Paediatric Pearls

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

Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people. Publ Jan 2015 http://www.nice.org.uk/guidance/ng1

Gastro-oesophageal reflux (GOR) is a normal physiological process of effortlessly regurgitating milk, recognised in 40% of newborns. Starts < 8 weeks of age. More common if preterm or have a neurodisability. Does not usually need any investigations. If the baby is unduly distressed or fails to thrive, GOR becomes GOR**D** (for disease) and medical management may have a place. Reassurance is all that is usually necessary. Resolves in 90% of infants before age of 1 year.

Click here for NICE's table of 'red flag' symptoms suggesting disorders other than gastro-oesophageal reflux.

Initial management (numbered notes are mine, not NICE's):

Breastfed infants
- Ensure appropriate assessment of feeding
- Consider a trial of an alginate (eg Gaviscon)

Bottle fed infants
- Ensure baby is not being overfed[1]
- Try smaller, more frequent feeds
- Offer a trial of thickened formula[2]
- If unsuccessful, stop the thickened formula and try an alginate[3]

[1] 150mls/kg/24hrs is appropriate. More than 200mls/kg/24hrs is too much.
[2] only Carobel is licensed for adding to milk of <1 yr olds. SMA Staydown and Enfamil AR are thickened formulas. See BNFc for other options for older children.
[3] alginates and antacids should not be given in conjunction with a thickened formula

Pharmacological management:
- Try a 4 week trial of a PPI (eg omeprazole, lansoprazole) or an H_2 receptor antagonist (eg. ranitidine) if there is regurgitation and at least 1 of the following:
  - Unexplained feeding difficulties
  - Distressed behaviour
  - Faltering growth
- Do not use domperidone, erythromycin or metoclopramide except under specialist supervision because of these drugs' side effect profiles.

When to refer:
- GOR persisting beyond 1 year
- haematemesis not caused by swallowed blood, melaena
- unexplained distress in children and young people with communication difficulties
- retrosternal, epigastric or upper abdominal pain that needs ongoing medical therapy
- feeding aversion and a history of regurgitation
- unexplained iron-deficiency anaemia
- a suspected diagnosis of Sandifer's syndrome (episodic torticollis with neck extension and rotation)
- reflux oesophagitis
- recurrent aspiration pneumonia
- frequent otitis media (more than 3 episodes in 6 months)
- dental erosion in a child or young person with a neurodisability

GORD support group: http://www.livingwithreflux.org/
Parent information leaflet available from NICE by clicking here.
Very good, comprehensive handout on crying babies here.

Viral exanthems by Dr Andrew Lock (link to whole PDF here)

1. Roseola infantum (see January 2015 newsletter)

2. **Pityriasis rosea**
   - viral, possibly HHV 6/7
   - Starts with a "herald patch"- plaque that appears days before rest of rash. Oval pink, several cm in diameter, collarette of scale inside the outer edge. Usually located on trunk
   - Oval pink dry plaques then appear on trunk +/- proximal limbs (not usually on the face or sacral areas)
   - Lasts 6-12 weeks
   - The plaques usually follow skin tension lines on the trunk, to give a "christmas tree" pattern.
   - Child will be well. The rash may be itchy
   - PHE recommended period of quarantine from school/nursery: not listed but see HHV6 - none

Pictures: http://www.dermnetnz.org/viral/pityriasis-rosea-imgs.html

1 in 10 children have speech and language difficulties.

"Speech, Language and Communication Needs (SLCN) in Key Stage 1 becomes a literacy difficulty in Key Stage 2 and a behaviour difficulty in Key Stage 3"
http://www.worcestershire.gov.uk/info/20202/identification_of_slcn

http://www.talkingpoint.org.uk/ is a site full of resources and information on children's communication. Separate pages for GPs, HVs, SALTs and parents. Includes links to lists of local resources by postcode.

Language development starts early. Print off for parents how to encourage communication for babies aged 0-3 months. Fliers for other ages also available.

Top 10 tips for parents to develop their child's speech and language in English, Urdu, Bengali and other local languages.

Talking Point houses rather a rudimentary on-line check as to whether a child requires referral to a speech and language therapist. Alternatively, Worcestershire has an excellent referral form for professionals which reminds us all of the red flags at different ages.

The Allergy Academy has just published its Spring programme (see below). They really are very useful courses – if you don't keep up to date with this field, your patients will outstrip you! Visit http://www.allergyacademy.org for more information and to book your place. Prices are usually very reasonable.

Update in Paediatric Allergy – Tuesday 10th March
Following the success of the 3-day Practical Paediatric Allergy course last year, this day will provide an update on the management of a variety of paediatric allergic diseases, with an insight into recent research and its clinical implications.

Practical Allergy in Primary Care – Tuesday 21st April
This interactive study day will take a practical look at the management of a wide range of allergic diseases, including guidance for current best practice and common clinical scenarios encountered in primary care. **Only £20-£50 if you book by 10th March for this one! Lots about CMPA this year. We are still getting referrals from practitioners muddling up lactose intolerance and cows milk protein allergy. They are not the same thing and mild-moderate CMPA is easily manageable in primary care (see http://cowsmilkallergyguidelines.co.uk/ as well).**

Practical Allergy for Nurses – Friday 5th June
This study day will provide a solid foundation for nurses who are new to allergy as well as an update for those already working in the field. The day will be interactive, with case studies to illustrate theory, and more practical workshops.

9th Allergy Academy Food Allergy Study Day – Wednesday 24th June
This hugely popular day is now in its 9th year and will be held in the prestigious setting of the Royal Society of Medicine. It is aimed at health care professionals who regularly manage children with food allergy. The day will include an overview of recent research and its implications in clinical practice.

You might want to consider printing off these Resus cards and laminating them for your ED department. Put together by Drs Amutha Anpananthar and Natalina Sutton, they give you the drug doses needed (as per APLS guide-lines) according to the age of the child in front of you.

No more difficult times-tables in stressful situations..

Download the cards as one PDF document here.

8 Year old

Weight: (3 x age) +7		**31 Kg**
Energy:(4J/kg=124)		**150 J**
ET Tube:		**5.5, 6.0, 6.5**
Fluid:(20ml/kg)		**620ml of 0.9% saline**
10ml/kg in trauma /cardiac / DKA		**310mls of 0.9% saline**
Adrenaline: (0.1ml/kg)		**3.1ml of 1:10 000 IV**
Glucose:(2ml/kg)		**62ml of 10% Dex**
Followed by infusion of 5ml/kg/hr of 10% Dextrose + 0.45% saline		
Diazepam (PR):		10mg
Midazolam (buccal):		7.5mg
Lorazepam(0.1mg/kg):		Max 3.1mg (give in aliquots)
Phenytoin IV (20mg/kg):		620mg
Phenobarbitone IV (20mg/kg):		620mg
Paraldehyde PR	**undiluted**	(max 10ml): 10ml
	diluted	(max 20ml): 20ml
Amiodarone (5mg/kg):		155mg