### Minor Injuries Series, part 2: The Elbow Xray and Supracondylar fracture:

Full article by Dr Less Speeding, Paediatric Emergency Medicine registrar, available on website (click on link).

CRITOL (or CRITOE) refers to the centres of ossification around a child’s elbow.

**CHRONIC COUGH:** > 8/52 duration. Red flags include weight loss, relentlessly progressive cough, haemoptysis, neonatal onset, cough with feeding. Consider a chest X-ray if: concerned about a possible foreign body, uncertain about a pneumonia diagnosis (ie. concern about a possible empyema). Straightforward pneumonia does not require an X-ray, unusual clinical course or concerns about a chronic respiratory disorder.

- OTC medications are only for over 6’s and as beneficial as a placebo.
- Bronchodilators do not help non-asthmatics.
- Use a macrolide antibiotic in the first 1-2 weeks of pertussis infection.
- Allergic cough is helped by antihistamines and intranasal steroids.

### Language development pyramid – typical stages of development

There is more to language than speaking....

- Babies learn eye contact and turn taking from birth.
- 3-4 year olds can follow short stories.
- 5-6 year olds can tell you one.
- The first year their sounds are “p.w.b.m” and vowels. Multisyllabic words (eg. hospital) are still a problem for many 5 year olds. Speech is mature by 7 years.


### When to refer to a speech therapist:

- **18/12:** If child not using 20 words, not demonstrating pretend play eg. feeding a teddy, not giving or showing parent correct item when asked eg. “Where is the bath”?
- **24/12:** If child not pointing at parts of body, not following 2 key word instructions eg. “Give the spoon to Jack”, not putting 2 words together eg. “Mummy gone”.
- **36/12:** If child not understanding 3 key word instruction eg. “Put the pencil under the table”, not interacting with peers, speech not fluent and intelligible to most familiar people.

### Vitamin D deficiency to the British Paediatric Surveillance Unit. We have also seen 2 babies this year at Whipps with cardiomyopathy secondary to vitamin D deficiency. Please could all GPs, health visitors and midwives look at the DoH guidance on this and ensure your at risk populations are getting supplements? R J Moy et al wrote about their universal use of Healthy Start vitamins in Birmingham in Archives of Disease in Childhood, Nov 2012. Their public health action led to a significant decrease in cases of symptomatic vitamin D deficiency in the under 5s (49/100 000 instead of 120/100 000) despite supplement uptake rate rising to only 17%. Can we do even better?

My current “most used Paediatric Pearls pages” in outpatients and the ED:

- **Vitamin D, BSACI egg allergy** – home food tolerance test, link to Movicol (published in Nursing Times) “choose your poo” picture, assessment of wheeze severity, summary of NICE guideline on antibiotics in URTIs, link to a good leaflet on functional abdominal pain, and a link to one on innocent heart murmurs.

- **What Google tells me most visitors to the site are looking at:**
  - Fontanelles, head circumferences and plagiocephaly
  - APLS guidelines (WETF[L]AG mnemonic)

### Recommendations for the Assessment and Management of Cough in Children.

Produced by British Thoracic Society Cough Guideline Group; a sub-committee of the Standards of Care Committee of the British Thoracic Society - Thorax 2008, 63 (Suppl III) iii1-iii15. Full text downloadable [here](http://www.paediatricpearls.co.uk/2012/02/08/stages-of-normal-speech-development/).

The Map of Medicine has a great flowchart for the management of childhood cough but you have to have a password for that site now. It is based on the BTS 2008 guideline freely available at the link above and summarised below.

**ACUTE COUGH:** < 3/52 duration. Most caused by viral infection, of which children will have an average of 8 a year, mostly in the winter. Complications are unlikely if there is no fever, tachypnoea or chest signs. Antibiotics are unnecessary.

**PROLONGED ACUTE COUGH:** 3-8/52 duration. Most coughs last up to 2/52. Pertussis and post-viral cough can go on for a bit longer. We have a pertussis outbreak at the moment. See HPA website for advice on how to test and treat whooping cough. HPA patient information leaflet [here](http://www.paediatricpearls.co.uk/2012/02/08/stages-of-normal-speech-development/).

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**Recommended regimens**: 

- Prednisolone 1mg/kg daily for 5 days.
- Azithromycin 10mg/kg daily for 3 days.

**What to refer**: 

- To ENT if it gets worse or won’t settle.
- To a speech and language therapist, if it persists beyond the typical stages of development.If it is a new referral, it would be helpful to have a copy of the child’s latest speech assessment.

- To a psychologist for children > 5 years old. 

### Reference:

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Patient.co.uk has an information leaflet for parents on childhood cough.

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