**Child trafficking** is the recruitment and movement of children for the purpose of exploitation. It is child abuse. Approximately 300 victims of child trafficking are seen in the UK each year, including children who need protection and who are physically in the UK, as well as victims trafficked into the UK – including from Europe and Asia – to fulfill demand for a variety of exploitations, including child prostitution, begging, domestic work, child labor, or forced marriage. The Children Act 1989 and 2004 applies to all children and adults. January 2014 www.guidance.nice.org.uk/cg176

Each year, 1.4 million people attend EDs in England and Wales with a recent head injury. 33% - 50% of these are children <15 years. Mortality is very low at 0.2% (particularly rare in people presenting with GCS >12). In 25-30% of children <2 with a head injury the cause is abusive.

Perform a CT head within 1 hour if:
- Suspicion of NAI
- Post-traumatic seizure but no history of epilepsy
- GCS <14 at presentation or <15 at 2 hours, or for children under 1 year GCS (paediatric) <15 on presentation
- Suspected open or depressed skull fracture or tense fontanelle
- Any sign of basal skull fracture (haemotympanum, ‘panda’ eyes (picture here), CSF leakage from the ear or nose, Battle’s sign (click for picture))
- Focal neurological deficit
- <1 year, with a bruise, swelling or laceration >5cm on the head

Also CT those with more than one of the following:
- Loss of consciousness lasting more than 5 minutes (witnessed)
- Abnormal drowsiness
- Three or more discrete episodes of vomiting
- Dangerous mechanism of injury
- Amnesia (antegrade or retrograde) lasting more than 5 minutes.

Click here for the updated algorithms for adults and children on head and cervical spine imaging. Those with just 1 of these risk factors should be observed for 4 hours. Patients should have verbal and printed discharge advice though unfortunately NICE currently only provides an advice sheet suitable for >16yr olds who have sustained a head injury. Try this sensible Australian one as an alternative.


I have uploaded some excellent new additions to the primary care guidelines page, with thanks to Drs Rachel Casey (GP), Dr Raman Lakshman (paediatrician, West Suffolk hospital) and Hannah Neumann-May (project manager, West Suffolk CCG). Asthma assessment and management guidelines, one of which will be useful for children going home from the ED too. Also a helpful 1 page summary on GORD and a succinct reminder of the updated NICE fever traffic light system including guidelines for remote assessors.

Dr Tom Waterfield asks: Do antipyretics prevent febrile convulsions?

Febrile convulsions are common in the UK affecting 2-4% of children. They typically occur in children aged between 6 months and 6 years and there may be a family history. The condition is typically benign with most children growing out it; there is no link between simple febrile convulsions and epilepsy. Despite this however, febrile convulsions remain a source of significant parental anxiety and I was reminded of this earlier in the week when a parent explained how they had been giving their child regular paracetamol during a recent viral illness to prevent a febrile convulsion. So how effective is this strategy?

A Cochrane review published in April 2012 combined data from 36 studies (26 randomised) including 2740 children over 45 years and found no benefit of antipyretics (Paracetamol/Ibuprofen) (1). A further meta-analysis of three studies (540 patients) published earlier this year in the European Journal of Paediatric Neurology again found no statistically significant effect of antipyretic prophylaxis on the recurrence rates of febrile convulsions (2).

Prophylactic antipyretic medications have no role in the management of febrile convulsions and parents should be reassured with regards to the benign nature of the illness and given basic first aid advice. As doctors we should not recommend prophylactic antipyretic medication for the prevention of febrile convulsions.

Dr Raman Lakshman asks: What advice do you give parents who are breastfeeding?

There is no evidence that breastfeeding is harmful to the mother or child during a febrile convulsion. Breastfeeding has many benefits so this should be encouraged. However, if the mother is in significant pain, it may be helpful to provide her with additional breastfeeding support during this period, such as the MSF guide. We need to provide parents with appropriate information, especially when managing a new condition. The UKU guidelines are a useful resource. It is worth reassuring parents that it is probably a one-off event and that further episodes are unusual. You can also reassure them that the child is probably not more at risk of having another febrile convulsion. Dr Tom Waterfield asks: Can you provide advice on feeding a child who has had a febrile convulsion?

There is no evidence that the child is more likely to vomit or be constipated following a febrile convulsion. It is important to provide the child with small, frequent feeds and to try to maintain good hydration. Gastro-oesophageal reflux (GORD) is common in young children and can occur in children following a febrile convulsion. It is important to reassure parents that this is probably not associated with the convulsion itself. It is worth explaining that GORD management can have a beneficial effect on their child’s overall health and wellbeing, such as preventing regurgitation and aspiration. It may be helpful to provide parents with further information, such as that on the website www.sleepfoundation.org, which can be reassuring. You can also reassure parents that a consultation with a sleep specialist may be helpful. Many parents are often concerned about their child’s sleep following a febrile convulsion. You can reassure parents that this is probably a one-off event and that further episodes are unusual. It is likely that the child will go back to their normal sleeping pattern. It is important to provide parents with appropriate information, especially when managing a new condition. The UKU guidelines are a useful resource.