Paediatric Pearls

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

SAFEGUARDING update

Redbridge and Waltham Forest Local Safeguarding Children Boards (LSCB) both have a comprehensive range of safeguarding courses. Redbridge's programme 2011-14 downloadable from here. Waltham Forest's for 2011-12 is here.

Whipps Cross employees should do their safeguarding training on-line via the intranet (click on mortar board icon) or from the comfort of your own home (follow the instructions under "Departments", then "Education and training" then "e-learning from anywhere" in the sidebar), the advantage being that the trust then has a record of your up-to-datedness. GPs can access the same training material via the e-learning for healthcare site.

Quick reminder: everyone needs Level 1, people working with any children need Level 2 and those working predominantly with children need Level 3. CPD requirements for Level 3 people are 3 hours of learning per year.

Congenital Torticollis (with thanks to Dr Katie Knight)

Most cases of congenital torticollis are due to sternocleidomastoid muscle (SCM) damage. 0.3% of infants in the first 6 months of life are affected.

History: instrumental delivery? Breech presentation? Oligohydramnios?

Examination: neck (lump, characteristic head positioning), neuro exam

Investigation: fibrosis on ultrasound can confirm torticollis

Management: physiotherapy referral for stretching exercises. Surgical referral is indicated only in cases resistant to conservative management after 6 months.

General advice to parents: reassure regarding lump in neck, allow baby to spend time on their tummy to strengthen neck muscles, encourage full range of head movement (toys, distraction), sit in baby chair to minimise time spent lying down (reduces risk of plagiocephaly).

Long term effects (if untreated): facial asymmetry, scoliosis, plagiocephaly.

In older children presenting with new onset (acquired) torticollis, be vigilant for other neurological signs. See whole article at http://www.paediatricpearls.co.uk/2011/12/torticollis/.

Whipps Cross is one of the 54 participating NHS trusts in a multi-site clinical audit on **managing children with a decreased conscious level**. An RCPCH and College of Emergency Medicine endorsed guideline was produced by the Nottingham based Paediatric Accident and Emergency Research group in 2005 (Management of a Child (aged 0-18) with a decreased conscious level). The DeCon audit will report in February 2012.

Trauma, seizures, intracranial events, infections, intoxication and metabolic illnesses can all lead to a reduced level of consciousness in a child. Indeed this guideline lists 16 possible causes (the 16th being "cause unknown"!). The annual hospital admission rate for head injuries is 381 children per 100,000 while the incidence of non-traumatic coma is 30 children per 100,000 per year. There is an easy to follow algorithm within the guideline as well as a reminder of how to assess a child's conscious level:

Paediatric (< 5yrs) Glasgow Coma Scale

	1	2	3	4	5	6
Eyes	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to speech	Opens eyes spontaneously	N/A	N/A
Verbal	No verbal response	Inconsolable, agitated	Inconsistently inconsolable, moaning	Cries but consolable, inappropriate interactions	Smiles, orients to sounds, follows objects, interacts	N/A
Motor	No motor response	Extension to pain (decerebrate)	Abnormal flexion to pain for an infant (decorticate)	Infant withdraws from pain	Infant withdraws from touch	Infant moves spontaneously or purposefully

A	alert
V	responsive to voice
P	responsive to pain
U	unresponsive

AVPU may be easier to remember

Alkaline phosphatase (ALP)

http://www.labtestsonline.org.uk/ is an excellent resource which acts as a sort of encyclopaedia of lab tests for health professionals and patients alike. This month Dr Amy Rogers has used it to look at why children may get a raised ALP.

- used to help detect liver or bone disorders. gammaGT increases in liver but not bone disease so can be used to differentiate.
- in obstructive hepatic disease, ALP and bilirubin are raised more than ALT or AST. Other way round in hepatitis.
- conditions affecting bone growth (eg. Vit D deficiency) or those causing increased activity of bone cells (eg. metastatic cancer) can affect ALP levels. Children and adolescents normally have higher ALP levels than adults because their bones are growing, and ALP is often very high during a growth spurt, which occurs at different ages in boys and girls.
- occasionally drugs may affect ALP levels; oral contraceptives may decrease levels while anti-epileptics may increase them.

Click here for Whipps' blood test reference ranges for children.

There is a new Map of Medicine care map for cough in children which takes you through a flow chart of possible causes and management steps.

Chronic cough: lasting more than 8 weeks
Recurrent cough: more than two cough episodes per year, not associated with head colds, and lasting more than 7-14 days
Acute cough: onset within the last 3 weeks

Main red flag is inhaled foreign body. Abnormal chest shape, finger clubbing or ill health may point to underlying chronic disease. Most acute coughs are viral.