

Childcare and children's health

Health care information for childcare staff and families from the Centre for Community Child Health

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Recognising serious illness in young children

No child enjoys perfect health all of the time. There are many different childhood illnesses and these vary in severity. Some are serious and require specialist care and treatment; others are not of great concern and get better quickly without any special treatment. The most common



illnesses are the common viral infections that every child contracts, especially in the winter months, and which are more common in those children who attend child care or preschool.

The early childhood professional is sometimes in the situation of having to deal with a child who is unwell. It is useful for early childhood professionals to have some understanding of the signs and symptoms that suggest that a young child may be quite sick and need urgent medical attention. These include:

- **High fever:** A high fever in a young child is a sign of infection, and needs to be investigated to find the cause. However fever by itself is not necessarily an indicator of serious illness (see below for more details about fever).
- **Drowsiness:** Note whether the infant or young child is less alert than normal, making less eye contact, and less interested in their surroundings.
- **Lethargy and decreased activity:** The child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- **Breathing difficulty:** This is an important sign. The child may be breathing very quickly, or be blue around the mouth or the breathing may be very noisy. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- **Poor circulation:** The child looks very pale, and their hands and feet are cold or blue.
- **Poor feeding:** The child has no appetite, and drinks much less than usual. This is especially relevant for infants.
- **Poor urine output:** There are fewer wet nappies than usual, again this is especially relevant for infants.
- **Red or purple rash:** Non specific rashes are common in viral infections, however red/purple spots that do not blanch with pressure require urgent medical referral as the child could have meningococcus.
- **A stiff neck or sensitivity to light** may indicate meningitis, although it is possible for infants to have meningitis without these signs.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more of the features described above, the more likely it is that the child may have a serious illness. Remember that in infants and young children, illness can progress very quickly. If there is any doubt, seek medical advice without delay.

Fever

Fevers are common in children. The fever is a sign that the body is fighting an infection – it is not an illness in itself.

Most infections are caused by viruses, which are responsible for upper respiratory infections or colds, some ear infections, and the common childhood illnesses such as chickenpox. These infections get better by themselves, and usually no specific treatment is needed.

Other infections are caused by bacteria, and may need to be treated with antibiotics. These include some ear infections, tonsillitis, pneumonia, and infections of the urine and blood.

The normal body temperature range is 36-38 degrees Celsius. It varies during the day, being at its lowest in the morning and a little higher in the late afternoon and evening. To know whether or not the child has a fever you need to measure the temperature with a thermometer. Feeling a child's skin (for example by feeling the brow) is not a reliable way of determining whether fever is present. Plastic tape thermometers placed on the forehead are also not reliable. Babies under six months usually have their temperature taken by a rectal thermometer (though this is not practical for most early childhood settings), and those over about the age of three are usually cooperative enough to use an oral thermometer (which is put in the mouth for 2 minutes). A better option is to use the digital thermometer that comes with a washable plastic earpiece – the earpiece is inserted gently into the child's ear, and produces an accurate recording in seconds. Although fairly expensive, many settings prefer them for their ease of use and the rapidity with which the child's temperature can be ascertained.

The young child's behaviour is more important than the degree of fever in deciding whether the child may have a serious illness that needs treatment. If the child is alert, playful, socialising normally, and eating and drinking well, then it is unlikely that there is any major cause for concern even in the presence of a fever. Very occasionally a febrile convulsion may be associated with a fever. Although this can be frightening they rarely have any long-term consequences.

Most children handle fever well. Fever is only treated if it is making the child uncomfortable and irritable.

Here are some general suggestions for what to do when the child has a fever.

- Dress the child in light clothing, even though the child may complain of feeling cold; this is because of the fever.
- Offer the child extra fluids as the fever increases the amount of fluid that is lost from the body. Water or diluted fruit juices or diluted lemonade are best. If the

child has gastro-enteritis (see later for more details about gastro-enteritis) with the fever then oral rehydration fluid is recommended. Offer small amounts of fluid offered more frequently.

- Do not worry if the child is not very hungry – this is common when the child has a fever or an infection. Try small amounts of food more often, and avoid fatty heavy food, which is more difficult to digest.
- Unless the child has other symptoms, there is no reason for the child not to go to child care or attend preschool.
- There is no reason for a child with a fever to be confined to bed or to rest all the time. Children are very good at determining their own levels of activity when they are sick. Let the child dictate how active she wants to be. Sometimes the child will want to lie around – at other times the child will want to play.
- Cooling measures such as fans, cool baths, and tepid sponging have not been shown to be effective in reducing the fever, and generally are not recommended.
- The most effective way to bring the fever down is to use medication. The safest and most widely used is paracetamol (eg Panadol, Tempra, Dymadon). This can be given every 3-4 hours in the correct dose (15 mg of paracetamol for each kg of the child's body weight every 4-6 hours; it is best to follow the instructions on the bottle or packet unless the doctor recommends a different dose). Paracetamol can also be given as a suppository for those children who are vomiting or have difficulty taking things by mouth.



Aspirin should **not** be given to infants or young children because of its side effects. It can cause stomach upset, gastric bleeding and is associated with a rare but potentially fatal condition called Reye Syndrome.

Ibuprofen has recently been made available over the counter in Australia. This is similar to aspirin, but much safer in children. Like paracetamol it is very effective in reducing fever and associated discomfort. It should not be used if the child is significantly dehydrated as it can affect the kidneys. It should also be avoided in children with asthma.

When to seek medical advice:

Infants under the age of 6 months with fever should always be seen by a doctor. In older children the fever itself is not a concern; in general the child's behaviour is a better indicator of the severity of the illness than the degree of the fever. Seek medical attention if the child does not look well, or looks sicker than previously; if the child has difficulty breathing; refuses to drink or has persistent vomiting; or becomes drowsy. If the child seems well and happy, even if a little irritable and not eating quite as much, then there is no need to worry about the fever.

If a high fever persists for a couple of days, it is wise to see a doctor to be sure there is nothing serious or a condition that needs treatment.

Gastroenteritis

Gastroenteritis is a common condition in young children. Most are mild and self limited, but a few are more severe and require active treatment. Most cases of gastroenteritis are caused by one of several viruses; bacteria and parasites cause the remainder. The wall of the small intestine becomes inflamed, so disrupting the absorption of intestinal contents, resulting in diarrhoea and sometimes vomiting and abdominal cramps.

The severity varies markedly, from the basically well child with symptoms for a day or two, through to the child with severe persistent diarrhoea and vomiting who becomes rapidly dehydrated and needs urgent treatment. More severe cases may have signs of dehydration.

A small number of children, especially the younger ones aged under two years of age, develop lactose (a sugar found in milk) intolerance because of temporary damage to the lining of the bowel wall. Lactose cannot be absorbed, and this leads to a watery, frothy, sweet smelling diarrhoea that can burn the baby's buttocks.

Most children have mild gastroenteritis that requires no special treatment other than making sure the child drinks plenty of fluids. More severe cases are treated with oral rehydration fluid. Breast feeding should be continued,



while if on formula or cows' milk then this can be diluted with water. There is no reason to withhold food if the child is hungry, though bland food should be given during the acute phase. If the child has lactose intolerance then the child will need to go onto a special lactose free formula for a period of time until the lining of the bowel heals.

Most mild cases do not need to be seen by a doctor. If the child is vomiting and unable to keep fluids down, or the diarrhoea is very frequent (more than six bowel movements per day) or the child is showing signs of dehydration then medical consultation is advised.

Gastroenteritis caused by viruses is very infectious and can spread quickly in child care or other community settings. Spread can be minimised by careful attention to hygiene, such as washing hands and ensuring the cleanliness of toilets and bathrooms. It is important to be aware of the exclusion policy in relation to gastroenteritis.

QIAS Principles: 3.1, 7.1, 7.4, 8.4, 10.1.

FDCQA Principles: 1.2, 4.1, 6.3.

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Every early childhood setting and community agency that looks after young children should have clearly established guidelines for the management of illness and medical emergencies, and should also have an established relationship with a local doctor who can provide advice.

Case Study

The Infant's Home (T.I.H.) at Ashfield in Sydney's inner west is about to celebrate 130 years of providing services for young children and their families. T.I.H currently provides Early Learning and Development Centres (94 centre based long day care places), a Family Day Care Scheme, a Family Centre of Early Intervention including Specialist Intervention Services and Sydney Hope Family Cottage, a service for families needing support with young babies.

Like all children's services T.I.H. has a policy for the management of sick children. This policy applies to children attending all of the services and includes a section to cover circumstances where the organisation requires sick children to be kept at home. Parents are informed of the policy at the time of enrolment and it is available for reference in the relevant Parent Handbook with reminders in Newsletters from time to time. In part it states:

"We have a public health responsibility to protect your child from outbreaks of infectious illness. We understand the pressure of sick children can impact on your work/studies. Please do not bring your child to childcare if he/she is unwell. Children who are unwell are very miserable when away from home. Staff/carers have a number of children they are responsible for, and it is not possible to give children the individual attention that they need."

The policy aims to protect children from the spread of infectious illnesses and it takes into account the best interests of the individual child as well as safeguarding other children and staff in the service.

T.I.H. has made a commitment to the employment of a nurse and to links with other health professionals in the community. A Registered General Nurse with mothercraft qualifications works full time as an Early Childhood Health Consultant on T.I.H. site at Ashfield, with the role primarily as one of support to staff/carers and parents. The nurse is available to provide advice and support in case of children who are sick or have an accident and for children with allergies and chronic health problems such as asthma or diabetes. Parents can make a time to meet the nurse to discuss any concerns or can ring for advice or information, with many of these conversations related to sleep patterns, toilet training, immunisation or nutrition such as when to introduce solids and maintaining breast feeding when using child care. The role also includes a training responsibility. This could include sessions for staff or carers on a wide range of topics such as asthma management or occupational health and safety such as correct lifting.

In addition T.I.H. has a relationship with a local Doctor, a GP. She comes for half a day each week to the site and parents can make a time to see her with their child. They can also request the service staff to accompany their child to the doctor if unable to attend. These visits are for a variety of things including immunisation, management of chronic health problems or to discuss a referral such as for a hearing test. Staff may also visit the doctor to get advice. Again immunisation is often the topic at these consultations.

Meryl (the Registered General Nurse) acknowledges that the staff and carers know the children really well and are the ones who with parents identify symptoms of concern. She says they act as the "eyes and ears" in referring or seeking help in looking at the implications of symptoms in a sick child. The nurse is in a more informed position to decide if the symptoms are indicators of an infectious disease.

The attached Parent Fact Sheet is available in different community languages and can be downloaded for printing from the Early Childhood Connections website. www.econnections.com.au

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