



Common baby diseases and when to ask for help

Influenza	Upper Respiratory Tract Infection (URTI)
<p>Symptoms: Fever, Headache, Chills, Cough, Sore Throat, Muscle Aches, General Malaise and Fatigue</p> <p>Duration: 7-14 days</p> <p>When to Ask for Help:</p> <ul style="list-style-type: none"> • Fast breathing or trouble breathing, noisy/wheezing • Bluish skin colour • Not drinking enough fluids • Not waking up or not interacting • Being so irritable that the child does not want to be held • Flu-like symptoms improve but then return with fever and worse cough • Fever with a rash <p>Get immediate medical assistance if your baby:</p> <ul style="list-style-type: none"> • Is not able to eat • Has trouble breathing • Has no tears when crying • Has significantly fewer wet diapers than normal <p>Tips:</p> <ol style="list-style-type: none"> 1. Maintain good hand hygiene: hand washing with soap before/after eating and after using bathroom 2. Cover mouth and nose with a tissue when coughing or sneezing, throw the tissue away immediately. 3. Advise against sharing food and drinks, utensils, toothbrushes and towels with others. 4. Keep hydrated 5. Symptom management- acetaminophen and/or Ibuprofen for fever 6. Inquire about Tamiflu: most effective within 1-2 days of onset of symptoms, reduces symptoms by 1-2 days. Can be administered during pregnancy, recommended for infants older than 2 weeks and as preventative for children 3 months older. No evidence of recommendation for breastfeeding mothers. 	<p>Symptoms: Runny nose, Pharyngitis (sore throat), Cough, Headache, Fatigue, Fever. Otherwise a common cold</p> <p>Duration: 10-14 days</p> <p>ACUTE URTI's In Children:</p> <ul style="list-style-type: none"> • <u>Acute Infective Rhinitis</u>: when nasal discharge continues/becomes mucopurulent or purulent – babies are predominately nose breathers • <u>Pharyngitis & Tonsillitis</u>: persistent fever, decreased feeding, irritability, tonsillar exudates/swelling, tender anterior nodes • <u>Otitis Media</u>: persistent fever and irritability-- <2yrs at risk of recurrent episodes due to shortness of eustachian tubes • <u>Acute Sinusitis</u>—Fever >39C not responding to management, worsened symptoms, nasal discharge • <u>Laryngotracheobronchitis</u>: breathlessness and stridor, dry cough • <u>Epi-glottitis</u>: usually caused by Haemophilus influenza type B. • <u>Inflammation of the epi-glottis</u>—the flap at the base of the tongue that keeps food from going into the trachea (windpipe). Symptoms are usually rapid-onset: trouble swallowing and results in drooling, changes to the voice, fever, and an increased breathing rate. ** Vaccination Infanrix includes Hib • <u>Acute Bronchitis</u>: rhinorrhoea, coughing, fast breathing, wheezing, increased respiratory effort. Trial bronchodilators, ABX not recommended. Repeated episodes may suggest manifestation of asthma • <u>Acute Bronchiolitis</u>: ABX not recommended. Hospitalization for management. fever > 1week, prolonged symptoms >1wk • <u>Pneumonia</u>: can manifest from RSV, influenza virus, parainfluenza virus, adenovirus. No radi test to distinguish bacterial vs viral, mixed not uncommon, should always be considered potentially bacterial and treated with ABX <p>Tips:</p> <ul style="list-style-type: none"> • Symptom management: Paracetamol for fever, conservative therapies • Rest • Hydration <p>When to Ask for Help:</p> <ul style="list-style-type: none"> • Inability to feed or risk of dehydration • Difficulty breathing • Not responding to conservative management or appropriate recommended therapy • Suspected foreign body aspiration

Respiratory Syncytial Virus (RSV)	Acute Diarrhoea in Infants
<p>Symptoms: Runny nose, Decreased appetite, Coughing, Sneezing, Fever and Wheezing. Very contagious and causes outbreaks annually, circulates in fall, winter, spring.</p> <p>Duration: 7-14 days.</p> <p>Severe disease most commonly occurs in very young infants and children with any of the following underlying factors, are considered at especially high risk:</p> <ul style="list-style-type: none"> • Premature infants • Children younger than 2 years old with chronic lung or heart disease • Children with suppressed immune systems • Children who have neuromuscular disorders, including those with difficulty swallowing or clearing mucus secretions <p>When to Ask for Help:</p> <ul style="list-style-type: none"> • Symptoms appear in stages. Infants may present only with irritability, decreased activity, breathing difficulty and apnea. • Rhinorrhea and decreased appetite present first generally. Cough develops three days later, sneezing, wheezing, fever later develop • Can develop into more severe infections: bronchiolitis (inflammation of the small airways in the lungs), and pneumonia. This is the most common cause of illness in children less than 1 year of age. • Acute common lower respiratory tract infection in infants and young children <p>Get medical assistance immediately if:</p> <p>Infants younger than 6 months and older adults may require hospitalization for a few days.</p> <p>Tips:</p> <ol style="list-style-type: none"> 1. Maintain hydration 2. Acetaminophen and /or Ibuprofen for fever 3. There currently are no anti-virals 4. There is prophylactic management option for high-risk infants and children: Palivizumab (brand name Synagis) (given as an injection during the seasons) 	<p>Signs: Sudden onset frequent stools, (more than stool per feed) and is watery.</p> <p>Possible Causes:</p> <ul style="list-style-type: none"> • Viral infection- will resolve on its own • Bacterial infection- treatment is required • Parasitic infection- treatment is required • Change in baby's diet • Change in mother's diet and is breastfeeding • If mother is taking antibiotics and is breastfeeding • Diarrhoea causes Dehydration <p>Monitor for signs of dehydration:</p> <ul style="list-style-type: none"> • Dry eyes and no tears when crying • Dry sticky mouth • Fewer wet diapers • Concentrated urine (dark in colour), strong smelling urine • Less active than usual, lethargic • Irritability • Dry skin that remains shape when it is pinched • Sunken eyes • Sunken fontanelles (soft spot on top of head) <p>When to Ask for Help:</p> <ul style="list-style-type: none"> • Know the signs that your baby is not getting better, including: • Fever and diarrhoea for more than 2-3 days • More than 8 stools in 8 hours • Vomiting continues for more than 24 hours • Diarrhoea contains blood, mucus, or pus • Less active than normal (is not sitting up at all or looking around) • Seems to have stomach pain <p>Tips:</p> <ol style="list-style-type: none"> 1. Continue to breastfeed as it helps prevent diarrhoea, helps hydration 2. If using formula, continue to use the same strength, unless your physician provides different recommendation. 3. If baby is thirsty after and between feeds, talk to physician about giving Pedialyte or Infalyte (contain electrolytes). 4. Pedialyte: give baby 1 ounce (2 tablespoons or 30mL) every 30-60 mins. Do not water down. Do not give sports drink to young infants 5. Consider a Pedialte popsicle for baby. 6. If baby throws up, give small amount of liquid- 5ml every 10-15 mins. 7. Do not give baby solids if vomiting 8. DO NOT give anti-diarrhoea medication unless recommended by physician. <p>Feeding Baby:</p> <p>If baby was taking solids prior to the illness start with foods that are easy to digest: Bananas, crackers, toast, pasta, cereal</p> <p>Foods that make diarrhoea worse: apple juice, milk, fried foods, full-strength fruit juice</p> <p>Managing Diaper Rash:</p> <ul style="list-style-type: none"> • Change diaper frequently • Clean baby's bum with soap and water. Dry well. Try to avoid baby wipes • Baking soda in bath water • Allow bum to air dry, consider 'Towel Time' • Use diaper cream

Fever in Infants and Children

What causes fever?

The body's way to fight infection
 Environmental: hot environment, over-dressing baby
 Vaccinations

Duration: Viral infection fever can persist 5-7 days
 High fever does not cause brain damage.
 Febrile seizures may occur in baby 6 months to children of 6 years age.

When to Ask for Help:

- Poor feeding, vomiting, lethargy, drowsy
- Baby is less than 3 months age
- Has difficulty breathing
- Has rash, decreased urine output, appears to have abdominal pain
- Infant less than 3 months with Temp 38 C/ 100.4 F or higher

An older child with temp > 39 C/ 102.2 F and:

- refuses fluids or too ill to drink
- persistent diarrhoea or vomiting
- any signs of dehydration (less urination, no tears when crying, less alert and less active)
- pain with urination.
- fever longer than 72 hours.
- rash.

Seek emergency care if any of these signs:

- Inconsolable crying and extreme irritability
- Lethargy and difficulty walking
- Rash or purple spots that look like bruises on the skin (that were not there before the child got sick)
- Stiff neck
- Headache
- Blue lips, tongue or nails
- Seizure
- Infant's soft spot on the head that bulges out or sunken inwards
- Difficulty breathing
- Leaning forward and drooling

Tips:

1. Tepid bath if temp is more than 39.5°C -Use tap or lukewarm water
2. Tepid sponge bath:
 Unclothe baby and wrap in towel
 Apply the cool compress to forehead, nape of neck, armpits and groin.
 Stop sponging when shivering occurs, or when the child turns blue.
 When your child shivers, cover him up and wait a while before resuming sponging.
3. Encourage plenty of fluids, popsicles
4. Dress in light clothing.
5. Keep the room environment cool and well-ventilated

Medications:

Anti-pyretic usually reduces temperature by 1 - 2°C.
 Your child may still have a fever after the medication.
 Antibiotics are of no use in viral fevers.

Do not use Aspirin in children.

PARACETAMOL

Can be given 4 - 6 hourly
 4 hourly if temperature above 39°C
 6 hourly if temperature less 39°C
 Do not use in infants less than 3 months

IBUPROFEN

Use only when fever is persistently above 39°C, 1 - 2 hours after Paracetamol
 Give 6 hourly
 Do not use in infants less than 1 year old unless advised by physician
DICLOFENAC Na (VOLTAREN SUPPOSITORIES)
 Use only when fever is persistently above 39°C, 1 - 2 hours after Paracetamol
 Give 12 hourly
 Do not use in infants less than 1 year old unless advised by your doctor

Do not give your child:

Ibuprofen and Diclofenac at the same time
 Either ibuprofen or Diclofenac, if any severe vomiting or bleeding disorders

Chicken Pox (Varicella)

Symptoms: itchy rash, blisters, fever, headache, fatigue
 The rash appears first on the stomach, back and face and can spread over the entire body causing between 250 and 500 itchy blisters.

Duration: 7 to 10 days

Usually mild in children however itching can be very uncomfortable. 1 week of school or day-care can be missed.

Contagious: Spreads easily when a person touches or breathes in the virus from the particles that come from the blisters. Can spread through droplet as well, when the infected person breathes or speaks. Spreading occurs 1-2 days prior to the development of rash and blisters.

Can cause serious problems including:

- Skin infections
- Dehydration
- Pneumonia
- Encephalitis – swelling of the brain

When to Ask for Help:

- When less than 1 year, older than 12 years, weakened immune system, pregnancy and persistent fever longer than 4 days
- Fever above 38.9C
- Any part of rash or body is very red, warm, tender, leaking pus
- Rash with bleeding or bruising
- Irritability and inconsolability, difficulty walking, stiff neck, extreme illness
- Frequent vomiting, difficulty breathing, abdominal pain
- Decreased feeding and urine output
- Severe Coughing

Tips:

Consider vaccine as natural exposure is an uncontrolled exposure, you are not in control of severity of symptoms

Symptom management:

- Paracetamol, non-aspirin medications (associated with Reye's syndrome) / Baths
- Acyclovir for those older than 12 years, pregnancy, immunocompromised. To be given 24 hours after start of symptoms.

Hand Foot and Mouth Disease (HFMD)

Symptoms: Fever, Reduced appetite, Sore throat, A feeling of being unwell, Painful sores in mouth that start as flat red spots, A rash of painful flat red spots that may blister on palms of hands, soles of feet, at times elbows, knees, buttocks, genital area.

Symptoms appear in stages, not all at once. Not everyone will have symptoms though can pass the virus.

Common in infants and children younger than 5 yrs.

Is contagious and is caused by different viruses. Can reoccur.

Duration: 7-14 days

When to Ask for Help:

Infection is usually not serious, typically mild, complications uncommon

Can rarely develop Viral meningitis: fever, headache, stiff neck, lack of energy, sleepiness, or trouble waking up from sleep, requires hospitalization

Tips:

No vaccine

No specific treatment, symptom management

Acetaminophen for pain

Hydration

Good hand hygiene to reduce risk of infection

Avoid touching eyes, nose, mouth

Disinfect frequently – surfaces, objects, etc of someone diagnosed

- Found in saliva, sputum, nasal secretions, blister fluid, feces,

- Cough, sneeze, hug, sharing utensils,

- Touching objects or surfaces that have the virus

- People with virus are the most contagious during the first week of illness

- Symptoms can remain contagious for weeks after symptoms go away

** Recommendation: Good hand hygiene

Is HFMD the Same as Foot-and-Mouth Disease?

HFMD is often confused with foot-and-mouth disease

- Also called hoof-and-mouth disease, which affects cattle, sheep, and swine.

- Humans do not get the animal disease, and vice versa

Please speak to your doctor or your well-baby nurse today if you are unsure or have any questions regarding diseases mentioned in this handout