Paediatric Pearls

Joint GP and ED update October 2011

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

Neurodevelopment series

I have decided to run both the feeding and the neurodevelopment series side by side in the forthcoming newsletters as each article takes quite a bit of work and liaison with the multidisciplinary team. Dr Amy Rogers, paediatric registrar, kicks off the series this month with a look at motor development, what to look out for and when to refer to community paediatricians. As a bottom shuffler myself (a few years ago...) and my oldest child having used the same method of locomotion I know what it is not to be walking by 18 months. So I am particularly fond of the table below reproduced from Robson P. Prewalking locomotor movements and their use in predicting standing and walking. *Child Care Health Dev* 1984;**10**:317-30. It shows the 97th centile of age of walking according to how the child gets about *before* getting up and walking.

Pre-walking movement pattern and motor milestones (97th percentile)

Movement pattern	*Sitting (months)*	*Crawling (months)*	*Walking (months)*
Crawling	12	13	18.5
None - stand and walk	11.5		14.5
Creeping	13	15	30.5
Rolling	13	14.5	24.5
Bottom Shuffling	15		27

Read Dr Rogers' full article here and feel free to leave comments.

Child bereavement

Children deal with death in different ways according to their age and stage of development. The finality of death is often incomprehensible to the under 5s, 5-9 year olds may be frightened of it as an entity and although the over 9s are more likely to have a more adult understanding of it, they may still tend towards acting out their grief instead of talking about it.

Tips from Zig Zag for explaining bad news to children:

- Tell them the news in a truthful and sensitive manner
- Use age-appropriate language and avoid abstract explanations
- Make sure you have plenty of time to answer the child's questions and be aware that some questions come later, out of the blue
- You may need to explain a few times
- Tell the child's teachers
- The child's behaviour may change for a while

I have put more information on this topic and on services in our area for bereaved children, including referral forms, at http://www.paediatricpearls.co.uk/2011/10/child-bereavement/.

Nationally, the Child Bereavement Charity exists to support children who have been bereaved as well as families who have lost a child. It also supports professionals and runs courses (which I can recommend) on dealing with child bereavement.

Head lice

A letter to the editor of Archives of disease in Childhood this month suggests that severe head lice infestation (pediculosis) might cause iron deficiency anaemia.

80% of cases affect school aged children. 10% of primary school children have them at any one time. There is no evidence that lice prefer clean to dirty hair.

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HeadLice/ has more facts on head lice.

http://www.chc.org is a charity which advocates "bug-busting" as a non-chemical means of getting rid of them (click on icon above). You can prescribe these kits.

There is a Clinical Knowledge Summary on this topic available here.

Feeling itchy?

PEWS (or PAWS) in the literature (Dr Anil Krishnaiah)

This pilot study was conducted in Sunderland to validate the Paediatric Advanced Warning Scores (PAWS) system by performing a retrospective analysis of 50 consecutive children attending the ED who required admission directly to the paediatric intensive care unit (PICU). A control group of 50 consecutive children who were admitted from the ED to the general paediatric ward within the same time period was also identified. The PAWS in the two groups were compared to see whether the PAWS chart would be able to identify those children in need of admission to a critical care area. Primarily the aim of this study was to design and validate a scoring system to identify children attending the ED in need of urgent intervention. At a (fairly low – Ed.) trigger score of 3, the PAWS was able to identify those children requiring admission to the PICU with a sensitivity of 70% and a specificity of 90%. The PAWS chart may show promise as a "rule-in" tool for PICU admission. **The PAWS score: validation of an early warning scoring system for the initial assessment of children in the emergency department. P Egdell, L Finlay, D K Pedley** *Emerg Med J* 2008;**25**:745-749 doi:10.1136/emj.2007.054965

Read more on this subject at http://www.paediatricpearls.co.uk/2011/10/early-warning-scores-in-the-ed/