

# Caring for children with COUGHS

This leaflet contains information about how to look after a child who has a cough (not due to asthma).  
For more detail see [www.bristol.ac.uk/child-cough](http://www.bristol.ac.uk/child-cough)



## COUGH

Coughs can last for 3-4 weeks and make your child feel quite unwell but will still get better by themselves.

'Noisy chests' or 'chesty coughs' are quite common when young children catch a cold and are not necessarily a sign of a 'chest infection'.

Healthy children typically get a cough 7-10 times a year and this is not a sign that there is anything wrong with their immune system.

## DISTURBED SLEEP

Coughs will often wake your child in the night. When the child lies down, more of the mucus from the nose and throat runs downwards and your child coughs more to clear it.

Coughing is part of the body's defence system which helps keep the lungs clear and fight the illness. Unfortunately this can wake the child in the night but does not mean the illness is more severe.

**For children over 1 year**, a spoon of honey (perhaps in a warm drink) half an hour before bed may help them to wake less often.

**For children over 2 years**, vapour rubs (containing camphor, menthol and/or eucalyptus) may help children sleep better.



## FEVER/HIGH TEMPERATURE

In children, a temperature of over 37.5°C is considered a fever.

Fever is a normal response to illness and does not harm children. It may even help to fight illness.

Children with a high temperature may be more likely to have a more severe illness, although most do not. Occasionally a child may have a fit. This shouldn't cause harm and treating the fever doesn't prevent it.

It is safe to use child paracetamol and ibuprofen to manage children's fever (and pain) for as long as needed. Follow the dosage on the bottle.

## DRINKING/EATING LESS

Children often eat and drink less when they have normal childhood illnesses. Most children can go a few days without eating much and this will not affect their longer term growth and development.

**All children need to drink regularly to avoid becoming dehydrated, especially if they are vomiting.**

To help prevent dehydration, encourage your child to have sips of water.



# WHEN TO SEE THE DOCTOR

Arrange to see or speak to your doctor today if any of the following occur:

## RAPID OR DIFFICULT BREATHING (DEPENDING ON AGE):

AGE OF CHILD	BREATHING RATE
Babies under 6 months	over 60 breaths per minute
Babies 6–12 months	over 50 breaths per minute
Children over 1 year	over 40 breaths per minute
Any age	Being short of breath (as if your child has been running) or is 'working hard' to breathe when resting
Any age	Skin between and below the ribs gets sucked in each time your child takes a breath

## HIGH OR PERSISTENT FEVER (DEPENDING ON AGE OF CHILD):

AGE OF CHILD	TEMPERATURE
Babies under 3 months	38°C or more
Babies 3–6 months	39°C or more
Children over 6 months	over 37.5°C for more than 5 days
If your child has a fever fit, call 999 or take them to A&E.	

## VOMITING (DEPENDING ON AGE):

AGE OF CHILD	SYMPTOMS
Babies under 3 months	Vomiting + fever of 38°C or above
Babies 3–6 months	Vomiting + fever of 39°C or above
Children over 6 months	Vomiting + fever + extremely drowsy or listless
Any age	Severe vomiting (child not able to hold down fluids for 8 hours or showing signs of dehydration)
Any age	Persistent vomiting (more than 2 days)

### SKIN PALER THAN USUAL

If your child appears much paler than usual; hands and feet are very cold while their body is warm. **If skin, lips or tongue appear blue, call 999.**

### PAIN

Pain in the chest (not when coughing) combined with fever and rapid breathing.

### HARD TO WAKE / UNRESPONSIVE

Cannot be woken or wakes only slightly and then immediately goes back to sleep.

If your child wakes only with lots of stimulation, or is much less responsive to social stimulation (smiles and talking) than usual.

### NOT FEEDING

**Babies under 1 year:** if your child stops feeding entirely.

