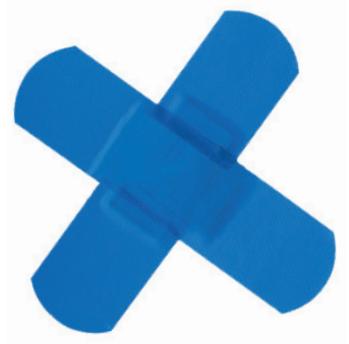


Self-help guide for minor ailments



**College Practice, Maidstone
Thurrock Health Centre, Grays
Boots Surgery, Chatham**

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Self-help guide for minor ailments

Use the contents of this guide to assist you to know what to do with common ailments and injuries

If after following the relevant advice you are still unsure what to do, please call your surgery at the number listed below. We offer a minor injury service to help our patients so that where possible, you can avoid the need to go to A&E.

If the surgery is closed, you can still phone the number and you will be advised by the out-of-hours service.

College Practice, Maidstone – 01622 352345

Thurrock Health Centre, Grays – 01375 898700

Boots Surgery, Chatham – 01634 815160

Feeling unwell?

Please use the services well.

1. GP – First port of call (8am – 8pm, 365 days a year)
2. NHS Direct
3. Minor injuries unit
4. A&E for life threatening or serious conditions

Acute lower back pain in adults

About 8 in 10 people will have one or more bouts of low back pain. In most cases, it is not due to a serious cause, and the exact reason for pain is not clear. The usual advice is to keep active, and do normal activities as much as possible. Painkillers can help until the pain eases. In most cases, the pain clears within a week or so but may recur from time to time.

Non-specific low back pain

About 19 in 20 cases of acute (sudden onset) low back pain are classed as non-specific. This is the type of back pain that most people will have at some point in their life. It is called non-specific because it is usually not clear what is actually causing the pain. In other words, there is no specific problem or disease that can be identified as to the cause. The severity of the pain can vary from mild to severe. To some people, not knowing the exact cause of the pain is unsettling. However, looked at another way, many people find it reassuring to know that the diagnosis means there is no serious problem or disease of the back or spine.

Nerve root pain – often called sciatica

This occurs in less than 1 in 20 cases of acute low back pain. Nerve root pain means that a nerve coming out from the spinal cord (the root of the nerve) is irritated or pressed on. (Many people call this a trapped nerve). You feel pain along the course of the nerve. Therefore, you typically feel pain down a leg, sometimes as far as the calf or foot. The pain in the leg or foot is often worse than the pain in the back. The irritation or pressure on the nerve may also cause pins and needles, numbness or weakness in part of a buttock, leg or foot.

What are the symptoms of non-specific low back pain?

Although non-specific back pain is sometimes called simple back pain, simple does not mean that the pain is mild. The severity of the pain ranges from mild to severe. Typically, the pain is in one area of the lower back, but sometimes it spreads to one or both buttocks or thighs. The pain is usually eased by lying down flat. It is often made worse if you move your back, cough or sneeze. So, non-specific low back pain is mechanical in the sense that it varies with posture or activity. As a general guide, if any of the following occur, then it may not be non-specific low back pain, and there may be a more serious underlying cause. But note: the vast majority of people with low back pain do not have any of the following symptoms or features. They are included here for completeness and as an aid to what to look out for, and to tell your doctor should they occur.

- Pain that develops gradually and slowly gets worse and worse over days or weeks.
- Constant back pain that is not eased by lying down or resting.
- Pain that travels to the chest, or is higher in the back behind the chest.
- Weakness of any muscles in a leg or foot.
- Numbness (lack of feeling) on any part of your bottom or leg.
- If you have taken steroid tablets for more than a few months.

Symptoms that may indicate an inflammatory (arthritis) cause such as ankylosing spondylitis. The main ones are:

- Pain which is worse in the second half of the night.
- Waking with stiffness in addition to pain in the back muscles.
- In the morning, getting up with pain that lasts more than 30 minutes.
- If the pain eases with activity.

Do I need any tests?

Usually not. Your doctor will usually be able to diagnose non-specific low back pain from the description of the pain, and by examining you. Therefore, in most cases, no tests are needed. There is no test that can prove or confirm non-specific low back pain. In fact, tests can actually do more harm than good when the diagnosis is non-specific low back pain. For example, the technical jargon used in reports on x-rays and scans can sound alarming, when in fact they are just showing what would be normal for a given age and not a cause for pain.

Current UK guidelines are clear that routine tests such as X-rays and scans should not be done if the diagnosis is made of non-specific low back pain.

Tests such as X-rays or scans may be advised in certain situations. This is mainly if there are symptoms, or signs during a doctor's examination, to suggest that there may be a serious underlying cause for the back pain.

What can I do to help a bout of non-specific low back pain?

Continue with normal activities as much as possible. This may not be possible at first if the pain is very bad, but move around as soon as you are able, and get back into normal activities as soon as you can. As a rule, don't do anything that causes a lot of pain, but you will have to accept some discomfort when you are trying to keep active.

Sleep in the most naturally comfortable position on whatever is the most comfortable surface. There is no evidence to say that a firm mattress is better than any other type of mattress for people with low back pain. Some people find that a small firm pillow between the knees when sleeping on the side helps to ease symptoms at night.

If you have a job, aim to get back to work as soon as possible. There is no need to wait for complete freedom from pain before returning to work. Returning to work often helps to relieve pain by getting back to a normal pattern of activity and providing a distraction from the pain. In the past, advice has been to rest until the pain eases. It is now known that this was wrong. The evidence from research trials is that you are likely to recover more quickly by getting moving again, and getting back to work as soon as possible. Also, you are less likely to develop chronic (persistent) back pain if you keep active when you have back pain rather than rest a lot.

Boils

What are boils?

A boil is an infected hair follicle. The follicle has become infected with skin bacteria and as the body's white blood cells fight the infection, the area becomes inflamed (red, painful and swollen) and pus (a liquid combination of dead and dying bacteria and the white blood cells) will form. The boil will become increasingly painful and swollen over a few days, until it 'comes to a head' and bursts, allowing the pus to drain away. Then the boil will gradually heal over the following 1-2 weeks. A carbuncle is a collection of boils with multiple heads.

Cause of boils

Boils are caused by skin bacteria called *Staphylococcus aureus*. This bacteria lives harmlessly on the skin surface but can cause infections if it gets into or under the skin. They are most common amongst teenagers and young adults and occur more often in men.

How to treat a boil

Hot compresses can help a boil come to a head and burst more quickly: apply a flannel soaked in hot water 3-4 times a day until the boil bursts. Don't attempt to squeeze or lance the boil yourself as this may result in spread of infection and increased scarring.

When to see the GP

Most boils burst and heal by themselves without any need for treatment, but you should visit your GP if:

- The boil is on your face.
- The boil is increasing in size, and feels spongy or doesn't come to a head.
- It doesn't heal within two weeks
- You feel unwell or feverish
- You have a carbuncle (a boil with multiple heads).

Complications of boils

Cellulitis: Infection can occasionally spread sideways through the skin and deeper tissues causing spreading redness and swelling called cellulitis. This needs treatment with antibiotics so consult a doctor.

Scarring: There is often a small scar left following healing of a boil. This often settles and fades with time. The larger the boil or carbuncle, the more likely it will leave a scar.

Spread of infection: Infection from a boil can spread through the blood stream to other areas of the body. This is extremely rare and can't be prevented by changing the treatment of the original boil. If you become unwell whilst you have a boil discuss your symptoms with a doctor.

Bruises

What is a bruise?

Bruises are bluish, black or purple coloured marks that appear on the skin when tiny blood vessels called capillaries are broken in the tissues underneath it. Blood leaking from the capillaries creates the discoloured mark, and there is often accompanying tenderness and swelling. Local swelling can be particularly impressive with bruises on the face and head.

Different skin colours shows bruising to different extents, the darker your skin, the less of a bruise will show up. It is also worth noting that some people bruise more easily than others, and this is not a sign of ill health.

Causes of bruising

Any injury that results in bleeding under the skin will cause a bruise. The most common cause is direct blunt injury to the skin by falling or bumping into something, but bruising can also occur on the surrounding skin after injuring muscles, ligaments and bones. Blood seeping from a vein after having had a blood test can sometimes cause a big bruise. Bruising appearing around an operation site is also common.

Problems with clotting due to liver or blood cell abnormalities are rare causes of bruising, particularly if a person is otherwise feeling well. This type of bruising will usually be multiple, larger bruises and occur without any injury, in places on your body that are unlikely to have been accidentally knocked.

Haemophilia is an inherited disorder of blood clotting ability is a lifelong tendency and even more uncommon.

Discuss any increase in bruising tendency with a doctor.

Treating bruises

- **Stop the capillary bleeding.** Do this as soon as possible after the injury to limit the size of the bruise. Cool the area with a cold compress made from a flannel dipped in cold water or a bag of frozen peas wrapped in a towel. Apply the compress to the bruise firmly but not enough to cause pain for at least 10 minutes.
- **Take pain relief.** Take paracetamol or ibuprofen regularly for any discomfort associated with the bruising.

Even large and painful bruises recover with time, and are not in themselves cause for concern. After the initial treatment try to use the bruised area normally, and seek medical advice if the bruise has not settled after two weeks.

Burns and scalds

Stop the burning process

- Douse flames with water or smother with a blanket. If the victim's clothing is burning, roll them on the ground to smother the flames
- Remove clothes over the burn as soon as possible unless clothing has stuck to the skin, removing this may cause further damage.
- Tar burns should be cooled with water, but do not remove the tar.
- For electrical burns – disconnect the victim from the source of electricity before attempting first aid.

If you cannot switch off the electricity:

- If the person has been injured by a low-voltage source (domestic electricity supply), then separate the electrical source using a non-conductive material such as a wooden stick or wooden chair.
- Do not approach a person connected to a high-voltage source.
- For chemical burns – remove affected clothing. Brush the chemical off the skin if it is in a dry form. Then wash the burn with lots and lots of water. Do not attempt to neutralise chemicals.

Cool the burnt area immediately with cool or tepid water

Preferably, use running water, for at least 20 minutes. For example, put the burnt area under a running tap. A shower or bath is useful for larger areas. Note: do not use very cold water or ice, as this can damage the skin. Ensure the person is otherwise kept warm to avoid hypothermia. Chemical burns should be washed with lots of water and for longer than 20 minutes. (Take advice from a doctor, if possible, as to how long to keep washing a chemical burn).

Remove rings, bracelets, watches, etc. from the affected area

These may cause tightness or constriction if any swelling occurs.

Cover the burn – ideally with cling film

Cling film is ideal to cover a burn as it is sterile, protective and soothing. A clear plastic bag is an alternative if no cling film is available. Leave cling film on until seen by a doctor or nurse. Discard the first few centimetres from the roll and apply cling film in layers, but never round like a bandage to prevent it causing pressure if the burnt area swells. A burnt hand can be put into a loosely fitting clear plastic bag.

Give painkillers

Paracetamol or ibuprofen may help to ease pain for small burns.

Do NOT do the following:

- Prick any blisters
- Apply creams, ointments, grease, etc. (The exception is for mild sunburn. A moisturiser cream or calamine lotion may help to soothe this.)
- Put an adhesive, sticky or fluffy dressing.

Home care, or should I get medical help?

Phone the surgery and ask to speak to a doctor or nurse if you are unsure about what to do after a burn. However, you may be happy to manage small, mild (superficial) burns at home. Mild sunburn, small mild burns, or mild scalds are best left uncovered. They will heal more quickly if left to the fresh air. Even a small blister is best left uncovered to heal. If the blister bursts, you can use a dry, non-adhesive, non-fluffy sterile dressing. This will soak up the weeping blister, and stop dirt and germs getting into the wound. However:

See a doctor or nurse as soon as possible if:

- The burn becomes infected. Infection causes a spreading redness from the burn, which becomes more painful.
- You are not up-to-date with tetanus immunisation.
- Blisters occur. You may be happy to deal with a small burn with a small blister. However, a blister means a partial thickness burn, and it may be best to see a doctor or nurse.

Go straight to casualty (after cooling with water and first aid) for the following:

- Electrical burns.
- Full thickness burns—even the small ones. These burns cause white or charred skin.
- Partial thickness burns on the face, hands, arms, feet, legs or genitals. These are burns that cause blisters.
- Any burn that is larger than the size of the hand of the person affected.
- If you suspect smoke inhalation (breathing in smoke or fumes). The effects on the lungs from smoke inhalation may be delayed by a few hours so a person may appear to be okay at first. Symptoms such as a sore throat, cough, wheeze, singed nasal hair, facial burns or breathlessness may suggest there may have been smoke inhalation.

Cuts (lacerations) and grazes (abrasions)

First aid

Press on the wound to stop the bleeding. Get medical attention if the bleeding is heavy or does not stop soon. Clean the wound no matter how small it is. Cleaning will reduce the chance of infection. Just use ordinary tap water. (There is concern that antiseptics may damage the skin tissue and delay healing.) After cleaning, cover the wound with a sterile, non-sticky dressing.

Do I need medical attention?

Many people deal with minor cuts by themselves. The following gives a guide as to when to consider contacting the surgery to see a doctor or nurse.

Large, deep or dirty abrasions caused by gravel. There is a risk of infection, and also a risk of permanent tattooing of the skin from gravel, dirt, grit, etc. which remain in a wound.

If part of the wound has dead or damaged skin, then it may need to be trimmed or removed. This is because dead skin is ideal for infection to develop.

If you suspect the cut has damaged deeper tissues such as nerves, tendons or joints. **Wounds caused by penetrating glass, metal, etc.** may need to be carefully examined and may need an x-ray to check that there is nothing left inside.

Gaping wounds should be closed with stitches, glue or sticky tape. Even small gaping wounds on the face are best dealt with by a doctor to keep scarring to a minimum. Most wounds are closed straight away. However, a doctor may advise to wait a few days before closing certain wounds. For example, if the wound is more than six hours old, if it is infected, or if it is at high risk of becoming infected, such as a wound contaminated with manure. This delayed closure aims to make sure the wound is not infected before closing it up.

You should have a tetanus booster if you are not up-to-date with your immunisations.

Antibiotics are not needed in most cases. However, a course of antibiotics may be advised in some situations where there is a high risk of a wound infection developing. These will include:

- Wounds to the feet (especially if you have poor circulation to the feet)
- Large wounds inside the mouth
- Wounds contaminated with soil, manure or faeces
- Deep puncture wounds
- If your resistance to infection is low. For example, if you are on chemotherapy; have no working spleen; have diabetes; have alcohol dependence; have AIDS, etc.

After dealing with a cut

The most common complication is an infection of the wound. See a doctor if the skin surrounding a wound becomes more tender, painful, swollen, red or inflamed over the next few days. In some cases, as the wound heals, the colour in the skin darkens around the scar (hyper pigmentation). This may be prevented if you use high-factor sunscreen regularly for 6-12 months on healing wounds that are exposed to sunshine.

Acute diarrhoea in adults

Diarrhoea can be acute (come on suddenly and last up to two weeks) or chronic (more persistent). This advice is for infectious acute diarrhoea.

Causes

Infection of the gut is the common cause. This is called acute infectious diarrhoea. Many bacteria viruses and other 'germs' can cause diarrhoea. Sometimes the germs come from infected food (food poisoning). Infected water is a cause in some countries. Viruses are easily spread from one person to another by close contact, or when an infected person prepares food for others.

Other causes are uncommon and include: drinking lots of beer, side effects from some drugs and anxiety.

Gut disorders that cause chronic (persistent) diarrhoea may be mistaken for acute diarrhoea when they first begin. For example, diarrhoea caused because of ulcerative colitis.

Symptoms of acute infectious diarrhoea

- Crampy abdominal pain
- Fever
- Vomiting
- Diarrhoea (three or more watery stools per day)
- Passing blood and mucus with the stool in some infections
- Aching limbs and headache may also develop

Progress of the illness

The first few days are usually the worst, after 3-5 days the symptoms should be subsiding and the diarrhoea slowing down, so that the stool is less watery and frequent. More frequent and looser stools than normal can last for a week or longer after the other symptoms have settled.

Managing acute infectious diarrhoea

Symptoms often settle within a few days or so as your immune system usually clears the infection. Occasionally, admission to hospital is needed if symptoms are severe, or if complications develop. The following are commonly advised until symptoms ease.

Fluids – have lots to drink

The aim is to prevent dehydration, or to treat dehydration if it has developed. (Note: if you suspect that you are dehydrated you should contact a doctor)

- As a rough guide, drink at least 200ml after each bout of diarrhoea (watery stool).
- This extra fluid is in addition to what you would normally drink. For example, an adult will normally drink about two litres a day, but more in hot countries.

- If you vomit, wait 5-10 minutes and then start drinking again, but more slowly. For example. A sip every 2-3 minutes, but making sure that your total intake is described as above.
- You will need to drink even more if you are dehydrated. A doctor will advise on what and how much to drink if you are dehydrated.
- For most adults, fluids drunk to keep hydrated should mainly be water, but ideally include some fruit juice and/or soup. It is best not to have drinks that contain a lot of sugar such as cola or pop as they can sometimes make diarrhoea worse.
- Rehydration drinks are only recommended for people who are dehydrated, frail and elderly, or who have underlying health problems. They are made from sachets that you can buy from pharmacies. You add the contents of the sachet to water. Rehydration drinks provide a good balance of water, salts and sugar.

Symptoms of dehydration

Diarrhoea and vomiting may cause dehydration (a lack of fluid in the body). Consult a doctor quickly if you suspect you are becoming dehydrated. Mild dehydration is common and is usually easily and quickly reversed by drinking lots of fluids. Severe dehydration can be fatal unless quickly treated. This is because the organs of your body need a certain amount of fluid to function.

Symptoms of dehydration include: tiredness, dizziness or light headedness, headache, muscle cramps, sunken eyes, passing little urine, a dry mouth, weakness and becoming irritable.

Symptoms of severe dehydration include: weakness, confusion, rapid heart rate, coma and a greatly reduced amount of urine that you make. This is a medical emergency and immediate medical attention is needed.

When to seek medical help

Seek medical advice in any of the following situations, or if any other symptoms occur that you are concerned about:

- If you suspect that you are becoming dehydrated
- If you are vomiting a lot and unable to keep fluids down
- If you have blood in your diarrhoea or vomit
- If you have severe abdominal pain
- If you have persisting high fever
- If your symptoms are not settling or getting worse. For example, vomiting for more than 1-2 days, or diarrhoea that does not start to settle down after five days.
- Infections caught abroad
- If you are elderly or have an underlying health problem such as diabetes, epilepsy, inflammatory bowel disease or kidney disease.
- If you have a weakened immune system because of, for example, chemotherapy treatment, long-term steroid treatment, HIV infection.

The A&E department is not the right place to go to when you have acute diarrhoea, the best thing to do is to phone or visit the GP.

Eat as normally as possible

Once any dehydration has been corrected, then eat a normal diet. Do not 'starve' diarrhoea. This used to be advised but is now known to be wrong.

Medication

Anti-diarrhoea drugs are not curative but are effective. You can buy anti-diarrhoea drugs from pharmacies. The safest and most effective is loperamide. The adult dose for this is two capsules at first. This is followed by one capsule after each time you pass some diarrhoea, up to a maximum of eight capsules in 24 hours. It should not be given to children under 12. You should not take loperamide for longer than five days unless advised to by a doctor. Also, do not use anti-diarrhoea drugs if you are passing blood or mucus with the diarrhoea or if you have a high temperature. People with certain conditions (e.g. pregnant women) should not take loperamide, so read the leaflet that comes with the medication carefully.

Paracetamol or ibuprofen are useful to ease a high temperature or headache.

Are any tests required?

No, unless the diarrhoea is prolonged, or food poisoning or traveller's diarrhoea are suspected.

Preventing spread of infection to others

Some infections causing diarrhoea are very easily passed on from person-to-person. If you have acute diarrhoea, the following advice is also recommended to prevent the spread of infection to others:

- Wash your hands thoroughly after going to the toilet. Ideally, use liquid soap in warm running water, but any soap is better than none. Dry properly after washing.
- Don't share towels or flannels.
- Don't prepare or serve food for others, or share plates or cutlery.
- Regularly clean the toilets that you use. Wipe the flush handle, toilet seat, bathroom taps, surfaces and door handles with hot water and detergent at least once a day. Keep a cloth just for cleaning the toilet or use a disposable one each time.
- Stay off work, college, etc. until 48 hours after the last episode of diarrhoea or vomiting.
- Food handlers: if you work with food and develop diarrhoea or vomiting, you must immediately leave the food-handling area. For most, no other measures are needed, other than staying away from work until at least 48 hours after the last episode of diarrhoea or vomiting. Some special situations may arise and sometimes, longer time off is needed. Specialist advice may be needed for some uncommon causes of infectious diarrhoea. If in doubt, seek advice from your employer.

Acute diarrhoea in children

Diarrhoea can be acute (come on suddenly and last up to two weeks) or chronic (more persistent).

Causes

Infection

- Viral infection. There are many viruses that cause diarrhoea; the commonest cause, particularly in children, is Rotavirus. It's extremely infectious and can be caught repeatedly as forming an immunity to it is difficult.
- Bacterial infection. This is usually caught from a food source (food poisoning) or contaminated water whilst travelling abroad (traveller's diarrhoea). Common bacteria that cause food poisoning are Campylobacter, E Coli and Salmonella.

Non-infectious diarrhoea

Rare as a cause of acute diarrhoea, especially in children. Diarrhoea can be due to gut inflammations and food intolerance, but they are much more likely to give chronic symptoms.

Symptoms of acute infection diarrhoea

- Crampy abdominal pain
- Fever
- Vomiting
- Diarrhoea (three or more watery stools per day)
- Passing blood and mucus with the stool in some infections
- Aching limbs and headache may also develop

Progress of the illness

The first few days are usually the worst. After 3-5 days the symptoms should be subsiding and the diarrhoea slowing down, so that the stool is less watery and frequent. More frequent and looser stools than normal can last for a week or longer after the other symptoms have settled.

Managing acute infectious diarrhoea in children

There is no specific curative treatment, as the child's immune system clears the infection. The treatment is based on keeping the child as comfortable as possible and preventing dehydration. Dehydration means lack of fluid in the body. If it becomes severe, the child may need to be admitted to hospital.

Symptoms of dehydration in children

Mild dehydration causes reduced amount of urine, dry mouth, fewer tears when crying, eyes appear sunken, and the child can be irritable or lethargic. A child with these symptoms should be assessed by a doctor, and rehydration fluids may be recommended.

More severe dehydration causes drowsiness, very little urine passed, pale or mottled skin, cold hands and feet, and shallow rapid breathing. A child with these symptoms needs urgent medical assessment and will very likely need to be admitted to hospital.

When to seek medical help

As mentioned already, most children with diarrhoea have mild symptoms that get better in a few days. The important thing is to ensure that they have plenty to drink. In many cases, you will not need to seek medical advice. However, you should book an appointment or ring the surgery and ask for advice in the following situations (or if there are any other symptoms that you are concerned about):

- If your child is under the age of six months.
- If your child has an underlying medical condition. (For example, heart or kidney problems, diabetes, and history of premature birth).
- If your child has a fever (high temperature).
- If you suspect dehydration is developing (see earlier).
- If your child appears drowsy or confused.
- If there is blood in their diarrhoea or vomit.
- If your child has severe abdominal pain.
- Infections caught abroad.
- If your child has severe symptoms or if you feel that their condition is getting worse.
- If your child's symptoms are not settling. For example, vomiting for more than 1-2 days, or diarrhoea that does not start to settle after 3-4 days.

Fluids to treat dehydration

If your child is mildly dehydrated, this may be treated by giving them rehydration drinks. Your doctor or nurse will advise about how to make up the drinks and about how much to give. The amount can depend on the age and the weight of your child. If you are breastfeeding, you should continue with this during this time. Otherwise, if they are on rehydration drinks, don't give your child any other drinks unless the doctor or nurse has said that this is okay. It is important that your child is rehydrated before they have any solid food.

Eat as normally as possible

Once any dehydration has been corrected, then encourage your child to have their normal diet. Do not 'starve' a child with diarrhoea. This used to be advised but is now known to be wrong. So:

- Breast-fed babies should continue to be breastfed if they will take it. This will usually be in addition to extra rehydration drinks (described above).
- Bottle-fed babies should be fed with their normal full-strength feeds if they will take it, usually in addition to extra rehydration drinks (described above).
- Older children should be offered some food every now and then. However, if he or she does not want to eat, that is fine. Drinks are the most important, and food can wait until the appetite returns.

Are any tests required?

No, unless the diarrhoea is prolonged, or food poisoning or traveller's diarrhoea are suspected.

Preventing spread of the infection

Diarrhoeal infections can very easily be passed on from person-to-person. You and your child need to take measures to try to reduce this chance. If your baby has diarrhoea, wash your hands thoroughly after changing nappies and before preparing, serving or eating food. Ideally, use liquid soap in warm running water, but any soap is better than none. Dry your hands properly after washing.

For older children, whilst they have diarrhoea, the following are recommended:

- Regularly clean the toilets with disinfectant. Clean the flush handle, toilet seat sink taps, bathroom surfaces and door handles at least daily with hot water and detergent. Use disposable cleaning cloths or a cloth just for toilet use.
- If using a potty, wear gloves when you handle it. Dispose of the contents into a toilet then wash the potty with hot water and detergent and leave to dry. Then wash your hands.
- Make sure your child washes their hands after going to the toilet. Ideally, they should use liquid soap in warm running water, but any soap is better than none. Dry properly after washing.
- Wash soiled bedding separately at as high temperature as possible.
- Don't let your child share towels or flannels.
- Don't let them help to prepare food for others, or share plates or cutlery.
- Keep them off school, nursery, etc. until at least 48 hours after the last episode of diarrhoea or vomiting. Sometimes this time may be longer with certain infections.

Dog and cat bites

Clean the wound

You should clean the wound as soon as possible, no matter how small the cut to the skin. There are many bacteria (germs) in animal mouths. Cleaning will reduce the chance of infection. If the wound is small, you can clean it yourself. Just use ordinary tap water (there is concern that antiseptics may damage skin tissue and delay healing). Wounds that are large, deep, 'punctured' or dirty, are best cleaned and assessed by a nurse or doctor. After cleaning, cover the wound with a sterile, non-sticky dressing.

Consider contacting the doctor's surgery

This is for the following reasons:

Wound care

The wound can be properly assessed and cleaned. If part of the wound has dead or damaged skin, then it may need to be 'trimmed' or removed. This is because dead skin is ideal for infection to develop. Do not be surprised if the doctor does not stitch or close a dog or cat wound up immediately. For bites in many parts of the body it is common practice to wait a few days before closing the wound, particularly if the wound is more than six hours old or on an arm or leg. This is to make sure the wound is not infected before closing it up.

Antibiotics

A short course of antibiotics may be prescribed to prevent infection developing in wounds that are large, deep or 'punctured'. A puncture wound may not look large but may go deep into the tissues. Antibiotics are also prescribed for small bite wounds in certain situations. For example, if you: are on chemotherapy; have no working spleen; have diabetes; have an immune system problem such as AIDS.

Tetanus

Are you up-to-date with your tetanus immunisations? If not, you may need a booster dose.

Rabies

This is a serious illness passed to humans from some animal bites. At present the UK is free from rabies. Only animal bites (particularly dog bites) that occur abroad have a risk of rabies. When abroad, take seriously even the tiniest of dog bites, or a lick from a dog over a cut or wound. If needed, treatment straight after a bite can prevent rabies from developing.

What to look out for after a dog or cat bite

The most common complication following a bite is an infection of the wound. See a doctor as soon as possible if the skin surrounding a wound becomes more tender, painful, swollen or red over the next few days. Rarely, some bacteria can get into the bloodstream through a wound and cause a serious infection in the body. See a doctor urgently if you become generally unwell with fever (high temperature) within a week of a cat or dog bite.

Ear infections (otitis media)

Earache is a common symptom of ear infection. However, not all earaches are caused by an ear infection. If a child has earache but is otherwise well, an ear infection is unlikely. A common cause of mild earache is a build-up of mucus in the middle ear after a cold. This usually clears in a few days. Sometimes pain that you can feel in the ear is due to 'referred pain' from other causes such as teeth problems.

What are the symptoms of an ear infection?

Ear infection is common in children, but can occur at any age. The main symptoms are earache and feeling unwell.

Dulled hearing may develop for a few days.

Fever (high temperature) is common.

Children may feel sick or vomit.

Young babies cannot point to their pain. One of the causes of a hot, irritable, crying baby is an ear infection.

Sometimes the eardrum perforates (bursts). This lets out infected mucus and the ear becomes runny for a few days. As the pain of earache is due to a tense eardrum, a burst eardrum often relieves the pain. A perforated eardrum usually heals within a few weeks after the infection clears.

What is the treatment for an ear infection?

Most bouts of ear infection will clear on their own without treatment within 2-3 days. Only 1 in 20 ear infections are caused by bacteria, and the immune system can usually clear ear infections without help. However, treatments that may be advised include the following:

Painkillers are the main treatment.

If the ear infection is causing pain, then give painkillers to children regularly until the pain eases. For example: Paracetamol (Calpol, Disprol, etc) or ibuprofen. These drugs will also lower a raised temperature, which can make a child feel better. If antibiotics are prescribed (see below), you should still give the painkiller as well until the pain eases.

Antibiotics are not usually needed but are prescribed in some cases.

When an ear infection first develops, it is common for a doctor to advise a 'wait and see' approach for 2-3 days. This means just using painkillers to ease the pain, and to see if the infection clears. In most cases, the infection clears. However, if it does not, then following a review by a doctor, an antibiotic may then be advised.

What are the possible complications from an ear infection?

It is common for some mucus to remain behind the eardrum after the infection clears. This may cause dulled hearing for a while. This usually clears within a week or so, and hearing then returns to normal. If the eardrum perforates, it usually heals over within a few weeks once the infection clears. In some cases, the perforation remains long-term and may need treatment to fix it. If a child is normally well, then the risk of other serious complications developing from an ear infection is small.

Fever (high temperature) in children

Fevers in children are usually due to the common childhood infections and are not dangerous to the child. Try to make the child more comfortable by giving paracetamol or ibuprofen, and give them lots to drink. Check them regularly for signs of dehydration and serious illness (details below) and seek medical advice if you are concerned.

Causes of childhood fever

Viral infection – By far the most likely cause. Illnesses like colds, coughs, flu and diarrhoea.

Bacterial infection – Much less common. Illnesses like urinary and chest infections, septicaemia and meningitis. Other types of infection are not common causes of fever in the UK.

Managing a feverish child

Make them more comfortable

Although fever is part of your child's normal immune reaction to illness, it can make them feel uncomfortable and irritable.

Give them paracetamol or ibuprofen

The dosage for each age is given on the medication packet. These medicines help reduce temperature and the discomfort of being unwell. Paracetamol and ibuprofen can be used in alternating doses for fevers that are difficult to control. Please call us for advice on how to do this. Don't use ibuprofen if your child is asthmatic.

Cool the child physically

This is as effective as giving medicine. Take the child's clothes off. Keep the room temperature normal; don't lower the temperature by opening the windows unless the room becomes too hot, and don't put a fan directly by the child. Sponging is not now generally advised. Use warm water if you do sponge, as cold water stops the blood circulating up to the skin and prevents heat loss; it's also very unpleasant for the child.

Give plenty to drink

This helps prevent dehydration. Giving medicine first reduces irritability and discomfort and increases the likelihood that they will accept the drink. Don't worry if they are not hungry. If you are breast-feeding, carry on with this, there is no need to offer other fluids as well.

Look out for dehydration

Fever from any illness can contribute to dehydration, by increasing sweating and reducing the amount of fluid taken. In particular, it is a risk in children with diarrhoea and vomiting. A dehydrated child is unwell, listless and drowsy. Their mouth and lips are dry, their eyes may seem sunken and they pass less urine than normal. Seek medical help if you suspect your child is becoming dehydrated.

Look out for signs of serious illness

Looking unwell and feeling irritable or drowsy is not uncommon for feverish children. However, in most cases they improve rapidly when their temperature is brought down and they have a good drink. If a child has a more serious infection, they will usually get worse despite efforts to bring their temperature down. Ring for advice if this happens. Other signs of more serious illness are: Breathing problems, drowsiness, convulsions, pain or headache getting worse despite medicine. Check your child 2-3 times in the night if they have a fever. Trust your instincts and get medical advice if you are concerned.

Meningitis and septicaemia

These are uncommon but very serious infections that can cause a fever. They require urgent treatment. They are covered separately.

Head injury (minor)

Minor head injuries are common, particularly in children. Minor means bumps to the head that do not cause loss of consciousness (knock the person out). Following the injury, if the person has not been knocked out and there is no deep cut or severe surface damage to the head, then it is unusual for there to be any damage to the brain. However, in some cases, symptoms of damage or bleeding inside the skull may not develop to the brain. However, in some cases symptoms of damage or bleeding inside the skull may not develop for some hours or even days after a head injury. This is why 'head injury instructions' are given to people. There is a list of symptoms to look out for following a bump on the head.

If you have any concerns about a head injury, you should talk to a doctor as soon as possible, we will then arrange to see you if necessary. A person who has been knocked out by a head injury should be assessed by a professional.

Head injury instructions

See a doctor quickly if any of the following symptoms occur after a head injury:

- Drowsiness when you would normally expect to be awake (but see below)
- Worsening headache
- Confusion, strange behaviour, problems understanding or speaking. Quiet or withdrawn (children)
- Vomiting
- Weakness in part of the body
- Dizziness, loss of balance
- Convulsions (fits)
- Blurring of vision or double vision
- Hearing loss
- Blood or clear fluid leaking from nose or ears
- Unusual breathing patterns

Drowsiness

Drowsiness means difficult or impossible to wake up. After a bump on the head, children often cry and will be distressed, then settle down and they may then want to sleep for a little while, this is normal and will appear to be a normal 'peaceful' sleep, after which they will be able to wake fully. If the accident happens just before bedtime and you are concerned, then wake up the child after an hour and then let them go back to sleep. You can do this a few times if you are particularly worried. When they are asleep, check that they are breathing normally and they are laying in a normal position.

Headache

Headache and local pain and tenderness around the site of the injury is normal after a minor head injury. This usually responds to ibuprofen or paracetamol. Giving these medications is safe and doesn't hide symptoms. Headache that is becoming progressively worse should be discussed with a doctor.

Tips and general advice

If possible, a person should not be home alone for 48 hours after a head injury, and the person with them should be aware of this head injury advice. Avoid sleeping tablets, alcohol and other sedatives during this time. It's often advised not to engage in contact sports for three weeks following a head injury. Don't drive, ride a motorbike or operate machinery until you feel completely recovered.

Concussion

Symptoms of concussion include: mild headache, feeling sick (without vomiting), being irritable, grumpy and tired, and having difficulty concentrating. This usually settles within two weeks but you should see a doctor if you are concerned or it lasts longer.

Insect stings and bites

In most cases the stings and bites cause itching, pain and slight swelling, but have little other effect. Insect bites (not stings) rarely cause serious allergic reactions but can cause small itchy lumps to appear on the skin. Insect stings can cause a more serious allergy.

Sting or bite?

- Stinging insects that are common in the UK include: wasps, bees and hornets. The sting is due to venom (like a poison), which the insect 'injects' into the skin.
- Biting insects that are common in the UK include: midges, gnats, mosquitoes, flies, fleas, mites, ticks and bedbugs. The bite is due to the insect feeding.

What may happen after an insect sting or bite?

A small local skin reaction – most cases

Most people will be familiar with the common local skin reactions caused by insects.

An insect sting – typically causes an intense burning pain. This is quickly followed by a patch of redness and a small area of swelling (up to 1cm) around the sting. This usually eases and goes within a few hours.

An insect bite – you may not notice the bite (although some can be quite painful, particularly from a horsefly). However, the saliva from the insect can cause a skin reaction such as:

- Irritation and itch over the site of the bite
- A small itchy lump (papule), which may develop up to 24 hours after a bite. This typically lasts for several days before fading away. Sometimes some redness (inflammation) surrounds each papule.
- A wheal, which is like a small fluid-filled lump and is very itchy. It may develop immediately after being bitten. A wheal lasts about two hours, but is often followed by a small itchy solid lump, which develops up to 24 hours later. This can last for several days before fading away.

Occasionally, small skin reactions following an insect bite persist for weeks or months. A persistent skin reaction is particularly likely following a tick bite. Severe allergic reactions (described below) are rare after insect bites – they are more common after insect stings.

Localised allergic skin reaction – occurs in some cases

Some people have an allergic reaction to the venom in a sting. A localised reaction causes swelling at the site of the sting. This becomes larger over several hours, and then gradually goes away over a few days. The size of a swelling can vary, but can become many centimetres across. The swelling may even extend up an entire arm or leg. The swelling is not dangerous unless it affects your airway. However, if it is severe, the skin may break out in blisters.

A generalised allergic reaction – rare but serious

The venom can cause your immune system to react more strongly. This may cause one or more of the following:

- Itching in other parts of the body, followed by an itchy blotchy rash that can appear anywhere on the body.
- Swelling of your face, which may extend to the lips, tongue, throat and upper airway.
- A sense of impending doom.
- Abdominal cramps and feeling sick.
- Dilation of the blood vessels, which can cause
 - General redness of your skin
 - A fast heart rate
 - Low blood pressure, which can make you feel faint, or even to collapse.
- Wheezing or difficulty in breathing due to an asthma attack or throat swelling

A generalised reaction will usually develop within 10 minutes of a sting. It can be fairly mild; for example, a generalised itchy rash and some mild facial swelling. In rare cases, it is severe and life threatening; for example, severe difficulty breathing and collapse. A severe, generalised allergic reaction is called anaphylaxis and is a medical emergency.

If you have many bee or wasp stings at the same time, this can also cause a serious reaction, due to the high dose of venom directly, rather than to an allergy.

Skin infection

Occasionally, a skin infection develops following a bite, particularly if you scratch a lot, which can damage the skin and allow bacteria (germs) to get in. After several days, the infection causes redness and tenderness to develop around the bite.

Transmitted diseases

Most insects in the UK do not transmit other diseases. The main exception is a type of tick which carries a germ called *Borrelia burgdorferi*, which causes Lyme disease. If this germ gets into your skin, it can travel to various parts of your body and cause arthritis, meningitis and other problems. In hot countries, mosquito bites transmit certain germs, which can cause disease such as malaria.

What is the treatment for an insect sting or bite?

Scrape out the sting left in the skin as soon as possible with a quick sideways movement. Use the edge of a knife, a credit card, a fingernail, or anything similar.

- The quicker you remove the sting the better, so use anything suitable to scrape out the sting quickly.
- Do not try to grab the sting to pluck it out as this may squeeze more venom into the skin. Scraping it out is better.

If any symptoms of a generalised allergic reaction develop (see above) then:

- If you develop a rash and swelling but your breathing is not affected, then call the surgery for advice.

- If your breathing is affected or you feel unwell, then dial 999 for an ambulance.
- If you have been issued with an adrenaline pen, use it as directed straightaway.

If there is localised allergic reaction (swelling around the site of the sting) then:

- Take an antihistamine tablet as soon as possible. You can buy these at pharmacies, or get them on prescription.
- Use a cold compress to ease pain and to help reduce swelling. For example, use a cold flannel or an ice pack.
- Painkillers such as paracetamol or ibuprofen can help to ease the pain.
- Continue with the antihistamines until the swelling eases. This may be for a few days.
- See a doctor if the swelling is severe. Your doctor may prescribe a short course of steroid tablets to counter the inflammation.

If there is no allergic reaction (most cases) then:

- A cold compress eases any pain and helps to minimise any swelling. Use a cold flannel or an icepack.
- Paracetamol or ibuprofen may help if you have any pain.

The following treatments help for itching:

- Crotamiton (Eurax) cream, which you can buy at pharmacies.
- A steroid cream may be useful. For example, hydrocortisone, which you can buy at pharmacies. A doctor may prescribe a strong steroid cream in some cases.
- Antihistamine tablets may be useful if you have lots of bites. In particular, a sedative antihistamine at night may help if the itch is interfering with sleep. A pharmacist can advise on which types of antihistamine are sedative and can help with sleep.

Tick bites

The tick usually clings to the skin. Remove the tick as soon as possible after the bite, using fine tweezers or fingernails to grab the tick as close to the skin as possible. Pull it gently and slowly straight out, and try not to squeeze the body of the tick. Clean the site of the bite with disinfectant. (Traditional methods of tick removal using a burnt match, petroleum jelly or nail polish do not work well and are not recommended).

See a doctor if you develop a rash which spreads out from a tick bite over the next week, or so. Also see a doctor if you develop an unexplained high temperature (fever) within a month of the tick bite. These symptoms may be the first sign of Lyme disease and may need checking out.

Infection

If the skin around a bite or sting becomes infected, then you may need a course of antibiotics. This is not commonly needed.

Preventing insect bites and stings when out and about

Bites and stings most commonly occur when outside, particularly in the countryside.

Ways to avoid bites and stings include:

- Wear long-sleeved clothing and long trousers in places where insects are common.
- Avoid brightly coloured clothes, cosmetics, perfumes or hair sprays, which attract insects.
- Rub on insect repellent onto exposed areas of skin.
- Be alert when you cook or eat outdoors as food attracts insects, especially wasps.
- Some people wear a complete head covering with a plastic viewer when out where midges are common. For example, when camping next to lakes and rivers. Most camping shops sell them.

There is no evidence that eating garlic, vitamin B1 or other foods will repel insects.

Infestations

Various types of fleas, mites and bedbugs can infest (live on) pets, furniture, bedding, etc. These can cause recurring bites. You may realise that if you develop itchy spots or wheals as they are due to insect bites. However, some people do not realise that their 'skin rash' is caused by insect bites. They think they have some other skin disease. It may come as a surprise to find that their itchy spots are due to fleas living on their favour pet!

If you have recurring insect bites, you should try to identify the source of the infestation and deal with it. For example, have pets checked for fleas. Your pet and/or your soft furnishings may need treatment with insecticide. See a vet for advice if you suspect that your pet is infested with fleas.

Meningitis and septicaemia

Two of the most serious but very uncommon infections are Meningitis (infection of the surface layers of the brain) septicaemia (infection of the blood). They often occur together and require urgent treatment if they develop. This is a guide for the symptoms to look for:

Common early warning symptoms

- Many of the symptoms are non-specific at first, such as fever and feeling and looking generally unwell. However, there are three symptoms that commonly develop early on, before the more classic symptoms. These are:
- Leg pains which can become severe enough to make standing and walking painful.
- Cold hands and feet, even in a fever.
- Pale or mottled skin, in particular, pale, dusky or blue skin around the lips.

Rash

Doesn't occur in all cases, and there may only be 1-2 spots at first, anywhere on the body. Red or purple in colour that starts in small spots, often growing to bruise like blotches. This rash is due to bleeding under the skin, so it will not fade (blanch) when pressed like other rashes will. Do the tumbler test: Place a glass tumbler over a spot and press firmly to see if the spot can be made to fade. If the rash doesn't fade, get medical help immediately.

Babies and young children with meningitis or septicaemia

Symptoms may include:

- Excessive crying – can be high-pitched or moaning, different to usual cry.
- Fast or unusual breathing.
- Fever – but the baby may not look hot. The skin may be blotchy or pale, and they may shiver.
- Refusing feeds – may also be vomiting, diarrhoea.
- Irritable – made worse by being picked up and handled. Normally, a baby will be happier when picked up and held.
- Drowsy, sleepy, withdrawn, apathetic. Will not wake easily.
- Soft spot on head (fontanelle) may bulge. Should be flat or slightly dented in when baby is upright.
- Stiffness of body or jerkiness of movements. Conversely, sometimes they may be floppy. Convulsions (fits) sometimes develop.

Older children and adults with meningitis or septicaemia

Symptoms may include:

- Fever and shivering – hands and feet often feel cold.
- Stiff neck – cannot bend neck forward.
- Headache, which can become severe.
- Dislike of bright lights – shuts eyes/turns away from the light.

- Fast breathing.
- Muscle and joint pains.
- Drowsiness, confusion and odd behaviour – may appear ‘vacant’.
- Repeated vomiting.
- Abdominal pain and diarrhoea.

How the illness develops

The symptoms usually develop quickly over a few hours. Less often, they may take a couple of days to develop. They can occur in any order, and may suggest a less serious illness at first, such as flu.

What to do

Monitor feverish illnesses for worrying symptoms and contact a doctor for advice immediately if you think they are present.

Nosebleeds (epistaxis)

Nosebleeds are common in children; they are usually mild and easy to stop. They also occur in older people, when they can be more heavy and difficult to stop. The main reason for a nosebleed not to stop is because the person does not know what to do about it.

What causes nosebleeds?

In most cases the bleeding comes from the fragile blood vessels just inside the entrance to the nose on the middle wall (septum) of the nostril. The area of delicate blood vessels is called "Little's area". The area is more like to bleed due to:

- Picking the nose
- Colds and allergies causing congested or stuffy nose
- Repeated blowing of the nose
- Injuries to the nose can cause bleeding
- Cocaine use can damage the fragile septum of the nose.

Occasionally other parts of the nose bleed, but this is very uncommon and mainly due to disorders of the nose or more serious nose injuries. Usually the nosebleed will stop within 20 minutes, unless the person is on medication or has an illness that reduces blood-clotting ability.

Managing a nosebleed

Stop the bleeding

1. Unless you are feeling faint, sit upright with your head bent slightly forward.
2. Pinch the fleshy part of the end of your nose between your finger and thumb, squeezing the nostrils flat. If you are pinching in the correct position you shouldn't be able to breathe through your nose, so if your nostrils are not completely blocked, then reposition your grip until they are.
3. Continue to pinch your nose for 10-20 minutes. Remember, you are stopping the bleeding by applying pressure, just like putting pressure on a bleeding cut. You must give the bleeding time to stop and a clot to form.
4. You can also press a cold flannel over your upper nose and forehead. The blood vessels in your nose react to the cold by shrinking (constriction) which helps to stop the bleeding. Carry on pinching though, the cold flannel is in addition to the basic treatment.

When to get medical help

If the bleeding can't be stopped in 20-30 minutes of pressure, is very heavy, or will not stop for any length of time after pressure is removed.

Recurring nosebleeds

This is not uncommon and can be both annoying and distressing, although it's unlikely to be a serious threat to your health. If you get recurring nosebleeds consult your GP, who can confirm what part of the nose they are coming from and often treat them by lightly cauterising the fragile bleeding point. This is a quick and simple but effective procedure using a caustic tipped cautery stick (not a heated device).

Sprains and strains

These injuries can often be treated at home. Call the surgery and ask to speak to a doctor or nurse if you suspect that you have a fracture or other more serious injury.

What is a sprain?

A sprain is an injury to a ligament. Ligaments are strong tissues around joints, which attach bones together. They give support to joints. A ligament can be injured, usually by being stretched during a sudden pull. The ligaments around the ankle are the ones most commonly sprained.

A damaged ligament causes inflammation, swelling and bruising around the affected joint. Movement of the joint is painful.

What is a strain?

A strain usually means stretching or tearing of muscle fibres. Most muscle strains occur either because the muscle has been stretched beyond its limits or it has been forced to contract too strongly.

Depending on the severity of the strain the muscle will be painful and tender and may be weaker than usual. As the torn muscle fibres bleed a bruise may develop. Severe strains resulting in a complete muscle tear will cause total loss of the muscle's function.

What is the aim of treatment?

Usually, the damaged ligament or muscle heals by itself over time. Some scar tissue is produced where there has been a tearing of tissues. The main aims of treatment are to keep inflammation, swelling and pain to a minimum, and to be able to use the joint or muscle normally again as quickly as possible.

What is the treatment for a sprain or strain?

For the first 48-72 hours think of:

Paying the PRICE – Protect, Rest, Ice, Compression, Elevation, and Do NO HARM – NO Heat, Alcohol, Running or Massage.

Painkillers are often needed. Most sprains and strains heal within a few weeks. Speak to a doctor or nurse if you are concerned about the injury or the injury is severe. In particular if:

- You suspect a bone may be broken or a ligament is ruptured.
- You have a lot of tenderness over a bone.
- The pain is severe or if you cannot walk because of an injury.
- Bruising is severe.
- Symptoms and swelling do not gradually settle. Most sprains and strains improve after a few days, and the pain gradually eases. However, the pain often takes several weeks to go completely, especially when you use the injured joint or muscle.

Urine infections

A very commonly occurring infection in women that may require antibiotics, but does not usually need further investigation. Although men and children can also get urinary infections, this is not common and does merit further investigation in most cases.

Symptoms of urine infections

Cystitis

The bladder is inflamed, usually due to an infection. Symptoms include:

- Passing urine frequently and in small amounts.
- Pain or stinging on passing urine.
- Lower abdominal pain and constant feeling of need to pass urine.
- Fever, nausea and feeling unwell.
- Cloudy and/or smelly urine.
- Blood in urine.

Pyelonephritis

The kidneys are infected. Symptoms, which may be in addition to those of cystitis or develop from it, include:

- High temperature
- Pain in your side and back (loin)
- Feel generally unwell, sickness and vomiting.

Symptoms of urinary infection in children

These may be harder to spot, especially if the child is very young. These include:

- Fever, loss of appetite, vomiting, abdominal pain.
- A previously dry child starting to wet again.
- Vomiting and diarrhoea.

The cause of urinary infections

They are usually caused by bacteria (germs) from our own bowel that manage to contaminate the skin around our anus and then migrate forward and up into the bladder. They thrive in urine, multiplying quickly and then start to infect the walls of the bladder. This whole process is more difficult for bacteria to achieve in men and children, which is why further investigation may be necessary.

Diagnosing urinary infections

Cystitis in women is often diagnosed on the basis of the symptoms. It is occasionally useful to test the urine with a dipstick test, and to send the urine to the lab. Urinary infections in men and children are usually confirmed by sending urine samples to the lab.

Treatment of urinary infections

No treatment

In the majority of cases of cystitis in women, the infection gets better on its own without any need for treatment. Unless a woman is pregnant her immunity should get rid of the infection, although without help from antibiotics she may have the symptoms for a week or more.

Antibiotics

A short course of antibiotics may help speed the recovery of cystitis in women, who may be advised to delay starting them for a few days to see if they will get better without. Antibiotics are usually prescribed for children and for men with urinary infections, and started without delay.

Paracetamol or ibuprofen

Helpful for the discomfort and any fever. Can be combined with antibiotics.

Drinking plenty of fluids

No actual evidence for this being effective despite its popularity as advice, but if you are feverish, don't let yourself become dehydrated or you will be more unwell.

Want to know more?

If there are other subjects you would like to see included in this booklet, please let us know about them and we may be able to include them in the next edition.

What else can I do to help myself?

If you have one of the following long-term conditions, the surgery would encourage you to book an appointment for an annual review (usually to see the nurse) in the month of your birthday. Please ask and you will be advised about this:

- Chronic respiratory disease, including asthma
- Chronic heart disease
- Diabetes mellitus

If you are over 65 years of age or have one of the long-term conditions below, please ask about flu and pneumonia vaccinations each year, which are usually provided from October onwards.

- Those aged 6 months or over with:
 - Chronic respiratory disease, including asthma
 - Chronic heart disease
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppressant due to disease or treatment
 - Diabetes mellitus
- Those aged 65 and over
- Those living in long-stay residential and nursing homes or other long-stay facilities.
- Carers (Those who are in receipt of a carer's allowance, or those who are the main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill).
- Pregnant women at any stage of pregnancy (first, second or third trimesters).



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