

# Common ailments in children

# Bottoms



Would you like more information  
about conditions that affect kids' bottoms?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

🔍 constipation   🔍 faecal incontinence   🔍 gastro   🔍 urinary tract infection

Please note that this health information has been provided by Children's Health Queensland to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital.  
For non-urgent medical advice, call **13 HEALTH (13 43 25 84)**  
to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.

# Constipation

Affects  
around  
1 in 10  
children

Constipation in children is a very common condition in which there are problems with emptying the bowel.

## Common signs and symptoms

- Large, hard or painful stools.
- Stools that are less regular than usual.

A constipated child may:

- seem to avoid passing a stool for as long as possible
- pass small amounts of liquid stool into their underwear (known as faecal incontinence).

Constipation can start suddenly or develop over a period of time, often coinciding with a change to a child's routine or a significant event in their life.

## What is the treatment?

In 95 per cent of cases, there's nothing wrong with the child's body and the condition is easily treated.

## Care at home

Make sure your child has a diet high in fibre and fruit (prune or pear juice can be useful) and encourage plenty of fluids.

## Laxatives

Laxatives allow stools to pass more easily through the bowel. Laxatives are not harmful for your child and need to be taken for as long as the condition persists. Your doctor will tell you the dose that is needed.

## Behaviour program

Develop a routine with your child where, about 15 minutes after each mealtime, they sit on the toilet for a few minutes and attempt to pass a stool. This is called sitting practice.

The correct sitting position is important. Smaller children may need a toilet seat insert and a footstool under their feet. Encourage your child to tighten their tummy muscles while sitting on the toilet.

It helps to provide praise or a small reward for sitting practice — even if they are not able to pass a stool.

## When should I see a doctor?

See your GP if your child has any of the following:

- blood in their stool
- bad stomach pains
- stools that are less regular and are hard.

See your GP if the treatment you have been given is not working as expected.

# Faecal incontinence

Occurs  
in at least  
1.5% of  
children

Faecal incontinence (previously called encopresis) is the loss of regular control of the bowels.

## What causes it?

Faecal incontinence is usually caused by constipation. The longer a child holds back a stool, the larger and harder it becomes. Stretched-out colon muscles cannot push the hard stool out, meaning only liquid can pass. Stretched nerves become less sensitive and the child does not feel the leaking stool. The leakage looks like diarrhoea or wet staining in clothing or underwear.

## Common signs and symptoms

- Soiled underwear and clothing.
- Stomach aches, cramps, vomiting or bloating.
- Pale or flushed skin.
- Loss of appetite or weight loss.
- Blood in the stool, caused by small, painful tears in the anal tissue called anal fissures.

Children with faecal incontinence have varying bowel habits. Some may not have any bowel movement for many days and then pass a huge, hard stool. Others have daily bowel movements on the toilet but also leak liquid, diarrhoea-like stool into their clothes. Some children do not stool in the toilet at all.

## Behaviour

Children with faecal incontinence often refuse to change their soiled clothing or may hide their soiled underwear (a common coping mechanism).

Many children with faecal incontinence also wet the bed at night or wet their clothing during the day.

## What is the treatment?

Faecal incontinence is one of the main reasons children are referred to a gastroenterology clinic.

Constipation is treated with a three-part plan:

1. 'Cleanout' to clear retained stool from the colon.
2. Maintenance therapy to prevent stool build-up and allow the colon to return to its normal shape.
3. Counselling to structure a treatment plan and encourage the child to cooperate.

Continue a balanced diet with plenty of fruit and vegetables and use stool softeners as necessary.

It's important to avoid anger or punishment around accidents. Most often a child simply can't feel the stool coming out.

Faecal incontinence is cured when children regain control of their bowel movements.



# Common ailments in children

# Tummies



Would you like more information  
about conditions that affect kids' tummies?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

gastro food allergies reflux coeliac disease

Please note that this health information has been provided by Children's Health Queensland to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital. For non-urgent medical advice, call **13 HEALTH (13 43 25 84)** to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.

# Gastroenteritis

Watch for dehydration

**Gastroenteritis (commonly called 'gastro') is an infection of the bowel that may cause diarrhoea (runny, watery bowel motions), vomiting or both.**

Gastro is common in children. It's easy to catch, easy to spread and often occurs in outbreaks. Vomiting usually settles within a couple of days but diarrhoea can last up to 10 days.

## What causes it?

Many different viruses may cause gastro. Less commonly, gastro may also be caused by other types of germs (bacteria or parasites).

## Common signs and symptoms

- Vomiting, usually lasting two to three days.
- Diarrhoea, which can last up to 10 days.
- Fever.
- Abdominal ('tummy') pain.
- Dehydration (due to the loss of fluid).

## Dehydration

Young children (especially children under six months) are at highest risk of dehydration and must be watched very carefully. If your child is in nappies,

## Care at home

**If your child is breastfed, continue to do so but offer feeds more frequently.**

For other children, offer oral rehydration solutions such as Gluco-lyte, Gastrolyte, HYDRALyte, Repalyte or Pedialyte (available from most pharmacies). They restore lost fluids and electrolytes. It's important to follow the directions for use. Offer as frequent small sips from a syringe, spoon or cup, or as an ice block.

If your child refuses to drink rehydration solutions, you can offer apple juice, but it must be diluted to half strength, e.g. mix 100ml juice with 100ml water.

Water by itself is not recommended as it doesn't contain the sugars and salts your child needs. Cordial and soft drinks are not preferred.

Gastro is highly infectious, so prevent the spread of infection by keeping your child away from other children and washing your hands frequently.

Change your baby's nappies frequently and use a zinc-based bottom cream to stop the diarrhoea from burning the skin.

## When should I start food again?

Solid food should be gradually restarted within 24 hours, and may help ease diarrhoea symptoms. Start with bland foods like plain pasta, boiled rice or potato, dry toast or plain biscuits.

count how many wet nappies they have in a day. They should have at least half the usual number. Cool, mottled or greyish skin and drowsiness in an infant is a sign that they are very dehydrated.

For older children, keep track of how frequently they pass urine and the colour. Not going to the toilet much and darker coloured urine are signs of dehydration. Your child may tell you they feel light headed or dizzy, or have dry lips and mouth.

## What is the treatment?

Preventing dehydration is the main treatment. It's very important to replace lost body fluids and ensure your child takes enough fluid to prevent becoming dehydrated.

Children with more severe dehydration may need to stay in hospital to be given fluids intravenously (via a tube into a vein) or via a nasogastric tube (a tube down the nose). This helps to 'top up' the body fluids.

Antibiotics or medications to stop diarrhoea are rarely needed and may cause harm. Some bacterial or parasitic infections may need to be treated. Your doctor will let you know if this is required for your child.

For children under 12 months old, milk formula can be reintroduced after 24 hours. Some children produce watery, frothy bowel motions after restarting, in which case your doctor may suggest a temporary swap to lactose-free formula or milk.

## When should I see a doctor?

See your GP if your child:

- is less than three months of age with vomiting and/or diarrhoea and has a fever
- is vomiting frequently and seems unable to keep any fluid down, especially if under six months of age
- has more than eight watery motions per day
- has less than half the number of wet nappies they usually have
- has stomach pain that is severe and does not stop
- brings up green vomit
- has blood in their vomit or bowel motion
- has severe neck or head pain
- shows fussiness or drowsiness
- has diarrhoea that continues for more than ten days
- has any other health problem that is worrying you.

If your child has seen a doctor but the symptoms are getting worse or any of the symptoms above have developed, you should see a doctor again.

**In an emergency, always call 000 immediately.**

# Common ailments in children

# Ears and noses



Would you like more information  
about conditions that affect kids' ears or noses?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

🔍 middle ear infection   🔍 nosebleed   🔍 grommets   🔍 hayfever

Please note that this health information has been provided by Children's Health Queensland to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital.  
For non-urgent medical advice, call **13 HEALTH (13 43 25 84)**  
to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.



# Middle ear infection

Usually better after a couple of days

A middle ear infection (also called acute otitis media) is an infection in the part of the ear behind the eardrum, caused by viruses or bacteria. It's more common in young children.

## Common signs and symptoms

- Ear pain.
- Tugging or rubbing the ear.
- Crying at night.
- Fever (temperature over 38°C).
- Runny nose, sore throat or cough.
- Fluid or blood leaking from the ear (this is a sign of a ruptured (burst) ear drum).

## How is it diagnosed?

A doctor can diagnose a middle ear infection by examining the ear using a special instrument with a magnifying lens and a torch.

## What is the treatment?

Pain medication such as paracetamol (Panadol) and/or ibuprofen (Nurofen) is usually the only treatment. Occasionally, your child's doctor may recommend stronger pain medication. Some bacterial infections are treated with antibiotics.

## Care at home

Give your child regular pain relief in recommended doses. Do not give more than the directed number of doses in a day.

Children usually get better in one to two days.

Children with a ruptured ear drum should not get any water in the ear until it has healed. This usually takes about 10 days, but a doctor will need to check your child's ear to be certain.

## When should I see a doctor?

See your GP immediately if your child has:

- symptoms of a middle ear infection and is less than six months old
- symptoms for over two days
- a lot of ear pain, or swelling and redness in the bony area behind the ear
- fluid leaking from the ear.

See a doctor if your child has plane travel planned within two weeks of an infection.

All children with a middle ear infection should see their GP in three months to make sure all the fluid behind the eardrum has gone.

# Nosebleed

More than half of all children will have at least one nosebleed

Nosebleeds (epistaxis) are very common in children and occur when a blood vessel bursts in the lining of the nose. Most nosebleeds involve minimal bleeding and last for less than 10 minutes.

## What causes it?

Nosebleeds can be caused by:

- nose picking, coughing, sneezing or rubbing
- straining when constipated
- facial trauma
- foreign objects in the nasal passage
- sinus and nasal infections or allergies
- deviated septum (crooked nose cartilage and bone)
- dry, cold air
- vascular problems or high blood pressure
- certain medications or medical treatment.

## What is the treatment?

1. Sit your child down and lean them slightly forward.
2. Use your thumb and forefinger to squeeze the soft part of their nose shut for 10 minutes (repeat for another 10 minutes if it hasn't stopped bleeding).
3. Apply a cool cloth or an icepack to the bridge of their nose.

4. Give them a drink or ice block to help take away the taste of the blood in their mouth.
5. Get them to spit out any blood that's dripped into their mouth. Swallowing blood may make them vomit and this can increase/continue the bleeding.

It's important to keep your child calm, as their crying will make the bleeding worse.

## Care at home

For 24 hours after the nosebleed:

- Keep your child calm with quiet activities.
- Don't give your child a hot bath/shower or hot foods/drinks.
- Stop your child from picking or blowing their nose.

## When should I see a doctor?

Nosebleeds won't often require medical attention.

See your GP if the bleeding doesn't stop or you are still concerned. Doctors may apply a cream, cauterise (freeze or burn) the blood vessel or pack your child's nose with gauze to stop the bleeding.

# Common ailments in children

# Heads

Would you like more information  
about conditions that affect kids' heads?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

🔍 **head lice**      🔍 **headaches and migraines**

Please note that this health information has been provided by the Children's Hospital Foundation (head lice) and Children's Health Queensland (headaches and migraines) to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital.  
For non-urgent medical advice, call **13 HEALTH (13 43 25 84)**  
to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.

# Head lice

Check regularly for reinfestation

**Head lice are small, wingless insects that live in the hair on your head.**

Though not dangerous, head lice are a common problem for children between the ages of 3 and 11 and spread through head-to-head contact.

## Common signs and symptoms

- A tickling feeling in the hair.
- Frequent scalp itchiness.
- Sores/scabs on the scalp from scratching.

Check your child's head for lice and nits by parting the hair close to the scalp, behind the ears, and around the nape of the neck.

Adult lice can look like tan or brown dots about the size of a sesame seed. Lice eggs are called nits and are about the size of a small flake of dandruff. Once hatched, the shell looks white or clear and stays firmly attached to the hair shaft.

## What is the treatment?

Head lice can be challenging to eradicate, and nits are the most difficult to kill. The most effective way to remove eggs is to actually pull them off the hair using your fingernails.

There are two methods of treatment. Use only when

live lice are present, and on all family members with infestations at the same time.

## Conditioner and combing treatment

1. Generously apply conditioner to dry hair to cover the scalp and the full length of the hair.
2. Untangle the hair with a wide-toothed comb.
3. Place a fine-toothed head lice comb flat against the scalp and draw the comb through each section of hair from the roots to the ends.
4. Wipe the comb after each stroke onto a tissue or paper towel, checking each time for lice and nits.
5. Comb each section of hair at least five times.
6. Wash the hair as normal.
7. Scrub both combs with an old toothbrush to remove any eggs or lice that may be present.

Repeat all steps every second day to remove young lice as they hatch. Continue for ten or so consecutive days until no lice are found.

## Pharmacy treatments

Speak with your chemist about synthetic or natural insecticides or other chemicals. These are available without prescription, but you must follow the instructions and do not use on children under two years of age, except on medical advice.

# Headaches and migraines

Especially common in teenagers

**The most common types of headache are tension and migraine headaches.**

## Signs and symptoms of a migraine

A child with a migraine will have a more severe headache with at least one of these symptoms:

- nausea or vomiting
- sensitivity to light (photophobia)
- sensitivity to noise (phonophobia).

Migraines can affect one or both sides of the head and may be worse with activity. Migraines are most common around age 15, but have been reported in children as young as seven.

## What is the treatment?

Most headaches can be easily treated with the recommended dose of paracetamol (Panadol) and/or ibuprofen (Nurofen) as soon as symptoms start.

Resting in a quiet dark room may help reduce symptoms. Migraines often settle with sleep.

## Migraine prevention

Help your child by encouraging them to:

- drink lots of water

- eat regular meals
- maintain good sleep patterns
- have downtime from screens
- manage stress
- avoid caffeinated soft drinks.

Talk to your doctor before restricting foods that could be a migraine trigger for your child, as it's very important to avoid nutritional deficiencies in children.

## When should I see a doctor?

See your GP if your child has:

- any of the following additional symptoms:
  - fever, stiff neck or rash
  - repeated vomiting
  - problems walking or talking, a facial droop or weakness anywhere in the body
  - it is difficult to wake them up
  - problems with vision
  - seizure (fit)
- a headache that does not improve with paracetamol (Panadol) or ibuprofen (Nurofen)
- headaches that are getting more severe
- headaches that are happening often and interrupting your child's sleep or school attendance.



# Common ailments in children

# Skin

Would you like more information  
about conditions that affect kids' skin?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

 eczema  hives

Please note that this health information has been provided by Children's Health Queensland to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital. For non-urgent medical advice, call **13 HEALTH (13 43 25 84)** to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.

# Eczema

Apply plenty of moisturiser to help control eczema

**Eczema (or atopic dermatitis) is a chronic condition affecting 10–15 percent of children.**

Eczema appears as dry, red, itchy, thick, and sore skin on one or many areas of the body. Babies often have eczema on their face while older children tend to get it on the inside of the elbows, behind the knees and on the wrists, ankles and hands.

The cause of eczema is unknown, but it's thought to be a genetic disorder that impairs the skin barrier, leaving skin susceptible to irritants and moisture loss.

While there's no cure for eczema, nearly 80 percent of children will grow out of it and there are effective treatments to control symptoms in the meantime.

## What is the treatment?

### Moisturisers

The best thing to do is to apply plenty of moisturiser to repair the skin barrier and reduce water loss. This eases the itch and reduces the frequency of flares.

Use as much moisturiser as you like, but at least twice a day, from head to toe, and especially after a bath.

### Baths

Bath your child once per day in a lukewarm bath for

10–15 minutes. Use bath oil in the bath and aqueous cream (apply before bath then rinse off in bath) or soap free cleanser. Pat your child only partially dry and apply moisturiser liberally.

### Corticosteroid ointments and creams

Corticosteroid, also called cortisone or steroids, works on red, oozing and inflamed areas to reduce inflammation and ease the itch. Cortisone comes in different strengths for different areas of the body. Your doctor will prescribe the right one for your child.

### Other treatments your doctor might advise

- Wet dressings to the body or cool compresses to your child's face to treat a flare-up.
- Antihistamine (anti-itch) medicine, especially at night.

If infection occurs, you'll notice increased oozing and yellow crusting, or blisters filled with pus. Your doctor may need to prescribe a course of oral antibiotics.

## Things to avoid

- Do not let your child overheat. Help keep them cool by dressing them in cotton clothing.
- Avoid prickly fibres that irritate skin, such as wool.
- Avoid dry air from central heating.
- Remove irritants like sand and dirt caught in socks.

# Hives

Hives are often mistaken for mosquito bites

**Up to 20 per cent of people develop hives (or urticaria) at some time during their life.**

Hives are pink or red itchy rashes that may appear as blotches or raised red lumps (wheals) on the skin. They're not usually dangerous and range from the size of a pinhead to that of a dinner plate.

When hives first start to appear, they can be mistaken for mosquito bites.

Swellings usually disappear within minutes to hours in one spot, but may come and go for days or weeks at a time (acute urticaria), or sometimes longer (chronic urticaria).

Hives can also cause deeper swellings in the skin and mucosa called angioedema, most frequently on the face and lips. These swellings are often bigger, last longer, may itch less, sometimes hurt or burn and are less responsive to antihistamines.

## What causes it?

In most cases, hives are not due to allergy. While a clear cause is not obvious in many cases, triggers may include:

- infection (a virus is usually the most common cause)
- cold (ice, cold water/air)

- pressure on the skin or scratching
- contact allergy to plants or animals.

Stress is rarely the cause of hives, but may make the symptoms worse.

## What is the treatment?

Hives can usually be effectively treated with a non-drowsy antihistamine (desloratadine, cetirizine, loratadine or fexofenadine). These can be given regularly if hives occur daily. It may be necessary to increase the daily dose for refractory rash under the supervision of your doctor.

- Avoid aggravating factors if identified, e.g. the cold and excessive heat.
- Avoid corticosteroids, e.g. prednisone, as there is a much higher side-effect profile and no benefit.
- Severe cases may require specialist medication.
- There is no evidence to suggest special diets have a role in managing children with hives.

When hives occur most days for more than six weeks, this is defined as chronic (ongoing) urticaria, which may require referral to a clinical immunologist, allergist or dermatologist for treatment.

# Common ailments in children

# Chests

Would you like more information  
about conditions that affect kids' chests?

Go to [www.childrens.health.qld.gov.au](http://www.childrens.health.qld.gov.au)  
and search the children's health fact sheets for

🔍 bronchitis   🔍 croup   🔍 asthma   🔍 pre-school wheeze

Please note that this health information has been provided by Children's Health Queensland to support, not replace, discussion with doctors and other healthcare professionals. Always seek medical advice about any health concerns you have about your child.

**In an emergency, always call 000 immediately.**

Otherwise, contact your local doctor or visit the emergency department of your nearest hospital. For non-urgent medical advice, call **13 HEALTH (13 43 25 84)** to speak to a registered nurse 24 hours a day, seven days a week for the cost of a local call.



# Bronchiolitis

Affects children under 1

**Bronchiolitis is a chest infection that affects children less than one year of age.**

Infection is usually mild and most infants will get better in about 7–10 days without any treatment, although the cough can last for up to a month.

## Common signs and symptoms

Bronchiolitis often starts with cold symptoms (runny nose, cough, sneezing and fever) with the child getting sicker over the following few days.

Symptoms are often worse at night and may include:

- fast or laboured breathing
- wheezing sound when breathing out
- trouble feeding (this is because babies only breathe through their nose).

Illness usually starts to improve after two to three days. Infection may be worse and last for longer in very young children (under three months), premature babies or children with lung or heart problems.

## What is the treatment?

If your child has a fever, you can give them children's paracetamol (Panadol) in recommended doses.

Infants with a severe infection may be admitted to

hospital. In hospital, treatment may include oxygen and fluids. Fluids are usually given through a nasogastric tube (a tube that goes into the nose).

## Care at home

- Make sure your child is getting enough fluids. Smaller feeds given more often may help.
- Salt water solution available from pharmacies (e.g. Fess) dropped or sprayed in each nostril before feeding may help clear the nose.
- Keep your child away from cigarette smoke.
- While your child is unwell, keep them away from other small children to stop the infection spreading.

## When should I see a doctor?

See your GP if your child has any of the following:

- feeding problems, especially if they have fewer wet nappies than usual
- difficulty breathing
- very sleepy, becomes pale or sweaty or begins to look blue in the skin
- pauses between breaths
- any other health problems that concern you.

**In an emergency, always call 000 immediately.**

# Croup

Croup is more common in winter

**Croup is a respiratory infection that usually affects children between the ages of six months and five years. Around 1 in 50 children get croup in their first year of life.**

## Common signs and symptoms

Croup often starts with one to two days of common cold symptoms (mild fevers and a runny nose).

Symptoms are often worse at night and may go away in the day, and might include:

- barking cough (may sound like a seal)
- hoarse voice
- noisy sounds when breathing in
- harder to breathe than normal
- fast breathing.

Children with croup may also complain of a sore throat or not want to eat or drink.

## What is the treatment?

Most children get better within three to four days.

If your child has a fever, you can give them children's paracetamol (Panadol) in recommended doses.

Children with severe symptoms may need medicine through a mask (nebuliser) at a hospital.

## Care at home

- Try to keep your child calm, as an upset child can make their symptoms worse.
- Encourage your child to sit upright, as this may make breathing easier.

Vaporisers and steam treatment haven't been shown to help croup symptoms and are not recommended.

## When should I see a doctor?

**Call 000 immediately if your child:**

- **is breathing very quickly**
- **is struggling to breathe**
- **is very pale.**

See your GP or go to hospital emergency if your child:

- has a cough that concerns you
- has noisy breathing
- has a hoarse voice
- any other health concerns.

If your child has been sent home after being diagnosed with croup and their symptoms get worse you should see a doctor again.

**In an emergency, always call 000 immediately.**