

Paediatric Pearls

April 2018

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Previous editions are all available at www.paediatricpearls.co.uk

Sleeping on a sofa or armchair with your baby increases the risk of Sudden Infant Death Syndrome (SIDS) by 50 times.

Thank you to Dr Vicky Agunloye for reminding me that 12th – 18th March was The Lullaby Trust's annual Safer Sleep Week

(<https://www.lullabytrust.org.uk/about-us/safer-sleep-week-2018/>). 4 babies a week in the UK still die from SIDS. A reminder of the risk factors:

Parental smoking, unsafe co-sleeping, sleeping prone, room too hot, unsuitable mattress/bedding, not being breastfed

Advice for parents is at <https://www.lullabytrust.org.uk/safer-sleep-advice/>

Should I treat an incidentally found high ASOT in a well child?

Antistreptolysin O is an antibody produced by Group A streptococci (GAS). Levels rise 1-4 weeks after an infection, peak between week 3 and 5 and may remain detectable for a few weeks after an infection. >200 is abnormal in adults, opinions differ in the literature as to whether children should have the same cut off but most clinicians use this number for everyone. ASOT does not predict which people will get complications of GAS eg. rheumatic fever, glomerulonephritis. [Click here](#) to join the discussion on when ASOT should be measured and what to do with the result!

The sun's come out here in the UK and people are venturing into forests for picnics. Timely then for NICE to spoil the fun and publish its guideline on Lyme Disease ([NG 95](#), April 2018)

- ◆ Caused by a tick-borne spirochaete of the Borrelia species, which is spread by a bite from an infected tick
- ◆ Ticks live in many woodland and grassy areas but only a small number carry the bacteria that causes Lyme disease
- ◆ 2,000 to 3,000 diagnoses each year in England and Wales.
- ◆ erythema migrans rash, [here](#).
- ◆ flu-like symptoms to start with. Other symptoms include migratory inflammatory arthritis, uveitis, pain or numbness, trouble with memory, heart block, pericarditis
- ◆ ELISA and immunospot testing are used for diagnosis but false negatives are possible especially in first 4 weeks
- ◆ treated with doxycycline or amoxicillin



More Information for patients from PHE [here](#). Includes instructions for tick removal with tweezers. Distribution map of UK cases [here](#) as part of a 2017 paper in *BritJGP* on Lyme disease as a cause of Bell's palsy in children as well as adults.

With thanks to Nicci Wotton, safeguarding nurse consultant at Imperial College NHS Trust for this month's safeguarding item.

Today's children are used to filming their lives and sharing with their friends via Snapchat, Instagram etc. Let children know what to do in the event of a terrorist attack - 5 simple actions:

- Run to a place of safety
- Hide
- Turn your phone onto silent
- Turn off vibrate
- Only when safe call police on 999



IN THE RARE EVENT OF a firearms or weapons attack

RUN HIDE TELL



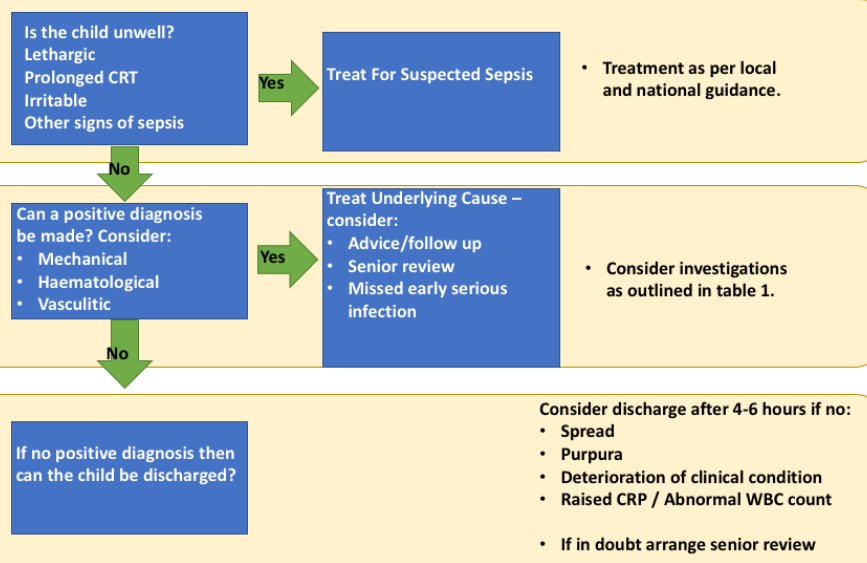
RUN to a place of safety. This is a far better option than to surrender or negotiate. If there's nowhere to go, then...

HIDE. It's better to hide than to confront. Remember to turn your phone to silent and turn off vibrate. Barricade yourself in if you can. Then finally and only when it is safe to do so...

TELL the police by calling 999.

- <https://thecpsu.org.uk/news/2017/september/teaching-young-people-to-run-hide-and-tell/>
- <https://www.egfl.org.uk/news/2017/10/run-hide-tell-advice-young-people>
- <https://www.nspcc.org.uk/what-we-do/news-opinion/supporting-children-worried-about-terrorism/>

Initial investigation of children presenting with a non-blanching rash



The child with the non-blanching rash.

Seasoned readers of Paediatric Pearls will remember Dr Tom Waterfield's excellent, armchair-medicine style "from the literature" series a few years back. Now doing a PhD on clinical decision making in children with signs of infection, he is producing the evidence base himself.

This (without the yellow banner) is the infographic from his recent Best Practice paper in the Archives of Disease in Childhood "15-minute consultation series":

<http://dx.doi.org/10.1136/archdischild-2017-313998>

In the paper he covers the differential diagnoses and advocates a structured approach to spotting the sick child, making a positive diagnosis and discharging the well child safely.

TREAT FOR SUSPECTED SEPSIS IF THERE IS ANY DETERIORATION!

GP Paediatric Sepsis Decision Support Tool from Sepsis Trust [here](#).