# Paediatric Pearls

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

## Do not do recommendations from NICE (see August 2014 for explanation)

**Guidance: Nocturnal enuresis (CG111) Publ: October 2010**

- Do not perform urinalysis routinely in children and young people with bedwetting, unless any of the following apply: - bedwetting started in the last few days or weeks - there are daytime symptoms - there are any signs of ill health - there is a history, symptoms or signs suggestive of urinary tract infection - there is a history, symptoms or signs suggestive of diabetes mellitus.
- Do not use desmopressin in the treatment of children and young people who only have daytime wetting.
- Do not routinely measure weight, serum electrolytes, blood pressure and urine osmolality in children and young people being treated with desmopressin for bedwetting.
- Do not use strategies that recommend the interruption of urinary stream or encourage infrequent passing of urine during the day.

**Guidance: Food allergy in children and young people (CG116) Publ: February 2011**

- Do not use oral food challenges to diagnose IgE-mediated food allergy in primary care or community settings.

Paintball warrior in north London

## Not the Christmas BMJ!

A humorous look at an important subject.

Ageing of bruises is a hotly debated topic in the world of children's safeguarding and is not easy to study. Bruises on soft parts of the body not usually exposed to trauma, large bruises with central sparing suggestive of strong force and multiple bruising are all suggestive of physical abuse. So what better subjects to study than a band of 10 year old boys at a paintballing birthday party? Click here for our Christmas BMJ submission which was rejected due to the small sample size. Good luck to anyone wanting to replicate the study with a larger one!

## Dr Andrew Lock's dermatology slot: Eczema: Practical management tips

Improving compliance and understanding makes a huge difference. A 5-10 minute clinic appointment slot makes this challenging. Here are the key points:

**1. Use a bath oil:** Daily bathing is important
**2. Avoid soap:** Soap disturbs barrier function and increases water loss. Use a soap substitute such as aqueous cream, hydromol/epaderm/emulsifying ointment, or dermol 500 (antibacterial)
**3. Emollients:** use in large quantities, even when the skin is clear.
- NICE guidelines recommend 250-500g weekly (should available for use at nursery and school)
- aim to moisturize the skin at least 3 or 4 times daily
**4. Antihistamines:** Non-sedating antihistamines are usually unhelpful. Short term use of sedating antihistamines such as hydroxyzine taken at night, can help children sleep when pruritus is severe.
**5. Topical steroids:** Generally, patients don't apply enough and don't apply steroids properly.
Mild topical steroids (eg. Hydrocortisone 1% ointment) - use on face, BD
Moderate (e.g. eumovate ointment) or potent topical steroids (e.g. betnovate ointment) - rest of body, BD
**6. Topical immunomodulators:** see PCDS link below

How much steroid am I supposed to apply? - the "fingertip unit" is clear and easy for parents: http://medical.cdn.patient.co.uk/pdf/4854.pdf
Topical steroids (pdf factsheets on topical steroids and steroid phobia): http://www.eczema.org/corticosteroids
Emollients (including how to apply properly): http://www.eczema.org/emollients

An excellent article from the PCDS on all aspects of atopic eczema: http://www.pcds.org.uk/images/stories/pcdsbad-eczema.pdf (printable PDF)
http://www.pcds.org.uk/clinical-guidance/atopic-eczema

**West Suffolk's new 2 page guide to eczema management available here.**

Public Health England has confirmed that the 'flu season has started. Click here for last week's press release.

**Which children should have the 'flu vaccination?**

- All 2,3 and 4 year olds (date of birth between 02/09/2009 and 01/09/2012)- given as a nasal spray
- Children aged 6/12 to 2 years with long term health conditions (including ex-preterm infants with chronic lung disease, congenital heart disease) – 'flu jab
- Children aged 2 – 17 years with long term health conditions (asthma, diabetes, heart or lung disease)– nasal spray. NB: a subgroup of 2-9 yr olds who have not had a 'flu vaccine before need a booster 4 weeks later.

**Contraindications to nasal spray vaccination**

- Temporary – heavy cold, wheezy episode (wait a week)
- Permanent – egg allergy, severe asthma on oral steroids, immunocompromise, allergy to neomycin or gelatine.

Click here for the NHS site to help parents find out whether their child should be vaccinated. Covers rules for vaccination of adults too.

**Comprehensive professional reference at http://www.patient.co.uk/doctor/Influenza-Vaccination**

## Calprotectin

"Faecal calprotectin testing is recommended by NICE as an option to help doctors distinguish between inflammatory bowel diseases, such as Crohn's disease and ulcerative colitis, and non-inflammatory bowel diseases, such as irritable bowel syndrome." https://www.nice.org.uk/guidance/dg11 Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel, October 2013

In children, a level of 50 mcg/g has a sensitivity of 99% and a specificity of 74% as a means of distinguishing IBD from non-IBD, and a calprotectin load of 100 mcg/g has a sensitivity of 94% and a specificity of 82%.

A normal faecal calprotectin result means that GI signs and symptoms are probably due to a non-inflammatory bowel disorder. Eg. irritable bowel syndrome (IBS) and viral gastrointestinal infections. In people with normal faecal calprotectin results, an endoscopy is less likely to be indicated.

Calprotectin may be low even when inflammation is present. False negatives are most frequently seen in children. See Lab tests online site.

False positives occur in bacterial and parasitic infections, colorectal cancer and NSAIDs, none of which are very common in UK paediatric practice.

## Useful atopy downloads:

Personalisable paediatric allergy plans from BSACI. Fill it in on –line for your patients and print it off for their nursery, school, fridge door and Granny.

Individualisable paediatric asthma plans from Asthma UK. Every family with a wheezy child should have one to remind them which inhaler is which, how to recognise an emergency and what to do in that event.

Dr Sahota's individualisable eczema plans are available here. Drop down menus so you can choose which emollients, bath wash and steroids you are giving to your patients, merge it all into an information leaflet which tells them when to increase their medication for flare ups too and print it off for them.