Refeed

Prevention reference above for diagnostic approach can persist for months to decades. Adult onset recognised. Possibly 2% of school children affected, onset usually age

oedematous/itchy papules. See this link for some good pictures:

Management advice to reduce itching / scratching and risk of infection

Distribution can be important:

Differentials may include raised ICP and

metabolic disorders (see

emetic phase helped by lorazepam, hyperhydration and

lorazepam, hyperhydration and

metabolism, preferably in a darkened room

and please let me know if you want to contribute!

We are into autumn next month and the concomitant increase in wheezy episodes and acute exacerbations of asthma.

Written personalisation asthma action plans are recommended as part of patient education and self-management. They should form standard care for all people with asthma and should always be offered following inpatient admission for asthma. Despite clear BTS/SIGN recommendation (http://www.sign.ac.uk/pdf/qrg101.pdf), a 2007 Scottish survey showed only 23% of asthmatic patients received an action plan compared with 67% receiving the correct add-on therapy. (www.patient.co.uk/doctor/asthma-action-plans)

Children’s asthma plans (separate one for the under 5s) can be downloaded from http://www.asthma.org.uk/advice-asthma-and-me and should be filled in by the health professional with the family.

“Do not do recommendations” from NICE:

During the process of guidance development NICE’s independent advisory bodies often identify NHS clinical practices that they recommend should be discontinued completely or should not be used routinely. This may be due to evidence that the practice is not on balance beneficial or a lack of evidence to support its continued use. I will be including some of their “do not do recommendations” from various guidelines relevant to paediatrics in the newsletter over the next 3 or 4 months:

From Urinary tract infection in children (CG54). Published August 2007:

- Asymptomatic bacteriuria in infants and children should not be treated with antibiotics.
- Antibiotic prophylaxis should not be routinely recommended in infants and children following first-time urinary tract infection (UTI).
- Infants and children who do not undergo imaging investigations should not routinely be followed up.
- Infants and children who are asymptomatic following an episode of urinary tract infection (UTI) should not routinely have their urine re-tested for infection.
- Urine-testing strategies for children 3 years or older: If leukocyte esterase is positive and nitrite is negative, a urine sample should be sent for microscopy and culture. Antibiotic treatment for urinary tract infection UTI should not be started unless there is good clinical evidence of UTI for example, obvious urinary symptoms. Leukocyte esterase may be indicative of an infection outside the urinary tract which may need to be managed differently.

From Attention deficit hyperactivity disorder (CG72) Published September 2008

- Primary care practitioners should not make the initial diagnosis or start drug treatment in children or young people with suspected attention deficit hyperactivity disorder (ADHD).
- Drug treatment is not recommended for pre-school children with attention deficit hyperactivity disorder (ADHD).

https://www.nice.org.uk/media/default/sharedlearning/716_716donotobookletfinal.pdf is a list of some of NICE’s “do not do” recommendations (adult mainly), put together by Nottinghamshire Healthcare NHS Trust in December 2013.