



**Child Development
Crucial Knowledge
Unit R018
Learning Outcome 4**



Unit R018: Health and well-being for child development

Learning Outcome	Topic
LO1	Understand reproduction and the roles and responsibilities of parenthood
LO2	Understand antenatal care and preparation for birth
LO3	Understand postnatal checks, postnatal provision and conditions for development
LO4	Understand how to recognise, manage and prevent childhood illnesses
LO5	Know about child safety

Why am I learning this?	Careers Links
<p>In this learning outcome you will learn about how to recognise, manage and prevent childhood illnesses which is a vital part of keeping children safe</p> <p>In your exam you may be asked to identify how immunity is acquired. Explain how childhood ailments and diseases are recognised and when to seek treatment from a doctor. Finally you may have to suggest ways you can prepare a child for a stay in hospital.</p>	<p>Midwife, Family Support Worker, GP, Nurse.</p>



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How immunity to disease and infection can be acquired

- **Natural immunity** – during pregnancy antibodies from the mother are passed to the baby through the placenta. Some immunity can also be passed on through breastfeeding. The immunity received from the mother is temporary.
- **Childhood immunisations and vaccination programmes** – Vaccination protects from a range of serious and potentially fatal diseases. The NHS offers a free programme of immunisations to every child.

Routine childhood immunisations			from January 2020	
When	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ² or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group ¹	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{2,3}	Fluenz Tetra ^{2,3}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Repevax or Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ² or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm



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How to recognise and treat common childhood ailments and diseases

- **General signs of illness**
 - Vomiting and diarrhoea
 - High temperature
 - Tiredness/disturbed sleep
 - Reduced appetite
 - Flushed or pale complexion
 - Irritable/fretful behaviour
 - Lack of desire to play
 - Headache
 - Swollen glands
 - Runny/blocked-up nose
 - Cough

A child displaying these symptoms will need monitoring and sympathetic care.





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How to recognise and treat common childhood ailments and diseases

Ailment/disease	Spread	Signs and symptoms	Rash or specific sign	Treatment
Common cold	Airborne/droplet, hand-to-hand contact Incubation 1–3 days	Sore throat, sneezing running nose, headache, slight fever, irritability, partial deafness		Treat symptoms
Chickenpox	Airborne/droplet, direct contact Incubation 10–14 days	Slight fever, itchy rash, mild onset then child feels ill, often with a severe headache	Red spots with a white centre on trunk and limbs at first; blisters and pustules	Rest, fluids, calamine on rash, cut child's nails to prevent secondary infection
Food poisoning	Indirect: infected food or drink Incubation 30 minutes – 36 hours	Vomiting, diarrhoea, abdominal pain		Fluids only for 24 hours; medical aid if no better or in babies
Gastroenteritis	Direct contact Incubation 7 – 14 days Indirect: infected food or drink Incubation 30 minutes – 36 hours	Vomiting, diarrhoea, signs of dehydration		Replace fluids – water (or Dioralyte). Medical aid is needed urgently
Measles	Airborne/droplet Incubation 7–15 days	High fever, fretful, heavy cold – running nose and discharge from eyes. Later a cough	Day 1: Koplik's spots (clustered white lesions inside mouth) Day 4: blotchy rash begins to spread on face and body	Rest, fluids, tepid sponging, shaded room if light is uncomfortable to eyes
Mumps	Airborne/droplet Incubation 14–21 days	Pain, swelling of jaw in front of ears, fever, eating and drinking painful	Swollen face	Fluids given via a straw (if child is old enough to manage this), hot compresses, oral hygiene



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How to recognise and treat common childhood ailments and diseases

Pertussis (whooping cough)	Airborne/droplet, direct contact Incubation 7–21 days	Starts with a snuffly cold, slight cough, mild fever	Spasmodic cough with whoop sound, vomiting	Rest and reassurance, feed after coughing attack, support during attack, steam inhalations as advised by a doctor
Rubella (German measles)	Airborne/droplet Incubation 7–14 days	Slight cold, sore throat, mild fever, swollen glands behind ears, pain in small joints	Slight pink rash starts behind ears and on forehead – not itchy	Rest if necessary. Treat symptoms.
Scarlet fever	Droplet Incubation 2–4 days	Sudden fever, loss of appetite, sore throat, pallor around mouth	Bright red pinpoint rash over face and body – may peel	Rest, fluids and observe for complications, antibiotics
Tonsillitis	Direct infection, droplet	Very sore throat, fever, headache, pain on swallowing, aches and pains in back and limbs		Rest, fluids, medical aid, antibiotics. Iced drinks to relieve pain





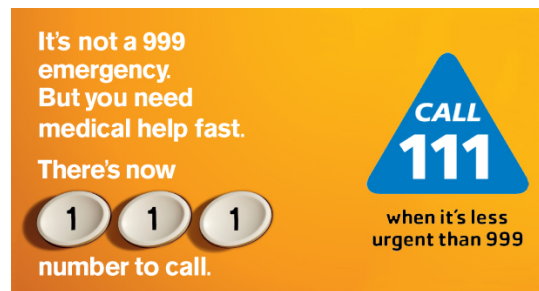
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When to seek treatment and help

When to seek treatment by a doctor

Children displaying signs of common illnesses/ailments may need treatment from a doctor if the signs worsen, persist or if there are complications. If you are worried you should call the doctor or the NHS advice line 111



When to seek emergency medical help

The following signs and symptoms indicate that you need to call for urgent medical attention.

- Breathing difficulties
- Convulsions/seizures/fitting
- Child in significant pain
- Child is unresponsive
- Baby becomes unresponsive and/or their body becomes floppy or limp
- Severe headache which may be accompanied by stiff neck or a dislike of light
- Rash that remains when pressed with a glass
- Vomiting that persists over 24 hours
- Unusual high pitched crying in babies
- High temperature that cannot be lowered
- Will not drink fluids









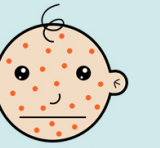





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When to seek treatment and help

Meningitis

MENINGITIS - signs and symptoms

 fever, cold hands/feet	 vomiting, refusing food	 rapid breathing	 drowsy unresponsive	 spots/rash pale blotchy skin
 fretful, dislike being handled	 crying, moaning	 dislike of bright lights, stiff neck	 bulging fontanelle	 convulsions/seizures

Asthma

ASTHMA
SIGNS AND SYMPTOMS



 SHORTNESS OF BREATH	 DIFFICULTY BREATHING	 DRY COUGH
 NIGHT COUGH	 WHEEZING	 CHEST PAIN OR TIGHTNESS



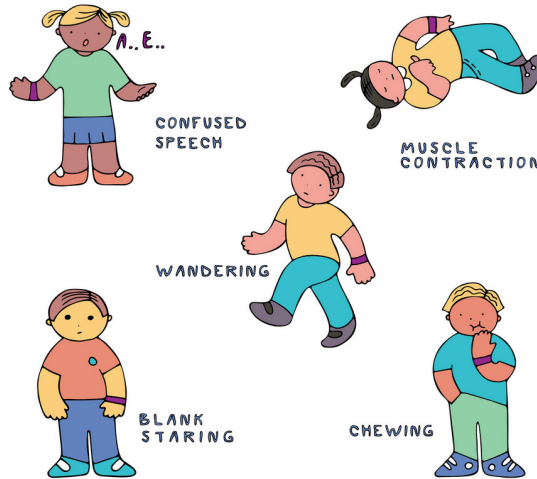
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When to seek treatment and help

Seizures

SEIZURE SYMPTOMS



High temperatures

10 FACTS



NHS
Hull University
Teaching Hospitals
NHS Trust

High temperature in children

- 1 A temperature is 'high', known as a fever, if it is above 38°C
- 2 After 6 months of age, we don't worry so much about a fever
- 3 A fever is the body's natural response to an infection
- 4 The height of a fever does not tell us how ill a child is (over 6 months of age)
- 5 Whether a fever responds to medicine or not does not tell us how ill a child is
- 6 If your child has a temperature but is otherwise ok, there is no need to give medicines. If your child is miserable, in pain or distressed, give paracetamol or ibuprofen. Treat your child, not the fever
- 7 Most infections do not need antibiotics
- 8 Make sure your child drinks plenty of fluids
- 9 Do not over or under dress your child. Do not sponge them down - this can make things worse

For more information:
Visit www.nhs.uk/conditions/fever-in-children
or Call NHS 111

10 SEEK URGENT MEDICAL ATTENTION IF

- your child has a rash which does not go when pressed
- OR they have mottled or blue skin
- OR they are drowsy or not responding as normal
- OR they have a stiff neck or cannot tolerate bright lights
- OR they are having difficulty breathing
- OR they have a seizure (fit)
- OR they have a temperature and are under 6 months of age



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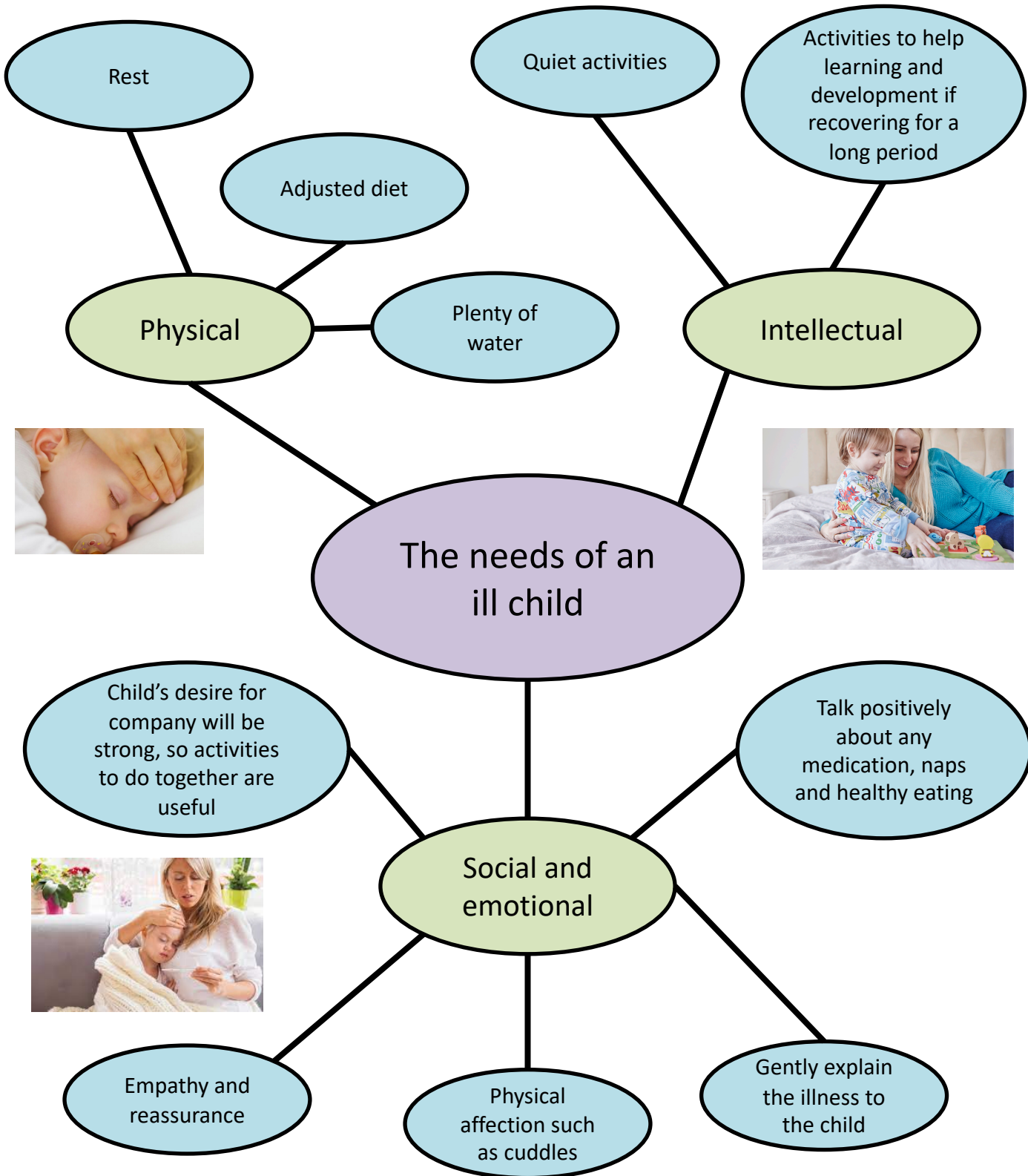
Diet-related illnesses

- **Childhood obesity** – Incorrect nutrition can lead to obesity and serious health problems. Health meals, snacks, drinks and child sized portions along with exercise is recommended.
- **Deficiency diseases** – If children do not receive the necessary nutrition (including vitamins and minerals) they can develop deficiency diseases.
- **Food intolerances and allergies** – Some children have allergies, intolerances or medical conditions meaning their diets have to be restricted. It is important to check dietary requirements so needs can be met without error.
- **Anaphylactic shock** – A severe allergic reaction caused by allergens. Common triggers are nuts, eggs and shellfish.
- **Diabetes** – The body doesn't produce the hormone insulin so most children will need to have insulin injections. A child can experience the following serious conditions if their insulin levels are not managed.
 - Hypoglycaemia (hypo) – Blood sugar level is too low
 - Hyperglycaemia (hyper) – Blood sugar level is too high





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Hospital /
ward visit

Acting out
fears and
hospital
games

How to prepare
a child for a stay
in hospital

Explanation and
honesty

Books and
DVD's

Involvement
in a child's
care

