 999 if they seem seriously ill or cannot travel safely.

Call NHS 111 now if your baby is under 3 months and has a temperature of 38°C or higher, or is 3 to 6 months old and has a temperature of 39°C or higher. If you think your baby under 6 months has a fever and you cannot get a reading, call 111 straight away. Tell them if your baby was recently vaccinated. Do not wait for medicine to bring the temperature down before calling.

What you may notice

Colds commonly bring a blocked or runny nose, sneezing, a sore throat, a cough and tiredness. Some children also have a temperature. Young children may be grumpy, sleep badly, feed less easily, breathe through their mouth or be sick after coughing.

A cold is caused by a virus. Symptoms often begin to improve in 1 to 2 weeks, although they can last longer in young children. A cough can take 3 to 4 weeks to clear. Arrange a GP appointment if a cough has lasted more than 3 weeks, even though some coughs take longer to disappear completely.

Helping at home

Offer fluids and opportunities to rest. Keep an eye on feeding and wet nappies as well as the cough. If your child wants food, offer it without turning eating into a struggle. A lower appetite can happen with a cold, but feeding much less or signs of dehydration need advice.

If a blocked nose is making your child uncomfortable, ask a pharmacist, GP or health visitor about saline nose drops. These can loosen dried mucus. Use the instructions for the product recommended for your child.

For pain or discomfort, check whether paracetamol or ibuprofen is suitable. The medicines chapter gives product-specific doses, age limits and suitability cautions. Do not give aspirin to a child under 16.

- Do not give honey to a baby under 12 months.
- Do not give decongestants to children under 6.
- Do not choose an over-the-counter cough or cold medicine for an under-6 yourself. Ask a pharmacist about suitable care; cough suppressants, decongestants and sedating cold remedies are not for this age group.
- Do not give hot drinks to small children.
- Do not use a bowl of hot water for steam inhalation. It can cause scalds.

Why antibiotics are not usually offered

Antibiotics do not work on the viruses that cause colds. They are not normally given for a cough either. A professional will assess whether there is a different infection or another reason for treatment. The useful question is what care your child needs, rather than whether a particular medicine can be supplied.

When to arrange a GP appointment

See a GP if cold symptoms have not improved after 10 days, a high temperature lasts more than 3 days, a cough lasts more than 3 weeks, or symptoms are getting worse. Seek advice sooner if your child has a long-term condition or weakened immune system. Urgent symptoms belong in the urgent or emergency routes above, not in a routine appointment queue.

Croup and bronchiolitis

A barking cough and hoarse voice may happen with croup. Suspected croup needs an urgent GP appointment or NHS 111 advice. The next chapter explains what to listen and look for.

Bronchiolitis is a chest infection affecting babies and children under 2. It can start like a cold before causing a cough, faster or noisy breathing and feeding difficulty. Symptoms are often worst around days 3 to 5. Do not use the sound of a cough alone to decide which illness is present.

Nursery

For respiratory infections in England, children should stay away when symptoms are more than mild, including a high temperature. A lingering mild cough is different from a child who is still unwell. Tell the nursery about the illness and check its policy.

Further reading
NHS bronchiolitis; NHS urgent help; NHS coughs; NHS colds; NHS fever; NHS children's colds; NHS croup; UKHSA nursery rules; NICE NG120; NICE NG9; MHRA cough medicines; NHS sepsis; NICE NG143; NICE NG254

CONDITION 03

Croup

The barking cough and noisy breathing

Call 999 or go to A&E for these signs

- Struggling to breathe, grunting or the tummy sucking in beneath the ribs.
- A harsh, high-pitched breathing noise that is present even when your child is calm or resting.
- Blue, grey, unusually pale or blotchy skin, lips or tongue.
- Being sleepier than normal, difficult to wake, unusually quiet and still, limp, floppy or not responding normally.
- Being very upset or restless with breathing difficulty and unable to calm down.
- Being unwell and drooling more than usual, struggling to swallow or wanting to sit rather than lie down.

If your child is having breathing difficulty, call 999. Do not drive yourself while looking after a child who needs emergency care. Ask another adult to drive if advised that it is appropriate, or follow the ambulance call handler's instructions.

Suspected croup needs medical advice

Call NHS 111 or ask for an urgent GP appointment if you think your child has croup. This applies even when the symptoms seem mild, because they may need treatment. Get help again if they are getting worse or not improving after a GP assessment.

A baby under 3 months with croup symptoms needs prompt assessment. Babies this young are sometimes referred to hospital. Fever in a young baby also needs the prompt help described in the fever chapter.

What croup is

Croup affects the airways of babies and young children. It is usually caused by a virus and is common in younger children, particularly around 6 months to 3 years. It is often seen in late autumn and early winter, and a child can have it more than once.

Cold-like symptoms may come first, including a runny nose, temperature and cough. A few days later, the cough may become harsh and barking, sometimes sounding like a seal. The voice may sound hoarse. Symptoms are often worse at night.

Describing the sound

A barking cough is a description of the cough itself. Stridor is a harsh, high-pitched or rasping sound during breathing. A child may also show that breathing is hard work through grunting or the skin pulling in around the ribs.

If a harsh breathing sound is present at rest, get emergency help. If it happens only when your child is upset or crying, call NHS 111 or ask for an urgent GP appointment. Do not wait for a recording or try to match a sound to a video before asking for help.

Looking after mild croup at home

Use this care after NHS 111 or a doctor has confirmed mild croup. While your child is awake and you are supervising, sit them upright on your lap, speak calmly and let them find a comfortable position. Crying can worsen symptoms.

Offer drinks if they can comfortably take them. Do not force a child with breathing difficulty to drink or lie down. Keep checking them, including at night. Get help again if symptoms worsen or do not improve after assessment.

Suitable paracetamol or ibuprofen may help discomfort. Check the leaflet and the medicine safety notes and dose tables.

Do not use steam or a steamy room. Do not give cough medicines that make a child drowsy. They do not treat the airway swelling and can be unhelpful when a child needs extra effort to breathe.

Comforting a baby and safer sleep

Upright cuddles are for an awake, supervised child. For sleep, place a baby on their back in their own cot or Moses basket with a firm, flat mattress. Keep pillows and other items that could cover their face out of the cot. Do not prop up the mattress or put a baby on their front to ease a cough.



Awake and supervised Baby's sleep space

Upright comfort is for an awake child with an awake carer. For sleep, place a baby on their back in a clear cot with a firm, flat mattress.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

Do not fall asleep holding your baby on a sofa or armchair. If your child is struggling to breathe or is unwell and needs to sit up rather than lie down, get emergency help. Do not try to solve breathing difficulty by changing the sleep position.

What treatment may involve

A doctor may give a steroid medicine, such as dexamethasone, to reduce swelling in the airway and help breathing. This is a description of treatment a clinician may choose, not a medicine to start yourself. Follow the instructions given for your child.

Some children need hospital assessment or observation, especially if they are very young or more seriously unwell. After treatment, ask what changes should prompt another call and who to contact overnight.

Recovery and nursery

Croup often improves within 48 hours, although a cough may linger. Keep watching for changes rather than waiting for that time to pass if your child is worse.

Keep your child home while feverish or too unwell for normal activities. In England, the respiratory-infection guidance says to stay away when symptoms are more than mild, including a high temperature. Tell the nursery what has happened and check its policy before returning.

Further reading
NHS croup; Sussex croup; UCLH croup; NHS fever; NHS safer sleep; UKHSA nursery rules; UKHSA croup

CONDITION 04

Sore throat and tonsillitis

Swallowing, drinks and knowing when to ask for help

Call 999 or go to A&E now

Get emergency help for difficulty breathing, being unable to swallow, drooling because swallowing is difficult, or a high-pitched sound when breathing. Also get emergency help for a severe sore throat that worsens quickly, swelling inside the mouth or throat, difficulty speaking or difficulty opening the mouth.

Do not wait for your child to stop drinking completely before acting on difficulty swallowing. The emergency signs in the getting-help chapter apply too.

Get urgent advice for pain or dehydration

Call NHS 111 or ask for an urgent GP appointment if the throat is so painful that eating or drinking is difficult, there are pus-filled spots on the tonsils, your child has a very high temperature or feels hot, cold or shivery, or you are worried about the symptoms.

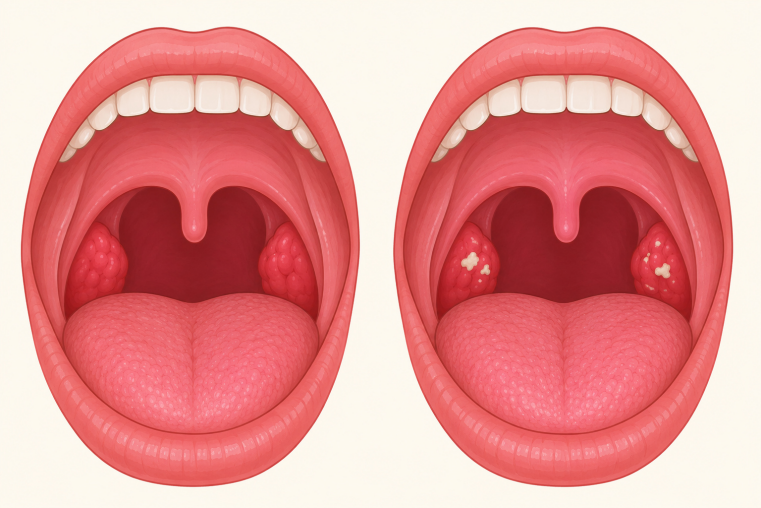
Also seek urgent advice for signs of dehydration or a child with a weakened immune system. Fewer wet nappies or less wee can mean your child is not getting enough fluid. Use the emergency route for breathing or swallowing problems described above.

What you may notice

A sore throat can be especially painful when swallowing. Your child may have a temperature, swollen glands in the neck and less energy than usual. Tonsillitis is an infection affecting the tonsils at the sides of the throat. There may be white patches or pus-filled spots on them.

Most sore throats improve within a week. Tonsillitis symptoms often settle in 3 to 4 days, although they can last longer. These symptoms overlap with other illnesses, so a description or a look at the throat cannot tell you the cause with certainty.

What a throat picture can show



Red, swollen tonsils | Tonsils with white patches

Illustration only. These appearances do not identify the cause. White patches alone do not tell you whether antibiotics are needed.

Original AI-generated schematic. Illustration clinically reviewed on 16 November 2026.

Tonsillitis is often caused by a virus, but bacteria can cause it too. White spots alone do not tell you which, or whether antibiotics are needed.

Call NHS 111 if there are pus-filled tonsil spots or the throat is so painful that eating or drinking is difficult. Use emergency help for the breathing and swallowing warning signs at the start of this chapter.

Helping your child drink and rest

Offer plenty of cool drinks and soft food. Let your child rest and keep them away from smoke. Watch whether drinking is becoming harder and whether they are passing their usual amount of wee.

Suitable pain relief can help with discomfort. Check the packaging and leaflet for paracetamol or ibuprofen, or ask a pharmacist. Do not use ibuprofen if your child may be dehydrated. The medicines chapter explains the age limits and health cautions.

Do not give young children small, hard items to suck, such as hard sweets or ice cubes, because of choking risk. Young children should not gargle with salty water. Do not assume that a throat spray, mouthwash or lozenge sold for adults is suitable for your child.

Who can assess a sore throat

If a child under 5 needs help for a sore throat, see a GP. For children aged 5, Pharmacy First in England can offer assessment and treatment if appropriate. A pharmacist can also answer medicine-suitability questions, but that does not replace a GP assessment for a younger child who needs help.

See a GP if the sore throat has not improved after a week or keeps coming back. A lump in the mouth or neck, or a mouth ulcer lasting more than 3 weeks, should also be checked. Urgent warning signs need the faster routes above.

Antibiotics and tests

Most sore throats get better without antibiotics. Many are viral. A clinician assesses whether antibiotics are likely to help, for example with some bacterial infections or a child who is systemically unwell. A swab may sometimes be used. White patches alone do not decide the cause or the treatment.

If a medicine is supplied, ask how it should be used and what to do if your child is not improving. A decision not to give antibiotics does not mean that pain or difficulty drinking should be ignored.

A sore throat with a rough rash

Scarlet fever can begin with a temperature, sore throat and swollen neck glands, followed by a rash that feels rough like sandpaper. See a GP if you think this may be the cause. Call before going to the surgery because it spreads easily.

On brown and black skin the colour change may be less obvious, although the raised bumps and rough feel can still be noticeable. Do not wait for a rash to match a photograph before seeking advice.

Nursery

Keep your child home with a high temperature or more than mild respiratory symptoms. Scarlet fever and a diagnosed group A strep infection have a separate rule in England. Children should stay away until at least 24 hours after starting antibiotic treatment. Follow the treatment advice and tell the nursery.

Further reading

NHS sore throat; NHS tonsillitis; Evelina tonsillitis; NHS tonsillitis decisions; NHS fever; NHS pharmacy services; NHS scarlet fever; UKHSA nursery rules; NICE NG84

CONDITION 05

Ear infection

Earache in babies and young children

Get urgent advice for these changes

Call NHS 111 or ask for an urgent GP appointment if ear symptoms come with feeling generally unwell, a very high temperature, shivering, swelling around the ear, fluid from the ear, new hearing loss or a change in hearing. Feeling or being sick, dizziness or a severe sore throat also need urgent advice.

Pain, tenderness, redness or swelling behind the ear needs urgent assessment, particularly if the ear starts to stick out. Do not treat this as ordinary earache to watch for several days.

Get urgent advice if your baby is under 12 months and has earache in both ears. A child with a weakened immune system, diabetes or a heart, lung, kidney or neurological condition also needs urgent advice about ear-infection symptoms.

If a clinician suspects mastoiditis or another serious complication, they will arrange hospital assessment. Follow that referral immediately rather than continuing home treatment.

Call 999 for serious illness

Ear symptoms do not change the emergency signs in the getting-help chapter. Call 999 for difficulty breathing, a child who is floppy or difficult to wake, unusual colour changes, a first seizure, a non-fading rash or signs that make you think your child is seriously ill. A stiff neck with illness or discomfort with light also needs emergency help.

Babies and older children take different routes

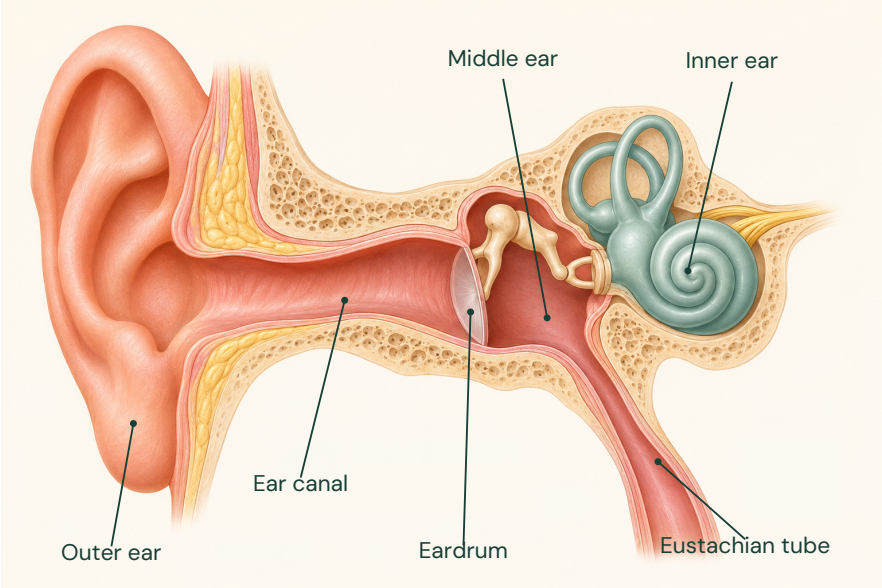
If your baby is under 12 months and you think they have an ear infection, see a GP. Use urgent help for both ears being affected or the other warning signs above. For a young baby with a high temperature, follow the prompt fever advice earlier in the guide.

In England, a pharmacist can assess children aged 1 to 17 with suspected ear infection through Pharmacy First. The pharmacist can offer advice, supply treatment if appropriate or refer on. Children who keep getting ear infections should see a GP rather than relying on repeated Pharmacy First visits.

What you may notice

Babies and toddlers cannot always say that an ear hurts. They may pull or rub the ear, become grumpy or restless, go off food, not react to some sounds or keep losing their balance. Older children may describe earache or a feeling of pressure. Fluid may come from the ear.

Ear infections often follow a cold. There are different types of ear infection, and an assessment helps decide what care is needed. Pulling an ear alone does not prove that there is an infection.



Ear infections can affect different areas. The middle ear sits behind the eardrum. An examination helps identify the cause of earache.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

Comfort and ear care

Paracetamol or ibuprofen may help pain if suitable. Check the leaflet or ask a pharmacist, especially if your child is young, has another condition or is drinking less than usual. Do not give aspirin to a child under 16. Read the dose tables and safety notes in the medicines chapter.

- Wipe fluid away from the outside of the ear with cotton wool.
- Do not put cotton buds, fingers or other objects inside the ear.
- Keep water and shampoo out of the affected ear.
- Avoid swimming while the ear infection is present.
- Do not use decongestants or antihistamines to treat an ear infection. They have not been shown to help.

What treatment may involve

Many children recover without antibiotics. The treatment depends on the type and cause of the infection. A pharmacist or GP may suggest pain relief or supply another treatment where needed. Ear drops are not all the same, and the fact that drops have been supplied does not mean they contain an antibiotic.

Ask what the treatment is for, how to use it and when your child should be reviewed. Do not use someone else's ear drops or choose a treatment from a previous illness without checking.

Some pain-relieving ear drops are unsuitable if there is a hole in the eardrum or fluid leaking from the ear. Ask the assessing professional which drops, if any, are appropriate.

If it is not improving

Most ear infections improve within about 3 days, although symptoms can last up to a week. See a GP if earache has not improved after 3 days or if infections keep coming back.

If a pharmacist has assessed your child, follow the review plan they gave you. Get help sooner if symptoms worsen quickly or your child becomes very unwell. If there is no improvement after 2 to 3 days of antibiotics, contact the GP. Do not wait for the course to finish before asking about worsening symptoms.

Nursery

There is no separate ear-infection exclusion period in the England table. Keep your child home if they have a high temperature or are too unwell for normal activities. If they also have another infection, follow the advice for that illness. Tell the nursery about any ongoing symptoms and check its policy.

Further reading
NHS ear infections; NHS mastoiditis; NHS urgent help; NHS meningitis; NHS pharmacy services; NHS fever; UKHSA nursery rules; NICE NG91

CONDITION 06

Vomiting and diarrhoea

Fluids, feeding and preventing spread

Call 999 or go to A&E now

- Vomit contains blood or looks like coffee grounds.
- Vomit is green or yellow-green.
- Your child may have swallowed something poisonous.
- There is a stiff neck with pain in bright light.
- There is a sudden, severe headache or sudden, severe tummy pain.
- The skin, lips or tongue become blue, grey, unusually pale or blotchy.
- There is severe breathing difficulty or lots of quick, short breaths.
- Your child is confused or not responding as usual.

Do not assume green vomit or severe pain is part of a routine stomach bug. Follow the emergency service's advice about getting to hospital.

Call NHS 111 now

- You are worried about a baby under 12 months.
- Your child stops breast or bottle feeding while ill.
- A child under 5 has signs of dehydration, including fewer wet nappies.
- They keep vomiting and cannot keep fluids down.
- There is bloody diarrhoea or bleeding from the bottom.
- Diarrhoea has lasted more than 7 days or vomiting more than 2 days.

For an under-5 with dehydration signs, call NHS 111 promptly. At age 5, also get advice if you are worried about reduced drinking or urine, and urgently if dehydration signs remain after oral rehydration. Do not wait for a treatment to fail if your child is getting worse.

Babies under 1, especially under 6 months, are more vulnerable to dehydration. Seek advice early if there have been more than 5 watery poos or more than 2 vomits in 24 hours, feeds have stopped or fluids are not staying down.

What to expect

Vomiting and diarrhoea are often caused by a stomach bug. A child may have one without the other. Vomiting commonly stops within 1 or 2 days and diarrhoea within 5 to 7 days. The main home-care priority is keeping up fluids.

Those usual times are not a reason to wait if your child is getting worse. A baby who stops feeding or a child unable to keep fluid down needs help sooner.

Recognising dehydration

Look for nappies that are less wet than usual, fewer wees, sunken eyes or no tears when crying. Notice whether your child is feeding or drinking less as well. You do not need to wait until there has been no wet nappy for a set number of hours before asking for help.



How much they are drinking | Wet nappies or wees | How they respond to you

Notice drinking, wet nappies or wees, and how your child responds. Few tears or sunken eyes can also signal dehydration. Call NHS 111 for early dehydration signs. For an under-5 with no wee or wet nappy for 12 hours, go to A&E now.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

For a child under 5 with no wee or wet nappy for 12 hours, go to A&E now. Call 999 if they seem seriously ill or cannot travel safely. Call NHS 111 now if your baby is under 3 months and has a temperature of 38°C or higher, or is 3 to 6 months old and has a temperature of 39°C or higher. If you think your baby under 6 months has a fever and you cannot get a reading, call 111 straight away. Tell them if your baby was recently vaccinated. Do not wait for medicine to bring the temperature down before calling.

Feeding and drinks

If there are no dehydration signs, continue usual breast or bottle feeds and offer fluids often. Smaller feeds may be easier if your baby is being sick. Make formula at its normal strength. Offer food when your child wants it.

If a clinician recommends oral rehydration solution (ORS), mix it exactly as directed and give small, frequent amounts. During the rehydration phase of a plan for dehydration, continue breastfeeding, withhold solid food and give other drinks only as advised. Get help if your child refuses the solution, keeps vomiting it or worsens.

After rehydration, restart normal-strength milk and usual foods. Avoid fruit juice and fizzy drinks until diarrhoea has stopped. This guide does not provide a home-made ORS recipe or a weight-based fluid treatment plan.

Call NHS 111 promptly for earlier signs of dehydration. Follow an individual plan and ask if you are unsure which feeding instructions apply.

Medicines

Do not give a child under 12 medicine to stop diarrhoea. Paracetamol may help discomfort if it is suitable for your child. Check the leaflet and age limits or ask a pharmacist. Do not give ibuprofen to a child who may be dehydrated. Do not give aspirin to anyone under 16.

If your child has been given a treatment plan, follow it and ask for further advice if they cannot manage it or their symptoms worsen.

Reducing spread at home

- Wash hands often with soap and water, especially after using the toilet or changing nappies and before preparing food.
- Wash clothing or bedding soiled with poo or vomit separately on a hot wash.
- Clean toilet seats, flush handles, taps, door handles and frequently touched surfaces every day.
- Avoid sharing towels, flannels, cutlery and utensils.
- Avoid preparing food for other people where possible while unwell.

Nursery and swimming

Keep your child away from nursery until at least 48 hours after the last episode of either vomiting or diarrhoea. If they are sick again, count from that latest episode. Tell the nursery and follow any additional advice for a diagnosed infection or outbreak.

For a child under 5 who has had diarrhoea from a stomach bug, wait 2 weeks after the last episode of diarrhoea before using a swimming pool. If your child is 5, or has had vomiting without diarrhoea, check when swimming can restart with a healthcare professional and the pool. Follow any specific advice for a diagnosed infection or outbreak.

Further reading
NHS stomach bugs; NHS fever; UKHSA nursery rules; NHS dehydration; NICE CG84; NHS urgent help; NHS sepsis; NHS ibuprofen; NICE NG143; NICE NG254

CONDITION 07

Hand, foot and mouth disease

A sore mouth, spots and keeping drinks manageable

When to get help

Call NHS 111 or ask for an urgent GP appointment if your child has a very high temperature, feels hot, cold or shivery, is peeing less than usual or you are worried about the symptoms. A sore mouth that is making drinking difficult needs attention to fluids and wet nappies.

Use the young-baby fever thresholds in the fever chapter. Call 999 for breathing difficulty, a child who is hard to wake or not responding normally, unusual colour changes or a rash that does not fade under a glass. These are not signs to put down to an ordinary childhood rash.

What you may notice

Hand, foot and mouth is a common childhood illness that can also affect adults. It often starts with a sore throat, high temperature and reduced appetite. A few days later, painful mouth ulcers and raised spots may appear. The spots are often on the hands and feet, and can also appear around the groin and bottom.

Spots may look pink, red or darker than the surrounding skin. They can turn into blisters that look grey or paler than the surrounding skin. The appearance varies with skin tone. A description alone cannot confirm the illness.

What the next few days may be like

The illness usually improves on its own within 7 to 10 days. The sore mouth may be the part that makes eating and drinking most difficult. Keep watching fluid intake and wet nappies rather than concentrating only on how many spots there are.

See a GP if symptoms have not improved after 7 to 10 days. Contact the surgery before going in because the illness spreads easily. Ask for help sooner if your child is worsening or you are worried.

Making food and drinks more comfortable

Offer cool drinks and soft foods, such as yoghurt, if suitable for your child. Acidic drinks such as fruit juice can sting, and hot, salty or spicy food may be uncomfortable. Let your child take what they can manage while you keep watching for dehydration.

Do not rely on food or drinks alone if your child is taking much less fluid or passing less wee. Call NHS 111 for advice. A child who cannot swallow or has breathing difficulty needs emergency help.

Pain relief and mouth treatments

Paracetamol or ibuprofen may ease a sore mouth or throat if suitable. Check the leaflet and the age limits in the medicines chapter. Do not use ibuprofen if your child may be dehydrated. For chickenpox, use it only if a doctor tells you to. Aspirin is not for children under 16.

A pharmacist can advise on mouth-ulcer treatments and which are suitable for your child's age. Gels, sprays and mouthwashes have different restrictions, so do not choose a product simply because it says it treats ulcers. Medicines may ease symptoms, but antibiotics do not cure hand, foot and mouth disease.

How it spreads

The infection spreads through coughs, sneezes, poo and fluid from blisters. It can spread before symptoms begin and is most likely to spread during the first 5 days after symptoms start. This means careful hygiene still matters even if other people have already been exposed.

- Wash your hands and your child's hands often with soap and water.
- Use tissues for coughs and sneezes and put used tissues in the bin.
- Avoid sharing cups, cutlery and towels.
- Wash soiled clothes and bedding on a hot wash.

If you are pregnant and have been in contact with someone who has hand, foot and mouth disease, contact your GP or midwife for advice, even if you have no symptoms. Avoid close contact where possible.

Nursery

There is no routine exclusion period for hand, foot and mouth in England. Keep your child home while they feel too unwell to attend. Once they feel better, they can return without waiting for every blister to heal. Tell the nursery and check its policy.

No exclusion period does not mean the illness cannot spread. Handwashing and not sharing cups or towels are still useful.

Further reading
NHS hand, foot and mouth; NHS fever; UKHSA nursery rules; CALPOL leaflet; Nurofen leaflet

CONDITION 08

Chickenpox

Itchy spots, skin care and protecting vulnerable contacts

Call NHS 111 now for these concerns

- The symptoms are getting worse, including red, hot or painful skin around blisters. Redness may be less obvious on brown and black skin.
- Your child has signs of dehydration, including fewer wet nappies.
- You think your newborn has chickenpox or has been near someone with it.
- Your child has other symptoms that worry you.

A pregnant person or someone with a weakened immune system who has been near chickenpox should also contact NHS 111 for advice about their own exposure. If your child has a weakened immune system, get prompt advice from their clinical team or NHS 111 after exposure.

More shortness of breath than usual needs urgent advice. For a child struggling to breathe, call 999. The other emergency signs in the getting-help chapter also apply.

What you may notice

Chickenpox commonly causes an itchy, spotty rash. Spots can appear anywhere, including inside the mouth. A child may also have a temperature, aches, feel generally unwell or lose their appetite.

The spots start small, become fluid-filled blisters and then form scabs. New spots can appear while others are blistering or scabbing, so several stages can be visible at once. Spots may be red, pink, darker than the surrounding skin or a similar colour. They can be harder to see on brown and black skin.

Most children recover in 1 to 2 weeks. If you are not sure it is chickenpox, see a GP. Call the surgery before going in and tell reception that chickenpox is possible.

Helping with itching and discomfort

Offer plenty of drinks. An ice lolly appropriate for your child's age can be an option if drinking is difficult, but seek help for dehydration signs. Keep fingernails short and try socks over the hands at night to reduce scratching.

Cool baths may help. Pat the skin dry rather than rubbing, and choose loose clothing. Ask a pharmacist about cooling skin products or whether an antihistamine is suitable for itching. There is no need to choose a medicine before asking for advice.

Check the skin as well as the number of spots. Hot, increasingly painful or inflamed skin around a blister needs NHS 111 advice. Do not assume it is simply irritation from scratching.

Medicines need a chickenpox check

Paracetamol may ease pain or discomfort if suitable for your child. Check the leaflet and ask a pharmacist if unsure. Do not give it to a baby under 2 months.

Do not use ibuprofen for chickenpox unless a doctor tells you to. It may cause serious skin infections. Do not give aspirin to anyone under 16.

Who to keep away from

Keep your child away from newborn babies, pregnant people and anyone with a weakened immune system. A child can pass chickenpox on from 2 days before the spots appear until every spot has scabbed.

If an affected person needs a healthcare appointment, phone first. Tell the team about the possible infection so they can advise how to attend. Exposure advice for a newborn, a pregnant person or someone with reduced immunity should not wait for a routine visit.

Recovery and nursery

Keep your child away from nursery for at least five days after the rash first appeared and until all the spots have scabbed over. If any spots are still blistered or unscabbed on day five, keep your child at home. Tell the nursery when the rash began.

Your child may still need rest while recovering. Get further advice if symptoms worsen rather than gradually settle, if drinking becomes difficult or if there is any new concern.

Vaccination questions

If you are unsure about your child's protection against chickenpox, ask your GP practice to check their vaccination record and current eligibility. This guide does not set out a vaccination schedule because eligibility and catch-up arrangements depend on the child's age and record.

Further reading
NHS chickenpox; NHS fever; UKHSA nursery rules; Nurofen leaflet; UKHSA parent checklist; UKHSA childcare A to Z

CONDITION 09

Impetigo

Crusty sores and reducing spread

Who should assess it

For a child aged 1 or over in England, a pharmacist can assess possible impetigo through Pharmacy First and offer treatment if suitable. Babies under 1 should see a GP. Call the surgery before attending because impetigo spreads easily.

See a GP if your child has a weakened immune system, treatment has not worked, symptoms have changed or worsened, or impetigo has returned within a year. Large blisters need prompt medical assessment, particularly in a baby. If your child is generally unwell or the skin infection is rapidly worsening, seek urgent GP or NHS 111 help. Do not decide the type yourself.

Get help sooner if your child becomes unwell

If your child seems generally unwell or you are worried about a change in the skin, call NHS 111 for advice. Do not assume that every crusty patch is uncomplicated impetigo. A pharmacist or GP will check for other skin infections and whether further care is needed.

Call 999 for the emergency signs in the getting-help chapter, such as breathing difficulty, a child who is difficult to wake, blue or grey lips or a non-fading rash. For a young baby with a high temperature, follow the prompt fever advice.

What you may notice

Impetigo can begin as sores or blisters that burst and leave golden-brown crusty patches. These often appear around the nose and mouth or on the hands. The patches can become larger or spread elsewhere. They may itch and can be painful.

Redness may be harder to see on brown and black skin. Pay attention to changes in texture, crusting, soreness and spread rather than relying on a particular colour. Other skin conditions can look similar, so the description is not a diagnosis.

What treatment may involve

A pharmacist or GP may supply a cream or an antibiotic treatment. The choice depends on the assessment. The treatment and dose for impetigo come from the professional assessing your child.

Use the treatment for the full time you are told, even if the skin looks better sooner. Ask how to apply it, what to do if your child rubs it off, and when to seek another assessment. Do not stop early simply because the crusts look drier.

If the infection keeps returning, a GP may arrange further checks. Repeated episodes are a reason to review the problem rather than simply repeat the last treatment yourself.

Cleaning and everyday care

Wash affected areas with soap and water and dry them carefully. Wash hands often. Try to prevent touching, picking or scratching the sores. Keep the child's towels separate and avoid sharing them with other people.

Impetigo spreads through contact with the sores and through contaminated items such as towels or bedding. Avoid close contact with other children and with people who have diabetes or a weakened immune system while the infection is contagious.

Keeping a routine for handwashing and separate towels can make the care easier to manage. If several adults look after your child, make sure they know which treatment has been given and the agreed plan.

Include toys in the cleaning routine. Wash washable toys with detergent and warm water. Wash flannels, towels and bedding at a high temperature, and keep them separate from other people's items.

Nursery and the type of treatment

Your child can return to nursery when all the sores and blisters have scabbed over, or 48 hours after starting treatment with antibiotics or 1% hydrogen peroxide cream recommended by a pharmacist or doctor for their impetigo. Keep them at home if they are still too unwell to take part.

Tell the nursery what treatment was started and when. Follow any individual return advice from your clinician or nursery.

When treatment is not helping

Contact the GP if the symptoms change or worsen after treatment or if treatment has not worked. Describe whether the area has spread, whether your child is more uncomfortable and whether they have become unwell. Keep the medicine packaging so the professional can check what has been used.

The aim is to get the skin assessed again, not to move straight to a stronger treatment yourself.

Further reading
NHS impetigo; NHS pharmacy services; NHS urgent help; UKHSA nursery rules; NICE NG153; UKHSA childcare A to Z

CONDITION 10

Conjunctivitis and sticky eyes

Cleaning, newborn checks and when redness needs help

A newborn with red, sticky eyes needs urgent advice

If your baby is less than 30 days old and has red, sticky eyes, ask for an urgent GP appointment or call NHS 111. For an older baby with red, sticky eyes, see a GP too. Do not assume redness is just a blocked tear duct.

For any child, pain in the eye, sensitivity to light, a change in vision or a very red eye needs urgent GP or NHS 111 advice. These can point to a more serious eye problem.

Extra care for babies under 3 months

Contact your GP or NHS 111 today if a young baby has yellow or green discharge, redness in or around the eye, a swollen eye or eyelid, poor feeding, a dry mouth, no wet nappy for 8 hours, or is getting worse. Seek help as soon as you are worried about feeding or dehydration. Go to A&E after 12 hours with no wee or wet nappy.

If swelling means the baby cannot open the eye, go to A&E or call 999. Breathing difficulty, pauses in breathing, an unusual colour, a weak high-pitched cry or difficulty waking also need emergency help. The fever chapter explains the young-baby temperature thresholds.

Two different reasons for sticky or red eyes

Conjunctivitis can be caused by infection or allergy. Eyes may be red, gritty, burning, itchy or watery. Pus can stick the lashes together. Infectious conjunctivitis can spread to other people. Allergic conjunctivitis, such as that linked to hay fever, does not spread.

Many newborns also have a little sticky white or yellow discharge because the tear ducts are narrow or still developing. This is not the same as conjunctivitis. Stickiness may last for weeks or months as the ducts open. Redness, swelling, pain or a baby who is unwell needs assessment rather than reassurance from a description in a guide.

Cleaning the eyes

- Wash your hands before and after cleaning.
- Use clean water that has been boiled and allowed to cool.
- Use a fresh piece of cotton wool for each wipe and for each eye.
- For a baby, wipe gently from the corner by the nose outwards.
- Gently remove crusts from the lashes rather than rubbing the eye.



Wash hands before and after

Wipe gently outwards

Fresh cotton wool for every wipe

Use cooled boiled water and a fresh piece of cotton wool for every wipe and each eye. For a baby, wipe gently from beside the nose outwards.

Original AI-generated illustration. Illustration clinically reviewed on 16 November 2026.

Use a separate towel for your baby. Do not share towels, face cloths or pillows. If you have been told that a tear duct is blocked, ask your health visitor or clinician whether any further care is needed. This guide does not give a massage technique to try without that advice.

For an older child with conjunctivitis, a clean, cool flannel held gently over closed eyes for a few minutes may ease irritation. Use their own flannel and wash it afterwards. This comfort measure does not replace assessment for pain, light sensitivity, vision changes or a baby's red, sticky eyes.

Treatment and antibiotics

A pharmacist can advise on conjunctivitis and whether an eye treatment may help. If treatment is needed for a child under 2, a GP prescription is required. Advice for an adult's red eye is not automatically suitable for a baby or toddler.

Treatment depends on the cause. Antibiotics do not work for a viral infection or allergy. Avoid deciding that discharge alone means an antibiotic is needed. Red eyes in a baby and the urgent signs above should be checked through the appropriate route.

Preventing spread

Wash hands regularly with warm soapy water and discourage eye rubbing. Wash pillowcases and face cloths in hot water with detergent. Use tissues for coughs and sneezes and put them in the bin.

If another adult is caring for your child, explain how the eyes are being cleaned and any treatment instructions. Keeping the care consistent is more useful than repeatedly changing products.

When to ask again

See a GP if conjunctivitis symptoms have not cleared within 7 days. Seek help sooner for pain, light sensitivity, vision changes, marked redness or a baby who becomes unwell. If a tear duct still seems blocked at 12 months, arrange a GP review.

Nursery

There is no routine exclusion period for conjunctivitis in England. A child who is very unwell should stay home. Tell the nursery and check its policy, while continuing handwashing and avoiding shared towels. A no-exclusion rule does not mean that eye symptoms should be left unassessed when warning signs are present.

Further reading
NHS conjunctivitis; NHS urgent help; UKHSA nursery rules; NHS sticky eyes

YOUR FAMILY HANDBOOK

Rashes

What to notice without trying to diagnose from appearance

Call 999 for a non-fading rash or emergency signs

If a rash does not fade when you press the side of a clear glass firmly against it, call 999. Do not wait for it to spread or for a second symptom.

Also get emergency help if an unwell child with a rash has a stiff neck, is bothered by light, is confused or not responding normally, has difficulty breathing, becomes blue, grey, unusually pale or blotchy, or develops sudden swelling of the lips, mouth, throat or tongue. A tight throat or difficulty swallowing also needs emergency help.

On brown and black skin, a rash or colour change may be harder to see. Check the palms, soles, lips and inside the eyelids as well as the affected area. Do not delay help because you cannot see a clear colour change.

A glass test cannot rule out serious illness

Not everyone with meningitis has a rash. A child can also be seriously unwell without a high temperature. If your child seems very ill, get help even if there is no rash or it fades when pressed. This chapter is not a test that can tell you an illness is safe. A rash can also change from fading to non-fading, so reassess new changes and seek help again if the illness worsens.

Call NHS 111 or ask for an urgent GP appointment if you are worried about a rash and do not know what to do. Describe the whole illness, including feeding, drinking, temperature, breathing and changes in behaviour, rather than only the spots.

Familiar patterns are only part of the picture

Chickenpox can cause itchy spots at different stages, including blisters and scabs. Hand, foot and mouth may bring mouth ulcers with spots on the hands and feet. Impetigo can leave golden-brown crusts after sores burst. Their chapters explain care and when to seek help.

These patterns overlap with other conditions and may change over time. The same illness can look different on different skin tones. Do not use one feature, a photograph or a nursery report to decide the diagnosis or rule out a more serious problem.

Measles needs a call before a visit

Measles can start with cold-like symptoms, a high temperature and red, sore, watery eyes. A rash may follow, beginning on the face or behind the ears and spreading. It may form raised or joined-up patches and can be harder to see on brown and black skin.

If you think your child may have measles, call NHS 111 or ask for an urgent GP appointment. Phone the surgery before going in. A baby under 1 who has been in contact with measles also needs urgent advice. Pregnant people, people with weakened immunity and people without protection who have been exposed should contact a healthcare professional promptly.

Poor feeding, reduced fluids, fewer wet nappies, a fever that is not settling with suitable medicine or feeling very unwell need urgent advice. Call 999 for emergency signs. Keep away from nursery for at least 4 days after the rash first appears and follow the clinician's advice. Ask the GP practice to check vaccination records if you are unsure about protection.

Scarlet fever needs assessment and treatment

A sore throat, fever and swollen neck glands can be followed by small raised bumps that feel rough like sandpaper. The rash often starts on the chest and tummy before spreading. There may be changes to the tongue. On darker skin, the rough feel may be easier to notice than the colour change.

See a GP if you think your child has scarlet fever, and call before going in. Also seek a GP review if your child has chickenpox and scarlet fever together, does not improve after a week, or becomes ill again in the weeks after recovery. In England, keep children away from nursery until at least 24 hours after antibiotic treatment begins.

If antibiotics are prescribed, finish the course as directed even if your child feels better. Seek help sooner for deterioration; do not wait a week if they are becoming unwell.

Slapped cheek and vulnerable contacts

Slapped cheek can cause a rash on one or both cheeks after a few days of feeling unwell. A rash can then appear on the chest, back, arms or legs. It may be less obvious on brown and black skin and can last 1 to 3 weeks.

There is no routine nursery exclusion once the rash appears. The infection spreads before the rash is visible. Tell the nursery. A pregnant person, someone with a blood disorder or someone with weakened immunity who has been exposed should contact their midwife or GP.

If slapped cheek is suspected and there is very pale skin, extreme tiredness, fainting or shortness of breath, seek urgent GP or NHS 111 advice. Call 999 for breathing difficulty or the other emergency signs rather than waiting for an appointment.

What to tell the person assessing the rash

Describe when it began, where it first appeared, whether it is spreading, itching or painful, and what other symptoms your child has. Mention a recent illness, medicines or contact with someone with an infection. If symptoms change after an assessment, ask for advice again.

The official rash information linked in Further reading covers more causes than this guide. It is a resource to read alongside professional advice, not a reason to postpone a call.

Further reading
NHS rashes; NHS meningitis; NHS fever; NHS chickenpox; NHS hand, foot and mouth; NHS impetigo; NHS measles; NHS scarlet fever; NHS slapped cheek; NICE NG240; UKHSA nursery rules

YOUR FAMILY HANDBOOK

Nursery and everyday recovery

Returning safely and keeping the practical details together

Use the illness rule and your child's recovery

The intervals below summarise guidance for early years and education settings in England. Scotland, Wales and Northern Ireland have their own arrangements. Tell your setting which illness has been diagnosed or suspected and follow any specific advice from the treating professional or local public health team.

A return interval does not decide whether a child needs medical help. Emergency symptoms still need emergency care, and a child who is too unwell to take part needs time at home. No routine exclusion does not mean an illness cannot spread.

Return reminders

Illness	Return reminder for England
Vomiting and diarrhoea	Wait at least 48 hours after the last episode of either.
Chickenpox	Stay away for at least five days after the rash first appears and until all spots have scabbed over.

Illness	Return reminder for England
Impetigo	Your child can return to nursery when all the sores and blisters have scabbed over, or 48 hours after starting treatment with antibiotics or 1% hydrogen peroxide cream recommended by a pharmacist or doctor for their impetigo. Keep them at home if they are still too unwell to take part.
Scarlet fever or diagnosed group A strep	Wait at least 24 hours after starting antibiotics.
Measles	Stay away for at least 4 days after the rash first appears and follow the clinician's advice.
Hand, foot and mouth, conjunctivitis and slapped cheek	No routine exclusion period. Keep an unwell child home and follow the condition-specific advice.
Respiratory infections, including colds and croup	Stay away with more than mild symptoms, including a high temperature.
Ear infection	No separate exclusion period in the England table. Keep a feverish or unwell child at home.

Handing care between adults

Write down the important details in one place. Include the current advice, when any medicine was given, who to call if symptoms change and the earliest possible nursery return date. If another adult takes over overnight or collects from nursery, make sure they know what has changed.

When speaking to the nursery, explain the practical needs as well as the illness name. These may include drinking less easily, needing rest or an agreed treatment plan. Ask what the setting needs before your child returns rather than assuming a calendar date settles everything.

Further reading and source status

This independent FamSignal guide is not endorsed by NICE, the NHS or UKHSA. The guide was checked against relevant guidance on 14 and 15 November 2026, with selected sources rechecked on 16 November. Source entries identify where NICE recommendations were checked through official indexed text.

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This guide was clinically reviewed on 16 November 2026. The next planned review is 16 November 2027. Check famsignal.co.uk/winter-guide for the latest edition.

To flag a correction or ask which version is current, use Contact on the FamSignal website. This is for questions about the document, not medical advice about your child.

Further reading

UKHSA nursery rules; NHS chickenpox; NHS impetigo; NHS hand, foot and mouth; NHS conjunctivitis; NHS fever; UKHSA childcare A to Z; UKHSA parent checklist

YOUR FAMILY HANDBOOK

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GUIDANCE BEHIND THE GUIDE

Sources & further reading

Links below open the original guidance. The check dates record this guide's source review; they are not a guarantee that advice will never change.

NHS · Urgent medical help for babies and children under 5
Read guidance at nhs.uk
Read 15 November 2026

NHS · When to use NHS 111
Read guidance at nhs.uk
Read 15 November 2026

NHS · High temperature in children
Read guidance at nhs.uk
Read 15 November 2026

NHS · Febrile seizures
Read guidance at nhs.uk
Read 15 November 2026

NHS · Common cold
Read guidance at nhs.uk
Read 15 November 2026

NHS · Cough
Read guidance at nhs.uk
Read 15 November 2026

NHS · Bronchiolitis
Read guidance at nhs.uk
Read 15 November 2026

NHS · Croup
Read guidance at nhs.uk
Read 15 November 2026

UCLH · Croup in children
Read guidance at uclh.nhs.uk
Read 15 November 2026

University Hospitals Sussex · Croup
Read guidance at uhsussex.nhs.uk
Read 15 November 2026

NHS · Sore throat
Read guidance at nhs.uk
Read 15 November 2026

NHS · Tonsillitis
Read guidance at nhs.uk
Read 15 November 2026

NHS · Ear infections
Read guidance at nhs.uk
Read 15 November 2026

NHS · Mastoiditis
Read guidance at nhs.uk
Read 15 November 2026

NHS · Diarrhoea and vomiting
Read guidance at nhs.uk
Read 15 November 2026

NHS · Hand, foot and mouth disease
Read guidance at nhs.uk
Read 15 November 2026

NHS · Chickenpox
Read guidance at nhs.uk
Read 15 November 2026

NHS · Impetigo
Read guidance at nhs.uk
Read 15 November 2026

NHS · Conjunctivitis
Read guidance at nhs.uk
Read 15 November 2026

NHS · Rashes in babies and children
Read guidance at nhs.uk
Read 15 November 2026

NHS · Meningitis
Read guidance at nhs.uk
Read 15 November 2026

NHS · Measles
Read guidance at nhs.uk
Read 15 November 2026

NHS · Scarlet fever

Read guidance at nhs.uk

Read 15 November 2026

NHS · Slapped cheek syndrome

Read guidance at nhs.uk

Read 15 November 2026

UKHSA · Public health exclusion periods in children and young people's settings

Read guidance at gov.uk

Read 15 November 2026

NHS · How pharmacies can help

Read guidance at nhs.uk

Read 15 November 2026

UKHSA · A parent’s guide to croup

Read guidance at ukhsa.blog.gov.uk

Read 15 November 2026

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Read guidance at nationalarchives.gov.uk

Licence reference

CALPOL Infant Original 120 mg/5 mL Oral Suspension - patient leaflet

Read guidance at medicines.org.uk

Read 15 November 2026

CALPOL Infant Original 120mg/5ml Oral Suspension (GSL) - SmPC

Read guidance at medicines.org.uk

Read 15 November 2026

NHS - Paracetamol for children

Read guidance at nhs.uk

Read 15 November 2026

Nurofen for Children 3 months to 9 years Orange 100 mg/5 mL Oral Suspension - patient leaflet

Read guidance at medicines.org.uk

Read 15 November 2026

Nurofen for Children 3 months to 9 years Orange 100 mg/5 ml Oral Suspension - SmPC

Read guidance at medicines.org.uk

Read 15 November 2026

NHS - Ibuprofen for children

Read guidance at nhs.uk

Read 15 November 2026

NHS · Sudden infant death syndrome (SIDS)

Read guidance at nhs.uk

Read 15 November 2026

NHS · Colds, coughs and ear infections in children

Read guidance at nhs.uk

Read 15 November 2026

Evelina London · Tonsillitis in children

Read guidance at evelinalondon.nhs.uk

Read 15 November 2026

NHS England · Making a decision about recurrent tonsillitis in children and adults

Read guidance at england.nhs.uk

Read 15 November 2026

NHS - Dehydration

Read guidance at nhs.uk

Read 15 November 2026

Resuscitation Council UK - 2025 Paediatric Life Support

Read guidance at resus.org.uk

Read 15 November 2026

Resuscitation Council UK - 2025 First Aid Guidelines

Read guidance at resus.org.uk

Read 15 November 2026

St John Ambulance - How to put a child in the recovery position

Read guidance at sja.org.uk

Read 15 November 2026

NHS - How to take your baby's temperature

Read guidance at nhs.uk

Read 15 November 2026

NICE NG143 - Fever in under 5s

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE CG84 - Diarrhoea and vomiting caused by gastroenteritis in under 5s

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NHS - Poisoning

Read guidance at nhs.uk

Read 15 November 2026

NHS - Sepsis

Read guidance at nhs.uk

Read 15 November 2026

NICE NG254 - Suspected sepsis in under 16s

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG120 - Cough (acute): antimicrobial prescribing

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG9 - Bronchiolitis in children

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG84 - Sore throat (acute): antimicrobial prescribing

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG91 - Otitis media (acute): antimicrobial prescribing

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG153 - Impetigo: antimicrobial prescribing

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

NICE NG240 - Bacterial meningitis and meningococcal disease

Read guidance at nice.org.uk

Official indexed text checked 15 November 2026; direct page unavailable.

MHRA - Over-the-counter cough and cold medicines for children

Read guidance at gov.uk

Read 15 November 2026

NHS Healthier Together - Sticky eye

Read guidance at healthiertogether.nhs.uk

Official indexed text checked 15 November 2026; direct page unavailable.

St John Ambulance: baby recovery position

Read guidance at sja.org.uk

Read 16 November 2026

UKHSA: parent checklist for school absence

Read guidance at gov.uk

Read 16 November 2026

UKHSA: A to Z of infectious diseases in childcare and education

Read guidance at gov.uk

Read 16 November 2026