

## **The Paediatric Virtual Ward information for GPs:**

The virtual ward has been set up to reduce footfall and long waits for children and families in hospital. The concept is that a GP can call the paediatric on call team to discuss/refer patients they have some concerns about. A joint decision will then be made as to whether the child needs to be seen urgently or whether parents could be directed to some written advice to try at home to reduce the likelihood of needing to come to hospital.

If the child meets the conditions criteria (see below) Please contact the paediatric team via switchboard and discuss with the registrar ( 0161 4192159). If agreed you will be asked to give the child's name, DOB, NHS number, a contact number for the GP practice and parents. You will be then given a time the child enters the virtual ward.

Please give the parents a virtual ward leaflet and the number for PAU. Helpful patient information leaflets.

Please refer parents to the paediatric app (available from play store/ apple store)

Healthzone UK

Search Stockport

If parents become increasingly concerned they can phone and attend the PAU without needing to come via ED or through their GP again.

Parents must contact the PAU before attending even if accepted to the virtual ward.

Open access to PAU from the virtual ward lasts for 24 hours only, after this they will need to be reviewed again in primary care.

The following conditions will regularly be admitted into the virtual ward:

1. Diarrhoea and vomiting in 6 months to 5 years.
2. Bronchiolitis
3. Asthma
4. Pyrexia

### **1. Diarrhoea and vomiting in 6 months to 5 years:**

Below 6 months with significant diarrhoea and vomiting should be assessed by the paediatric team.

Steps should be taken to assess hydration status:

- Are they responsive?
- Are they producing tears?
- Have they had any wet nappies in past 12 hours?

If the answer is no to any of these the child these are red flags and an early paediatric review should take place.

The following signs of other illness should not be present:

- Blood in the stool
- Persistent or severe abdominal pain
- High temperature above 39 and not settling.
- Bile/ green vomit
- Mottled skin
- Non blanching rash
- Drowsiness or agitaion

If after the above has been assessed and they have none of the above red flag symptoms, please direct patients to the paediatric website/ app and ask parents to follow the fluid challenge leaflet.

## **2. Bronchiolitis:**

The following signs are red flags and will require early paediatric assessment:

Refusing all feeds

Significant recession, with no periods where it is settled

Head bobbing

Saturations <92% ( taken for period of time)

Temperature above 39C

Babies under 1/12 of age.

Drowsiness or agitation

Other conditions should be excluded.

If the child has none of the above- Parents should be given the bronchiolitis leaflet and referred to the community nursing team via established referral system.

## **3. Asthmatics / viral induced wheeze**

Children with wheeze can be admitted to the virtual ward as long as the following criteria are met:

- The child can talk in full sentences
- They are expected to last 4 hours in between salbutamol inhalers
- They have an up to date treatment plan
- Saturations should be >92%

These children should be referred to the community team via the established referral system. It is acceptable to give 6-8 puffs of Salbutamol to a child and allow them to be on the virtual ward with advise that if the child requires further bronchodilators in under 4 hours parents should administer them and call assessment and bring the child in for assessment.

#### 4. Pyrexia

Pyrexia its self is managed well at home. The reason for the pyrexia is not always clear in early stages of an illness. Most children can safely be managed at home with no further investigations.

Children who should be seen early on PAU with pyrexia ( i.e excluded from virtual ward)

- Any child under 3 months old
- Any child 3-6 months with temperature 39 or high on two occasions
- Children 3-12 months with persistent temperature for 3 days or more and no obvious focus (urine should be sent)
- Any child with persistent temperature >39C with no periods of reduced temperature
- Other concerning features (non-blanching rash or drowsy)
- No obvious focus for pyrexia in an unwell child

Please direct parents to <https://www.nhs.uk/conditions/fever-in-children/>

# Fluid Rehydration

Information for parents



## What is fluid rehydration, also known as a ‘fluid challenge’ and why do I need to do it?

There are many reasons that may mean your child has been drinking less than normal. They may have diarrhoea and vomiting, or another illnesses, such as a sore throat or cold/flu like symptoms. Many of these illnesses can be managed comfortably and safely at home. Fluid rehydration, sometimes referred to as a fluid challenge is a way of seeing if your child is able to drink enough fluids via mouth to manage safely at home.

## What do I need to do?

Most children are able to drink if encouraged to do so. Please see the below tables for how much your child needs to drink depending on their age. You need to offer and encourage your child to drink the below amount every 5-10 minutes. It can be given via a syringe if they are unable to drink it themselves.

6 -12months	10 mls / 5 mins
12- 18 months	10 mls / 5mins
18 months -3 years	15 mls /5 mins
3 years	19 mls /5 mins
4 years	20 mls /5 mis
5- 7 years	25mls/ 5 mins

7-9 years	30 mls / 5-10 mins
9- 10 years	40 mls / 5-10 mins
10-11 years	45 mls / 5-10 mins
12 years	50 mls / 5-10 mins
14 years	60 mls / 5-10 mins

You can use this record to keep track of your child's progress. If your child vomits or has diarrhoea please also note this down, if you feel that they are getting worse or there are more entries in the vomit and diarrhea column that the amount you're giving, you need to seek a medical review.

[illegible]

## What are the benefits?

Oral fluids are the best and safest way to rehydrate your child if they have diarrhoea or vomiting or are reluctant to drink for other reasons. If they are able to drink adequate amounts your child may be

able to go home/stay at home. They are also less likely to need blood tests, a tube down the nose into the stomach or a drip, which can sometimes be distressing and will only be done if necessary.

### What fluid will be used?

An oral rehydration fluid, such as dioralyte is the best fluid to use to rehydrate your child. This is because it contains salts and sugars, which help your body to absorb and hold on to the water better. If your child doesn't like the dioralyte solution you can try adding cordial to it. If they won't tolerate it at all you can use another drink that includes sugar (if your child is not eating they will need the sugar for energy). Don't use sugar free or diet drinks. Avoid fizzy drinks (even flat) or pure fruit juices if your child has diarrhoea and vomiting as these can worsen symptoms. If you are breast or bottle-feeding your baby and they tolerate the oral rehydration fluid, you can consider also giving breast or bottle feeds as well. Give formula feeds at normal strength as per directions on packaging. Do not make them weaker. Giving smaller and more regular feeds may be helpful.

### What to look out for?

Most children with diarrhoea and vomiting or other mild viral or bacterial illnesses can be managed safely at home with advice from healthcare professionals as needed. However it is important that you seek further professional healthcare advice if:

- You are worried that your child is becoming more unwell
- They are having less wet nappies or passing urine less frequently
- They are continuing to vomit and are not tolerating oral fluids
- They are becoming lethargic or irritable

You must seek further healthcare professional advice/review **urgently** if they have:

- Very cold hands or feet
- Pale or mottled skin

**You must call 999 if your child is drowsy or not responding to you**





## Supporting our Smokefree Trust

In order to look after the health of our staff, patients and visitors, we ask you politely not to smoke while you are on the hospital grounds.

If you would like support and advice to quit smoking, our Pharmacy shop on the main corridor can help you with further information, so just pop along and have a chat with a Pharmacy stop smoking advisor.

Alternatively, the following Advice and Services are available to you:

**Stockport Stop Smoking Service, ABL Health**  
stockportwellness@ablhealth.co.uk | **0161 870 6492**  
*For confidential stop smoking advice and support.*

**NHS Choices & National Smokefree Helpline**  
www.nhs.uk/live-well/quit-smoking | **0300 123 1044**

**Stop Smoking Midwife**  
Contact our Hospital Switchboard on **0161 483 1010**  
*and ask for the Stop Smoking Midwife*

	Grazed knee. Sore throat. Cough. Stock your medicine cabinet.	<b>Self-care</b>
	Unwell? Unsure? GP surgery closed? Need help?	<b>NHS 111</b>
	Diarrhoea. Runny nose. Painful cough. Headache.	<b>Pharmacy</b>
	Vomiting. Ear pain. Stomach ache. Back ache.	<b>GP surgery</b>
	Choking. Chest pain. Blacking out. Blood loss.	Stepping Hill Hospital <b>A&amp;E or 999</b> Emergencies only

If you require the leaflet in large print, another language, an audio tape or braille, Please contact:

**Patient and Customer Services**

Tel: 0161 419 5678 Email: PCS@stockport.nhs.uk

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# BRONCHIOLITIS

## PAEDIATRICS

Patient Information Leaflet



## WHAT IS BRONCHIOLITIS?

Bronchiolitis describes a condition when the smallest air passages of the lungs become swollen, making it more difficult to breathe. It is very common and affects babies and toddlers up to 2 years of age worldwide.

## WHAT CAUSES IT?

Usually a virus called the Respiratory Syncytial Virus (RSV) but a few other common viruses can also cause the condition.

Cases of RSV dramatically increase in the autumn and winter months. It is infectious, spread by infected mucus from the nose onto hands or toys, and less often by coughing.

Almost all children have had the RSV infection by the time they are 2 years old and most will have mild symptoms and get better on their own.

## WHAT ARE THE SYMPTOMS?

The infection starts like a cold: a runny nose, a slight temperature, a cough that becomes moist and irritating. These symptoms usually develop over 1-5 days. Feeding problems may occur around day 2 or 3 and your baby may become too tired and breathless to feed from the bottle or breast. Babies who don't feed enough may also have less wet nappies. They may also vomit feeds that look mucousy. The majority of babies recover within 7 days of onset.

Very young babies may not have many symptoms but you may notice that they breathe very quickly or feed less than normal. Occasionally very young babies start to have pauses in their breathing pattern (apnoea).

## HOW IS IT TREATED?

By letting the baby rest and recover in his/her own time. It is very important to realise that antibiotics do not usually help in the baby's recovery; this is because it is a viral infection.

## WHY DO SOME BABIES NEED TO STAY IN HOSPITAL?

Babies with bronchiolitis may be admitted to hospital if they are not feeding enough or if they need help with their breathing.

The doctors and nurses will monitor how much a baby is feeding and decide whether they are getting enough fluid or whether they are getting tired by trying to feed whilst they are unwell. Small and more frequent feeds are advised. Some babies need to have a small tube passed into their tummy to give them milk whilst they rest. This is not a painful procedure and most babies don't notice the tube once it is in place.

Occasionally babies cannot cope with feeding and they will have fluids given intravenously (through a small plastic tube inserted into a vein).

Babies who are struggling with their breathing have their oxygen levels (saturations) monitored with a probe that is taped to a hand or a foot. If their oxygen saturations are low, oxygen is given, usually through fine tubes taped just below the nose. Sometimes medicines are given through a nebuliser or an inhaler but these are not always helpful.

A small number of babies need a bit more help with their breathing. At this hospital we can give CPAP (Continuous Positive Airways Pressure). This is a machine that supports a baby's breathing by blowing air up their nose. This will be explained to you if it becomes necessary.

Once a baby is feeding enough and they have not needed oxygen overnight they will be discharged home.

## HOW CAN I HELP MY BABY TO GET BETTER?

- Offer smaller, more frequent feeds. Babies may lose weight whilst they are unwell but this will slowly be regained as the baby recovers. Don't worry about solid food until baby is ready.

- Completely avoid tobacco smoke
- Good hand-washing practice will reduce infection between family members and reduce the risk of a baby catching anything whilst they recover.

## COUGHING

Some babies can have a cough and a runny nose for at least 7-14 days before settling down completely.

Sometimes the cough can continue even longer and some studies have suggested that a few children who have Bronchiolitis may go on to develop asthma-like conditions.

Sitting baby in a sitter chair or raising the head of the mattress will help baby cope with coughing.

**RING 999** if your baby suddenly stops breathing, becomes very pale and lips go blue or grey.

## WHEN TO SEEK HELP FROM EITHER THE COMMUNITY CHILDREN'S NURSES, YOUR GP OR THE TREE HOUSE

- If your baby starts vomiting his/her feeds, or is not taking their feeds well (nursing staff will be more specific on your baby's discharge).
- If your baby starts to struggle with his/her breathing pattern (you will see their chest pulling in between the ribs and they will be using their tummy muscles).
- If your baby becomes drowsy, irritable or restless.

## CONTACT US

Contact our Hospital Switchboard on:

**0161 483 1010**

And ask for one of the following:

***Paediatric Assessment Unit  
Treehouse Ward***



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# DIARRHOEA AND VOMITING

## PAEDIATRIC DEPARTMENT

### Patient Information Leaflet

## WHAT IS DIARRHOEA AND VOMITING?

Diarrhoea is the passing of loose, watery, smelly stools more often than usual. Vomiting is being sick and not keeping food or drinks down. Diarrhoea and vomiting may occur together or separately. It is usually caused by gastroenteritis (stomach bug) but can occur also with an ear, throat or urine infection. With gastroenteritis (infection in the gut) diarrhoea usually lasts for 5-7 days and stops within 2 weeks and vomiting usually lasts for 1-2 days and stops within 3 days.

## HOW CAN YOU TREAT DIARRHOEA AND VOMITING?

Although diarrhoea and vomiting can lead to dehydration, babies and children can usually be managed at home using the following advice.

- Continue with breastfeeding and other milk feeds, but you will need to give smaller more regular feeds. Aim to give at least half their normal 24 hour feed volume.
- For older babies and children you can also offer oral rehydration solution (ORS) such as Dioralyte or Rehydrate. This can be obtained from a chemist or your Doctor. These are fluids, which keep the body's fluid in balance.
- Do not give your child water alone if they are not eating as their blood sugar levels will drop making them feel unwell and sleepy.
- Avoid pure fruit juices and carbonated drinks until the diarrhoea has stopped.
- If your child is under 1 year, has a low birth weight, has passed 6 or more loose stools in the past 24 hours or is still vomiting 3 or more times in 24 hours give a drink of ORS after each large watery stool.

## IS THERE ANYTHING ELSE YOU CAN DO?

- Washing hands with soap (liquid if possible) in warm running water and careful drying are the most important ways to prevent the spread of gastroenteritis.
- Hands should be washed after going to the toilet or changing nappies and before touching food.
- Keep anything used by the child e.g. dummies, cups and towels separate from other family members. This helps to stop germs spreading.
- If your child appears to be in pain or discomfort you can use Paracetamol, following dose advice on the bottle.
- Children should not go back to school or other childcare facilities until at least 48 hours after the last episode of diarrhoea
- Children should not swim in swimming pools for 2 weeks after the last episode of diarrhoea

## WHEN TO SEEK HELP

If your baby/ child has one or more of the following:

- Is irritable and/or lethargic (drowsy)
- Appears to be unwell or deteriorating
- Signs of dehydration such as dry mouth, no tears, sunken eyes, sunken fontanelle (soft spot on a baby's head)
- Has pale mottled skin
- Cold hands and feet
- Dry mouth
- Faster breathing
- They have not passed urine in 12 hours

Contact the numbers below, your GP or the Children's Community Nursing team.

## GETTING BETTER

- Your child seems more happy and lively.
- Vomiting is less or stopped.
- Less diarrhoea and the stools are less watery (Remember it can take up to two weeks before your child's stools are normal)

Reintroduce your child's usual solid food once they are rehydrated.

## TELEPHONE NUMBERS

*Adapted from NICE Guideline 84, 2009.  
Diarrhoea and vomiting in children*

Contact our Hospital Switchboard on:

**0161 483 1010**

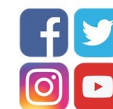
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