Changes in Basic Paediatric Life Support (2015)

- The duration of delivering a breath is about 1 second, to coincide with adult practice.
- For chest compressions, the lower sternum should be depressed by at least one third the anterior-posterior diameter of the chest, or by 4 cm for the infant and 5 cm for the child.

A3 and A4 posters of neonatal and paediatric resuscitation algorithms available for downloading/printing at https://www.resus.org.uk/resuscitation-guidelines/

Changes in Advanced Paediatric Life Support (2015)

- If there are no signs of septic shock, children with a febrile illness should receive fluid with caution followed by reassessment. In some forms of septic shock, restricted fluid therapy with isotonic crystalloid may be more beneficial than the liberal use of fluids.
- For cardioversion of SVT, the initial dose has been revised to 1 J kg⁻¹.
- Prevent fever in children who have return of spontaneous circulation (ROSC) from an out-of-hospital cardiac arrest.
- Targeted temperature management of children post-ROSC should comprise treatment with either normothermia or mild hypothermia.

I have an interest in international paediatrics and am involved in facilitating a Newborn Care Course for health care professionals in Cameroon and in training local instructors. Read more about it (and donate money if you wish) at https://www.justgiving/crowdfunding/julia-thomson, Cameroon-instructors-project
https://globalhealthmedia.org/videos/smallbaby/ have uploaded some new videos on caring for the small baby inresource- poor areas of the world. There are 2 fantastic ones for new mothers on cup feeding and expressing colostrum, the first breastmilk. They are as applicable to the UK as to the Indian subcontinent and Africa where they were filmed.

URINALYSIS — WHAT EACH COMPONENT MEANS...

- SPECIFIC GRAVITY (SG) - measures concentration of urine
- NORMAL range varies by lab but roughly 1.005 to 1.030
- < 1.005 – diabetes insipidus, fluid overload, pyelonephritis
- > 1.030 – dehydration, glycosuria, SIADH

www.lifeinthefastlane.com has a great article describing the components of the humble urine dipstick and what we might learn from it. It is available here and I am going to borrow extensively from Dr Mike Cadogan’s work over the next few months but try to put a paediatric slant on it.

1) SPECIFIC GRAVITY (SG) - measures concentration of urine

Falsely high in proteinuria, falsely low in alkaline urine

Remember to wait for 60 seconds before reading the dipstick
If using an automated dipstick reader, ensure it is clean before use
Whilst SG does go up in a dehydrated child, it has poor specificity on its own as a marker for dehydration. Better indicators at http://www.fpnotebook.com/peds/FEN/PdtrcDhydrtn.htm
Information for parents on collecting and testing urine available here.

Lifecycle of a gang member

Typical signs that someone may be involved in a gang:

- Frequent ED attendances following injuries such as hand and wrist injuries, stab wounds, facial and head injuries.
- Carrying two phones. (one modern phone, one older phone where data can be easily erased)
- Big groups of mainly boys asking for the whereabouts of patients admitted with injuries.
- Brought in by police/unsociable hours
- Acid attacks (latest trend in Newham)

With thanks to Laura Hudson for this month and last month’s safeguarding text boxes on gangs. More information at https://www.walthamforest.gov.uk/enough-is-enough