Sleeping on a sofa or armchair with your baby increases the risk of Sudden Infant Death Syndrome (SID) 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/

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


GP Paediatric Sepsis Decision Support Tool from Sepsis Trust here.

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 05, 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 can 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.

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.

Initial investigation of children presenting with a non-blanching rash

<table>
<thead>
<tr>
<th>TIME</th>
<th>Is the child unwell?</th>
<th>Is a positive diagnosis be made? Consider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Mechanical, Haematological, Vasculitic</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treatment as per local and national guidance.

Treat Underlying Cause – consider:
- Advice/follow up
- Senior review
- Missed early serious infection
- Consider investigations as outlined in table 1.

If no positive diagnosis then can the child be discharged?
- Consider discharge after 4-6 hours if no:
  - Spread
  - Purpura
  - Deterioration of clinical condition
  - Raised CRP / Abnormal WBC count
  - If in doubt arrange senior review

TREAT FOR SUSPECTED SEPSIS IF THERE IS ANY DETERIORATION!