

HAYFEVER

Hay fever can be distressing and medical treatment can often help. Keep doors and windows shut when the grass is being cut.

THREAD WORMS

These are the fine little string-like worms which can be seen in the motions or suspected scratching around the anus, especially when it is warm in bed at night. It is spread by an infected finger being put into the mouth. A simple oral remedy is available from the pharmacy.

HEAD LICE

These creatures are not a sign of poor personal hygiene. They are found in clean hair as often as dirty hair. The condition is spread by head-to-head contact. A medicated head lotion may be obtained from the chemist. It is important to treat all members of the family and schools should be notified.

VERRUCA AND WARTS

This is another viral infection. They are common in children and will, in time, disappear completely without treatment. They can be treated using "wart paints" available at the chemist and applied daily. If they persist they can be frozen at the surgery. Please ask at reception for details.

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WHAT YOU CAN DO TO HELP YOURSELF.

ANTIBIOTICS

Firstly, a note on these commonly prescribed and powerful medicines. They only work on bacteria and are without effect on viruses. Unfortunately, this means that the common infections like coughs, colds and flu will not be helped by them at all.

The correct treatments are the simple remedies outlined here and we only use antibiotics when they fail or we suspect that there is a secondary bacterial infection. Overuse of antibiotics may lead to their not working in the future and more complications like thrush, skin rashes, allergy etc.

COUGHS AND COLDS

Despite years of medical research, there is still no cure for the common cold. Symptoms of headache and sore throat can be relieved by medicines bought from the chemist such as paracetamol. A tickly cough associated with a cold may be helped by a decongestant to dry up the nasal catarrh.

EAR ACHE

Earache is often associated with a cold, particularly in children. If the pain lasts for more than several hours, then please arrange to bring the child to the next surgery.

SORE THROAT

When a sore throat is associated with a cold it is not likely to be helped by antibiotics as the infection will be caused by a virus against which antibiotics are not effective. A sore throat which persists for more than three days without any cold symptoms, particularly if associated with a fever, may require treatment from a doctor.

LARYNGITIS

Hoarse / lost voice

May or may not have pain

Usually viral, so antibiotics will not help

Rest you voice

Steam inhalations breathe in gently through your mouth over steaming water. Be careful not to burn yourself.

Drink fluid: Take small, frequent sips of water or diluted fruit juice. A small amount of fluid is better than none.

Analgesia: You can take recommended dose of paracetamol or Ibuprofen if you have a fever or headache. Do not take ibuprofen if you are asthmatic, or if you have stomach, liver or kidney problems. Liquid paracetamol or Ibuprofen can also be given to your child if necessary, follow the instructions on the box. Children aged under 16 years of age should not take aspirin. Avoid cigarette smoke.

HEADACHES

Headaches are often associated with any illness causing a raised temperature e.g. sore throat, earache and may be treated symptomatically with paracetamol. If the headache is associated with vomiting and or dislike of light or is severe and persistent telephone the surgery for advice or dial 999.

DIARRHOEA AND SICKNESS

Diarrhoea and sickness may be due to contaminated food or drink, but in young children is often caused by a virus. At the first onset of symptoms stop all solid food and milk and give frequent small drinks of watery fluids such as squash, lemonade, dilute fruit juice, etc. for 24 hours. Rehidrat or Dioralyte can be bought from the chemist and help to reduce the loss of body chemicals and dehydration. Breast feeding should be continued, bottle feeding can be reintroduced after 24 hours. Reintroduce solid food gradually, e.g. dry toast, mashed potato, yoghurt. If sickness and diarrhoea persist for more than 24 – 48 hours, you should seek medical advice.

If abdominal pain is a feature of the illness, particularly if it persists in between episodes of vomiting or diarrhoea, the doctor should be contacted for advice.

What causes diarrhoea? Acute diarrhoea is usually caused by a viral or bacterial infection and affects almost everyone from time to time. Diarrhoea and vomiting is very common, especially in children. A baby or toddler will probably have diarrhoea and vomiting two to three times a year. Diarrhoea usually clears up in a couple of days and is not serious. However, it can be serious in babies and the elderly because of the risk of dehydration. If diarrhoea is persistent or there are other symptoms, such as bleeding, see your GP. If your child is between three months and one year old, diarrhoea should last no longer than 48 hours. If it lasts longer, contact your GP.

Treating diarrhoea: Diarrhoea often goes away without treatment after a few days, because your immune system will automatically fight the infection. In the meantime, you can ease your symptoms by following the steps below.

Drink fluids: You can avoid becoming dehydrated by drinking lots of fluids. You are more likely to be dehydrated if you are also vomiting. Take small, frequent sips of water or diluted fruit juice. It is especially important that babies and small children do not become dehydrated. Even if your child vomits, still give them frequent sips of water. A small amount of fluid is better than none. If your child shows signs of dehydration (drowsiness, passing little urine, few or no wet nappies, a dry mouth and tongue, unresponsive or glazed eyes) you should contact your GP immediately.

Rehydration drinks: If you are worried that you are becoming dehydrated, your doctor or pharmacist may advise you to take rehydration drinks. You can buy sachets of rehydration salts from your pharmacist and add them to water. They provide the correct balance of water, salt and sugar. Rehydration drinks do not help to cure diarrhoea, but can prevent or treat dehydration. Your doctor or pharmacist may also recommend rehydration drinks for your child: if you are worried they may become dehydrated.

Do not use homemade salt or sugar drinks: Always consult your pharmacist.

Eat as soon as you can: The old advice was to not eat anything for a day or two, but it is recommended that you eat foods high in carbohydrates (bread, pasta, rice or potatoes) and other foods as

soon as you feel like it. Salty foods such as soup can help reduce salt lost from your system. If you feel you cannot eat, it shouldn't do you any harm, but make sure you continue drinking fluids and eat as soon as you are able. If your child wants to eat, offer him/her soups and foods high in carbohydrates at first. If your child refuses to eat, continue to offer drinks and wait until their appetite returns.

FIRST AID TECHNIQUES

BURNS AND SCALDS:

Run cool water over the affected area until the pain eases; this may take 10 minutes or more in severe cases. If there is much blistering the doctor should be consulted.

SUNBURN:

It should be remembered that sunbathing is bad for the skin and that children are particularly susceptible to the harmful rays of the sun. Cool the skin with cool water and apply Calamine Lotion. Paracetamol will help the pain and an antihistamine such as Piriton will reduce the reaction.

MINOR CUTS AND GRAZES:

Wash the wound thoroughly with warm water and a little soap. To stop bleeding apply firm pressure to the wound for five minutes or more with a clean handkerchief or dressing. Cover with a clean dry dressing.

INSECT BITES AND STINGS:

Antihistamine can be obtained from the chemist without prescription and will relieve most symptoms.

When an insect bites, it releases saliva that can cause:

Inflammation (redness and swelling)

Blisters

Irritation

The symptoms of insect bites can vary depending on the type of insect and the sensitivity of the person who is bitten. For example, some people may have a small, itchy lump after they are bitten, which only lasts for a few hours. Others may develop a more serious reaction, such as blistering and a number of itchy red lumps.

As well as insects that bite, some insects sting and inject venom into the wound. In the UK, insects that sting include: bees (honeybees and bumblebees) wasps and hornets.

When should I see a doctor? See your GP if your symptoms are severe (for example, if you have a lot of swelling and blistering) or if there is pus, which indicates an infection. If you have a severe allergic reaction to a bite, such as wheezing or difficulty breathing, call 999.

Treating insect bites: Most insect bites cause small, local reactions (reactions that are confined to the area of the bite) where the symptoms can be easily treated. However, if your symptoms are severe, see your GP as soon as possible. If you have a severe allergic reaction to an insect bite, such as wheezing or difficulty breathing call 999 immediately to request an ambulance.

Small local reactions: Most insect bites cause itching and swelling that usually clear up within several hours. Small, local reactions can be treated by:

Washing the bite with soap and water

Placing a cold compress (a flannel or cloth cooled with cold water) over the affected area to reduce swelling

Not scratching the bite because this can make the bite more itchy and swollen and increase the chance of a secondary infection.

Medication: If you are in pain or the bite is swollen, you can take painkillers, such as paracetamol or ibuprofen to relieve the pain. These are available over the counter without a prescription. Always read the manufacturer's instructions to make sure they are suitable for you and that you are taking the correct dose. If the bite is very itchy, your GP may prescribe cream. Do not apply cream or ointment to broken skin and always follow the instructions on the packet. Although the bite may be itchy, avoid scratching it because you may damage the skin and allow bacteria to enter the wound, leading to an infection. You may also be prescribed a short course of antihistamines. These are taken orally (by mouth). You can take non-sedating antihistamines during the day and sedating antihistamines at night if the itching is affecting your sleep.

Blisters: If you develop blisters (small pockets of fluid) after being bitten by an insect, do not burst them because they may become infected. Blisters do not often cause pain unless they rupture (burst), exposing new skin underneath. If possible, use an adhesive bandage (plaster) to protect the blistered area.

Infected bites: See your GP if your bite becomes infected. Your GP may prescribe oral antibiotics (medicines to treat infections that are caused by bacteria). You will need to take these as instructed.

SPRAINS AND STRAINS:

A twisted ankle or knee is often more painful the next day than immediately after the injury. Swelling can be minimised by resting the affected limb and intermittently applying a cold compress e.g. packet of frozen peas wrapped in a towel (Rest, Ice, Compression and Elevation). Although sprains respond to gentle movement.

NOSE BLEEDS:

Sit on a chair leaning forward with your mouth open and pinch your nose just below the bone for approximately 10 minutes, by which time the bleeding should have stopped. Applying ice may also help.

You can also seek the advice or help of your local pharmacist.

This leaflet is a guide only and if you are concerned please contact:

Your GP

Your Practice Nurse

Local Pharmacist

The local A&E

Emergency Ambulance

PLEASE KEEP FOR FUTURE REFERENCE.

RECOGNISING STROKES:

Strokes are more common in older people but can happen at any age.

One way of recognising a stroke is to ask the person to smile. If their smile is lopsided, you will know they have been affected.

The severity of a stroke varies widely and some people make a complete recovery.

Use the **FAST** (Face, Arm, Speech and Time) guide if you suspect a casualty has had a stroke.

F: Facial weakness – ask him/her to smile. If he/she has had a stroke he/she may not be able to smile evenly and the mouth or eye may be droopy

A: Arm weakness – ask him/her to raise his/her arms. He/she may be unable to raise one arm.

S: Speech problems – ask him/her some questions. Can he/she understand what you are saying can he/she speak?

T: Time to call 999 for emergency help

RECOGNISING A HEART ATTACK:

- Severe chest pain that doesn't ease with rest
- Breathlessness and nausea
- Giddiness
- Sense of doom
- Irregular pulse
- Ashen, cold skin and blue lips.

Make the casualty comfortable and get emergency help. Sit casualty in a supported position.

Call 999; ask for an ambulance and say you suspect a heart attack.

CHOKING – FOR ANYONE OVER ONE:

If someone was unable to speak, cough or breathe and had a severe obstruction in their throat, would you know how to help?

1. Give up to 5 back blows between the shoulder blades with the heel of your hand
2. Check the mouth quickly after each one and remove any obvious obstruction, if the obstruction is still present:

3. Give up to 5 abdominal thrusts. Place a clenched fist between the navel and the bottom of the breast bone and pull inwards and upwards. Check the mouth quickly after each one. If the obstruction does not clear after 3 cycles of back blows and abdominal thrusts, dial 999 for an ambulance.

4. Continue cycles of back blows, and abdominal thrusts until help arrives and resuscitate if necessary.

Any casualty who has been given abdominal thrusts must see medical advice.

CHOKING – BABY AGED UP TO ONE YEAR:

A baby can easily choke on food or small objects in the mouth; you need to act quickly to clear the obstruction.

Are they able to breathe, cry or cough? If so, this is a mild case and the obstruction will probably clear on its own. Keep an eye on the baby and make sure their condition doesn't deteriorate. If the baby is not able to breathe, cry or cough then this is a severe case of choking.

You should:

1. Lie the baby face down along your forearm, with their head low
2. Give up to 5 blows between the shoulder blades with the heel of your hand. Check their mouth quickly after each one and remove any obvious obstruction, if the obstruction is still present:
3. Turn the baby onto their back and give up to 5 chest thrusts, with 2 fingers in the middle of the chest pushing inwards and upwards. Check the mouth quickly after each one.

If the obstruction does not clear after 3 cycles of back blows and chest thrusts, dial 999 for an ambulance. Continue cycles of back blows and chest thrust until help arrives and resuscitate if necessary.

Seek medical advice for any baby who has been given chest thrusts.

FAINTING:

Fainting usually has no medical significance, but infrequently it can be a symptom of a more serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known. Discuss recurrent fainting spells with your doctor.

If you feel faint:

Lie down or sit down. To reduce the chance of fainting again, don't get up too quickly.

Place your head between your knees if you sit down.

IF SOMEONE ELSE FAINTS:

Position the person on his or her back. If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level – about 12 inches (30 cm) – if possible. Loosen belts, collars or other restrictive clothing. To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 999 for an ambulance.

Check the person's airway to be sure it's clear. Watch for vomiting.

Check for signs of circulation (breathing, coughing or movement). If absent, begin CPR call 999. Continue CPR until help arrives or the person responds and begins to breathe.

If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

SEVERE BLEEDING:

Your first action is to phone 999.

If the wound is abdominal and organs have been displaced, don't try to push them back into place – cover the wound with a dressing.

Have the injured person lie down and cover the person to prevent loss of body heat. If possible, position the person's head slightly lower than the trunk or elevate the legs. This position reduces the

risk of fainting by increasing blood flow to the brain. If possible, elevate the site of bleeding.

Don't touch or probe the wound or attempt to clean it at this point. Your principal concern is to stop the bleeding. If possible cover the wound with a sterile dressing or a newly washed handkerchief, tea towel or cloth

Apply pressure directly on the wound until the bleeding stops.

Use a sterile bandage or clean cloth and hold continuous pressure for at least 20 minutes without looking to see if the bleeding has stopped. Maintain pressure by binding the wound tightly with a bandage (or a piece of clean cloth) and adhesive tape. Use your hands if nothing else is available. If possible, wear rubber or latex gloves or use a clean plastic bag for protection.

Don't remove the bandage or cloth. If the bleeding continues and seeps through the bandage or other material you are holding on the wound, don't remove it. Instead, add more absorbent material on top of it.

Immobilize the injured body part once the bleeding has stopped.

Leave the bandages in place and get the injured person to the A&E department call 999 again if needed.

Rehydration drinks should also be given if necessary

Painkillers: You can take the recommended dose of paracetamol or ibuprofen if you have a fever or headache. Do not take ibuprofen if you are asthmatic, or have stomach, liver or kidney problems. Liquid paracetamol or ibuprofen can also be given to your child if necessary. Children under 16 should not take aspirin.

FEVER

Fever (raised temperature) is very common in young children with a number of ailments.

Paracetamol (Calpol/Disprol) can be given four to six hourly in the appropriate doses according to the child's age. Tepid sponging may also be necessary. Take off the child's clothes and lay him/her on a towel in a warm place. Sponge him/her all over with tepid water and then pat dry with a towel. Repeat as often as necessary until the child's temperature returns to normal.

Give your child plenty cool drinks as fluid is lost with fever. If he/she is unwilling to drink, encourage small amounts from a favourite cup. You will not make your child worse if you take him/her in a pram or car to see the doctor.