Sleep problems affect the whole family's well being. Dr Sophia Darsesopoulos, paediatric registrar at Whipps, has put together a series on sleep disorders for Paediatric Pearls, with help from Dr Paul Grigoras, professor of paediatric sleep medicine at King’s College Hospital.

Sleep impacts on many areas of life, including:
- Learning and memory
- Growth – growth hormone secretion is enhanced by sleep (highest in slow wave sleep, lowest in REM sleep
- Immunity – sleep deprivation impairs host defences and interferes with nocturnal secretion of cytokines
- Endocrine/Metabolic – sleep deprivation disrupts early morning peak in cortisol, and midnight TSH peak. May be linked with obesity
- Injuries – increase when sleep deprived

Sleep disorders
- Won’t/can’t fall asleep
- Sleep onset insomnia
- Disorders of initiating + maintaining sleep (DIMS)
- Delayed sleep phase
- Disturbances of sleep schedule
- Unusual behaviours in sleep
  - Parasomnias
    - Sleep walking/sleep talking
    - Night terrors
    - Sleep paralysis
  - Nocturnal enuresis
- Daytime somnolence
  - Narcolepsy
  - Obstructive sleep apnoea
  - Sleepiness with periodic limb movements
  - Mood problems


This is not a new guideline but we have a lot of it about at the moment as it is nearly always linked to a viral URTI. http://www.cks.nhs.uk/otitis_media_acute has a more up to date summary of management in primary care (or the ED) of the initial presentation, recurrent acute otitis media (AOM) and persistent cases.

- Definition of AOM: rapid onset inflammation with local (pain or tugging at ear) and/or systemic features (fever, crying, poor sleep).
- Diagnosed on history and examination of ears. Tympanic membrane bulging red or yellow.
- 1 in 4 children will have an episode of otitis media before the age of 10 and 75% of cases of otitis media are in children under 10, probably to do with the anatomy and angle of the Eustachian tube in children.
- 98% of cases in US and Australia are treated with antibiotics. 31% in Netherlands. SIGN suggests a delayed antibiotic approach – use after 72 hours if child not better. Amoxicillin or erythromycin for 5 days are first line in the UK.
- Decongestants or antihistamines are of no use in otitis media, neither are oils.
- Children with more than 4 episodes in a 6 month period or with a chronic perforation of their tympanic membrane should be referred to ENT
- Children with otitis media with effusion (OME or glue ear) should not be treated with antibiotics, decongestants, steroids or antihistamines.
- If over 3 yrs old with speech or behavioural problems and persistent bilateral OME, refer to ENT and audiology. Younger ones also need to go to audiology if there is a hearing deficit.
- There is an association between OME and parental smoking.
- Grommet insertion is not a contraindication to swimming but putting on one’s head underwater in a soapy bath is not a good idea.

Dr Jess Spedding’s Minor Injuries Series
Episode 3: The Paediatric Ankle Injury

These are the most common presenting complaints to Emergency Departments, and their mechanism is usually ‘going over’ on the ankle, often whilst walking, running, going down stairs or playing sports. In children ligaments are surprisingly strong whilst the bones are less so when compared with adults.

Undress the child to above the knee (at least) and compare the 2 sides to allow proper evaluation of size/defority/swelling

A significant bony or ligamentous ankle injury is uncommon without swelling. Bruising also points toward bony injury and occurs within a few hours of fractures.

Follow the orthopaedic mantra of look, feel, move taking care not to cause undue distress to a scared child.

Remember to assess proximally to the knee – proximal fibula fractures are a possibility in inversion injuries so make sure you have palpated well at the knee to know you do not need a tib/fib xray in addition to the ankle xray

Remember also the foot – an eversion injury tends to cause EITHER a lateral ankle injury OR a base of 5th metatarsal injury (the bony prominence on your lateral foot half way down) so always check the pain is actually originating from the ankle and not this bone – if it is, xray the foot

Remember the Ottawa ankle rules?

Click here for these and more pearls from Jess on assessing the paediatric ankle.

First afibrile seizure: did you know the child is supposed to have an ECG, full neurological examination and developmental history documented in the ED notes? A recent national audit suggests we don’t all know that... Click here for our local guideline on management of the first seizure and let’s try and do better next year.