Paediatric Pearls

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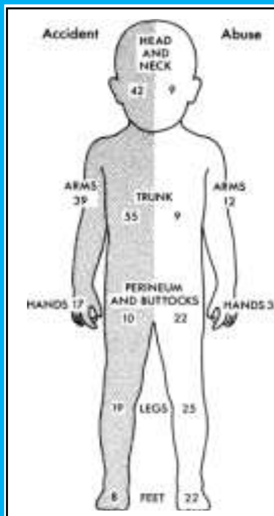
Previous editions are all available at www.paediatricpearls.co.uk

For how long does an ill child need to be off school?

Until they are better clinically really but it can depend on the infection:

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders
Athletes' foot	None
Chicken pox	5 days from onset of rash
Hand, foot and mouth	None
Impetigo	Until lesions are healed or 48 hours after starting antibiotics
Scarlet fever	48 hours after starting antibiotics
Measles	4 days from onset of rash
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting

Click here for the rest of this very useful table from Public Health England.



Safeguarding topic: Thermal injuries

(with thanks to Dr Uma Varma)

- Thermal injuries occur when there is either: lapse in the usual protection, neglect from inadequate or negligent parenting or deliberate, mostly as punishment
- Can present either to primary care or A&E but also noted by school or health visitors.
- Scalds are the commonest type of burns
- Accidental scalds are commonly due to spill injury from hot beverages/ food/ liquid pulled from a height
- Abusive scalds are most commonly immersion injuries from hot tap water.
- How can you tell if they are accidental or not?

Core-info scald triage table here.

Illustration from: Hobbs C. When are burns non-accidental? *ADC* 1986;**61**:357-361

- The risk of non-accidental injury as the cause of a burn increases the further away from the head it is. 10-14% of children admitted to a burns unit had intentional injuries (Kemp et al. *Child Abuse Review*, June 2013).
- Non scald injuries may be caused by a domestic iron, cigarette, hair straighteners or curlers. Should be a clear demarcation of the object.
- Cigarette burns are deep, 1cm wide circles. They can occur in groups and almost inevitably leave small rounded scars.

Systematic reviews of all aspects of child abuse and leaflets produced in collaboration with NSPCC available at http://www.core-info.cardiff.ac.uk/.

Dr Jess Spedding's 7th (and final) Minor Injury Episode: Facial injuries

(see http://www.paediatricpearls.co.uk/wp-content/uploads/Minor-Injuries-Series-head-and-face.pdf for full article)

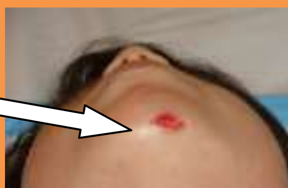
Always think "safeguarding" and "pain relief". "Cosmetic result" also an important thought for facial injuries.

FOREHEAD laceration – use steristrips if not gaping open. Involve maxillo-facial team if near eye, lacrimal gland or wound contaminated, very deep or with ragged edge

LIPS – refer max-fax. Even 1mm misalignment will be visible for life.

EYEBROW – good alignment important and beware lacrimal gland just beneath eyebrow

CHIN – common injury (see image). Steristrips should be enough.



SCALP – bring sides of wound together to prevent infection and promote healing. Not usually necessary to shave head but keep hair out of wound.

NICE on feverish illness (CG160, May 2013)

The National Institute of Health and Clinical Excellence (NICE) updated its fever guideline earlier this year. It offers evidence-based advice on the care of young children (under 5) with a feverish illness and is particularly useful in fever without focus. It is available here, main points and updates summarised below.

☑ Assess all feverish children using the **traffic light table** (click here for 1 page printable PDF), taking into account any disability they may have

☑ Children who are assessed as low risk 'green' can be cared for at home with appropriate advice

☑ If any 'amber' features are present and no diagnosis has been reached, provide parents or carers with a 'safety net' or refer to specialist paediatric care for further assessment. Safety netting includes:

- providing the parent or carer with verbal and/or written information on warning symptoms and how further healthcare can be accessed
- arranging further follow-up at a specified time and place
- liaising with other healthcare professionals, including out-of-hours providers, in case further assessment is required later

☑ Children assessed remotely with 'red' features should be sent for urgent referral

☑ Paracetamol or ibuprofen should not be used with the sole aim of reducing body temperature but can be used to treat the distress caused by fever and being unwell

☑ If paracetamol or ibuprofen are used, give one or the other and only alternate them if the distress persists or recurs before the next dose

☑ There is no evidence that simultaneous use of paracetamol and ibuprofen is an effective approach to reducing body temperature

☑ When a child has been given antipyretics, do not rely on a decrease or lack of decrease in temperature at 1–2 hours to differentiate between serious and non-serious illness

☑ Children with symptoms and signs suggesting pneumonia who are not admitted to hospital should not routinely have a chest X-ray

☑ Do not prescribe oral antibiotics to children with fever without apparent source

Added to all risk groups	• Colour – **relates to skin, lips or tongue** • **Circulation** and hydration
Circulation – in amber	• **Tachycardia:** **> 160 beats/minute, age < 1 year** **> 150 beats/minute, age 1 year - 24 months** **> 140 beats/minute, age 2-5 years**
Moved from red to amber	• **age 3-6 months, temperature ≥39° C**

☑ Information for parents is at http://publications.nice.org.uk/fever-in-children-younger-than-5-years-ifp160#close

House dust mite allergy

House mite allergy is a hypersensitivity to proteins in the excrement of dust mites. It aggravates asthma and eczema and is a cause of perennial rhinitis. Treat children with a non-sedating anti-histamine, a steroid nasal spray and anti-histamine eye drops. Leukotriene inhibitors have helped with symptom relief in adults with perennial allergic rhinitis +/- asthma (Nayak A, Langdon RB. Montelukast in the treatment of allergic rhinitis: an evidence-based review. *Drugs.* 2007;**67**(6):887-901).

Controlling house dust mite numbers *might* help:

- Concentrate on the rooms where the sufferer spends the most time
- Reduce dampness (avoid drying clothes on radiators, air bedding before remaking bed, open windows, reduce central heating
- Prevent build up of dust (put books in closed cases, ornaments in display cabinets, damp dust surfaces and window blinds, vacuum carpets and curtains and mattresses
- Wash bedding at 60°C minimum
- Replace pillows every 6 months, use duvets with synthetic filling, put soft toys in the freezer for 6 – 12 hours to kill the mites
- Replace carpets with wood or tiled floors, wash cotton rugs at 60°C regularly

Information leaflet on cutting down mite numbers at home based on one from www.bsaci.org available here. **There is no guarantee that this reduces symptoms**.