

The self-care continuum

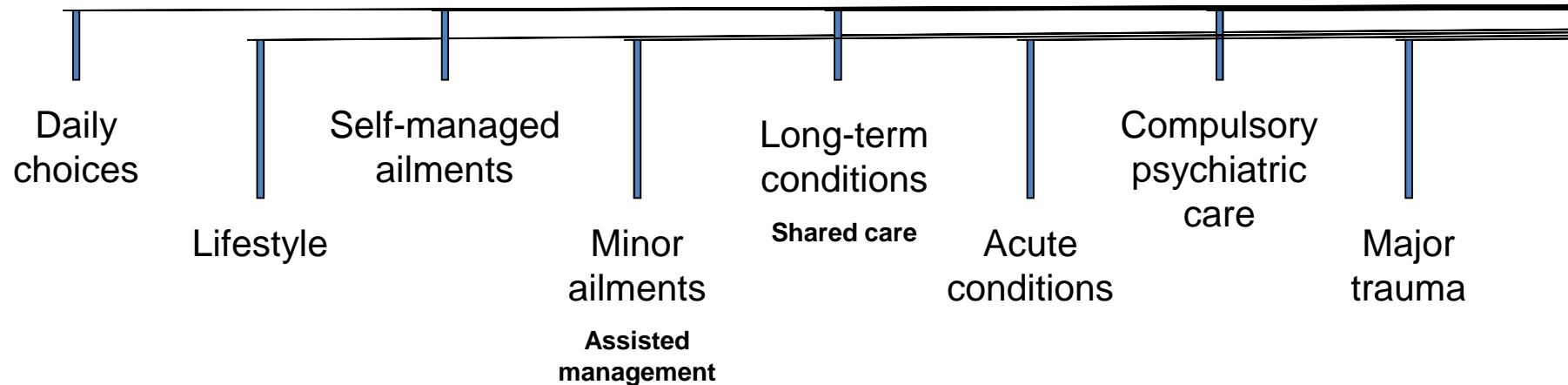
Pure self care

Responsible
individual

Pure medical care

Professional
responsibility

The self-care continuum



Healthy living

Minor ailments

Long-term conditions

In-hospital care

Cough in Adults

This fact sheet helps you to know what's 'normal' and what you can expect to happen if you develop a cough. It also tells you when you should become concerned and seek advice from a health professional.

Useful facts

- **Types of cough** A cough may be *acute*, lasting less than three weeks, or *chronic*, when it may go on for more than eight weeks. Cough can also be dry or productive of sputum (*phlegm*).
- **Frequency** Most adults experience episodes of coughing between two and five times a year, and about one in five people suffer from coughs during the winter months.
- **Rarely serious** Although coughing often impairs people's quality of life, it is rarely due to serious causes and usually gets better by itself.
- **What causes coughs?** Acute cough is most commonly caused by a *viral upper respiratory tract infection (URTI)* due to a cold. A chronic cough is common in smokers and can sometimes suggest an underlying lung problem, but may also be caused by conditions outside the lung, such as heartburn (*gastric reflux*). Cough may also result from taking certain drugs (check the label), asthma, and environmental factors (dusty workplaces, for example).

What can I expect to happen?

- ✓ **Coughing is usually harmless** Although coughs can be distressing (both for yourself and others living or working with you) and a nuisance because they often last for several weeks, acute coughs are almost always harmless and usually start to improve within three weeks.
- ✓ **No need for antibiotics** Antibiotics do not work against viral infections, which cause most acute coughs, and so they may do more harm than good.
- ✓ **Duration** You may easily suffer a dry cough for 3 to 4 weeks after an infection has settled.
- ✓ **Tests** You don't normally need any tests if you suffer from an acute cough.

What can I do myself to get better – now and in the future?

- ✓ **Try not to cough** Although this may sound easier said than done, you may be able to cough less often by trying not to cough, because our desire to cough can sometimes be influenced by our brain.

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- ✓ **Home remedies** Try simple home remedies, such as 'honey and lemon' – just add freshly squeezed juice from one lemon and a teaspoon of honey to a mug of hot water. Drink at least 6 to 9 glasses of water in a day and suck lozenges.
- ✓ **Stop smoking** Smoking is one of the commonest reasons for a chronic cough. Stopping smoking – or at least smoking less – not only improves your cough, but also benefits your health in other ways (reducing the risk of heart attack, stroke, and lung cancer, for example).
- ✓ **Cough mixtures** There is little evidence to say whether over the counter medicines are effective for relieving cough symptoms. Despite the lack of research evidence, you may still get some subjective benefit from over the counter preparations – speak to your pharmacist.
- ✓ **Paracetamol** Paracetamol can help with relieving symptoms that may accompany a cough, such as a sore throat, fevers, and not feeling well.

When should I seek medical help?

Seek medical advice immediately if you feel more unwell than you'd expect, if it starts after you've choked on something, or if you notice any of the warning symptoms below, which in *rare cases* can suggest a more serious underlying cause:

- **Coughing up blood** You cough up blood for no obvious reason.
- **Duration** Your cough is not getting better within three to four weeks.
- **Chest or shoulder pain** In addition to your cough, you have chest and/or shoulder pain.
- **Breathlessness** You also find it difficult to breathe.
- **Weight loss** You're losing weight for no apparent reason over a period of six weeks or more.
- **Voice changes** Your voice becomes hoarse for longer than three weeks, and the hoarseness persists after the cough has settled.
- **New lumps or swellings** You notice new swellings anywhere in the neck or above your collarbones.

Where can I find out more?

Check out NHS Choices (<http://www.nhs.uk/conditions/Cough/Pages/introduction.aspx>) or the Choose Well website (www.choosewellmanchester.org.uk/self-care) for more information on how you can treat and prevent cough. Remember that your pharmacist can also help you with assessing your symptoms.

Fever in Children

This fact sheet helps you to know what's 'normal' and what you can expect to happen if your child develops a fever. It also tells you when you should become concerned and seek advice from a health professional.

Useful facts

- **What is fever?** Fever is a raised body temperature above the normal daily variation, which usually suggests an underlying infection.
- **Fever is often 'normal'** Mild feverish illness is a normal part of childhood – a natural, healthy and harmless response to help the body fight infection.
- **Fever is common** Between around 3 to 7 out of 10 pre-school children develop at least one episode of fever every six to 14 months.
- **Common causes** Common causes of fever include the common cold, ear infections, stomach bugs (*gastroenteritis*), throat- and travel-related infections.
- **Serious causes** Severe infections, such as pneumonia or meningitis, are in *rare* cases the main cause of a fever.
- **Children under six months** Any child under six months of age with a fever should be assessed by a health professional.

What can I expect to happen?

- ✓ **Fever gets better by itself** In most cases, fever is due to a common and harmless illness that gets better by itself – and your child won't need antibiotics.
- ✓ **Duration** Fever should not last for longer than five days.

What can I do to help my child – now and in the future?

- ✓ **Check your child's temperature** In children aged between four weeks and five years, use either an electronic or chemical dot thermometer in your child's arm pit, or an infra-red tympanic thermometer in the ear canal. If you haven't got a thermometer, use your judgement as to whether your child feels abnormally hot.
- ✓ **Clothing** Avoid over- or under-dressing your feverish child.
- ✓ **Heating and cooling** Keep your central heating down. Tepid sponging of children is no longer recommended.
- ✓ **Fluids** Offer your child regular fluids. If you're a breastfeeding mother, offer your child as many feeds as she/he will take.
- ✓ **Body checks** Check your child at night for signs of serious illness (see over).

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- ✓ **Schooling/nursery** It is best to keep feverish children away from nursery or school while the fever persists.
- ✓ **Medication** You can give either *paracetamol* or *ibuprofen* if your child is unwell or appears distressed. Neither should be given routinely just to reduce body temperature or with the aim of preventing fits. Do not give your child paracetamol and ibuprofen at the same time unless advised to do so by a health professional. If your child is still distressed before the next dose of one of these medicines is due, you can consider using the other.

When should I seek medical help?

Rarely, more serious medical problems may cause fever in children. Speak to your child's GP if your child's health gets worse or if you have concerns about looking after your child at home. Also seek medical advice straight away if you notice any of the following:

- **High fever** Usually defined as a body temperature over 38°C in children age 0-3 months or over 39°C in children age 3-6 months.
- **Vomiting** Your child vomits repeatedly, or brings up dark-green vomit.
- **Skin colour** Your child looks pale, ashen, mottled or blue.
- **Activity** Your child doesn't respond normally, wakes only with difficulty, is less active, doesn't smile, appears ill or cries in an unusual way.
- **Breathing** Your child breathes much faster than usual. Your child's nostrils flare, and the skin between the ribs or the area just below the rib cage move abnormally during breaths. You notice abnormal grunting.
- **Hydration** Your child doesn't eat or drink much and doesn't pass as much urine. Nappies stay dry, her or his mouth and eyes appear dry, or in babies, the soft spot at the top of the head appears sunken or bulges.
- **Duration** Your child's fever has persisted for five or more days.
- **Rash** You notice a new rash that doesn't fade on pressure (press a tumbler against the rash to see if it disappears).
- **Other signs** Your child can't walk for some reason and has developed a swelling or new lump in a limb or joint. Your child has a stiff neck, cold limbs or has had a fit. You notice any other unusual symptoms and signs that you can't explain.

Where can I find out more?

Check out the NHS Choices website (<http://www.nhs.uk/Conditions/feverchildren/Pages/Introduction.aspx>) for more information on how you can manage fever in children. Remember that your pharmacist can also help you with assessing your child's symptoms.