Paediatric Pearls

July 2012

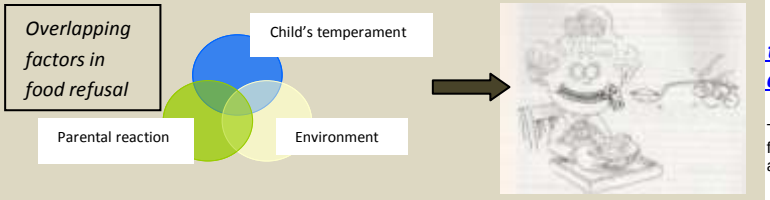
Put together by: Dr Julia Thomson, Consultant Paediatrician, julia.thomson@bartshealth.nhs.uk

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

Help! My Child Won't Eat

This is the title of an 8 page booklet produced by the paediatric branch of the British Dietetic Association. You can download it with "sample" stamped all over it here or order them here. Health visitors often have a supply of them. The dieticians at Poole Hospital have paraphrased it in a handout available here. The main messages are:

- No force feeding
- Allow messy play & child to take part in feeding self
- Meal times should last no longer than 30 mins
- Avoid disorganised, disturbed, noisy mealtimes. Should sit with family if practical
- Don't offer alternatives to main meal (definitely not milk)
- Stay calm
- Aim for a routine
- Make food fun
- Keep offering new foods even if refused at first
- Praise and positive reinforcement
- Involve child in food preparation, baking, meal planning, setting table



Feeding disorders may affect 25 – 40% of young children. Bad dentition, reflux, tonsillar hypertrophy or allergies are all possible organic causes but in at least 35%, the problem is just picky eating. More on this topic, courtesy of paediatric consultant Dr Ann Duthie, at http://www.paediatricpearls.co.uk/2012/07/feeding-disorders/.

The British Dietetic Association has a number of free-to-download fact sheets on diet, vitamins, weaning, allergies as well as some adult dietary topics at http://www.bda.uk.com/foodfacts/index.html.

My Child Won't Eat, a book available from Amazon, has some rave reviews and may be helpful for some of our patients' parents to buy.

How to work out the QTc on an ECG

QTc outside of the neonatal period is not age dependent
Normal is ≤ 440 ms

Corrected QT = **Qt interval** (beginning of Q to end of T)
√RR interval (RR = 60/heart rate)

QTc calculator here. Quick guide to reading paediatric ECGs here.

Healthy Start Vitamins

The DoH has made it clear that ***all children between the ages of 6 months and 5 years who are taking less than 500mls of formula milk per day need a vitamin D supplement***.

Breastfed babies of women who are likely to be vitamin D deficient themselves should have this supplement from 1 month. Healthy Start Vitamins contain 7.5mcg of Vitamin D, are free to certain eligible families (see website) and cost £1.77 (for a bottle that lasts about 8 weeks) to non-eligible families in Waltham Forest. Redbridge families can not currently get hold of these vitamins unless they are eligible to receive them free. This anomaly is under discussion; GPs may like to bring this up with local public health officers. Abidec or Dalivit costs between £3 and £5 a bottle. Many families will not pay that much. These are often the families most likely to be vitamin D deficient.

Female Genital Mutilation (FGM) – as per the Chief Medical Officer's letter to us all in May 2012

- is illegal in the UK. Responsibility for investigating whether FGM has been carried out rests with the police, not health professionals
- it is estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK and that around 66,000 women in the UK are living with the consequences
- the majority of cases of FGM are thought to take place between the ages of 5 and 8. In some communities it may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy
- health professionals should ensure that they are familiar with "safeguarding procedures" and know who to contact when they suspect that a child may be at risk of FGM. Be alert to parents of girls from FGM-practising communities requesting vaccinations for an extended break overseas, often during school summer holidays.

2010 SIGN guideline on the management of sore throat and indications for tonsillectomy

The following are recommended as indications for consideration of tonsillectomy for recurrent acute sore throat in both children and adults:

☑ sore throats are due to acute tonsillitis
☑ the episodes of sore throat are disabling and prevent normal functioning
☑ seven or more well documented, clinically significant, adequately treated sore throats in the preceding year or
☑ five or more such episodes in each of the preceding two years or
☑ three or more such episodes in each of the preceding three years.

NICE referral advice in 2001 includes children under 15 with recurrent (> 5) episodes of acute sore throat. 2008 Clinical Knowledge Summary available.

The Centor Score

The Centor score gives one point each for:

- **tonsillar exudate**
- **tender anterior cervical lymph nodes**
- **history of fever**
- **absence of cough**

The likelihood of GABHS infection increases with increasing score: 25-86% with a score of 4 and 2-23% with a score of 1, depending upon age, local prevalence and seasonal variation. Streptococcal infection is most likely in the 5–15 year olds. The score is not validated for use in children <3yrs.

NHS education for Scotland has some good practice-based group learning facilities. This information box comes from their module on sore throat, based on the SIGN 2010 guideline.

"The only difference between syncope and sudden death is that in syncope you wake up" Engel GL Ann Intern Med 1978;89:463-412

Definition: transient loss of consciousness, usually accompanied by falling, and with spontaneous recovery. It is a symptom, not a diagnosis.

15% of children and adolescents have a syncopal attack between 8 and 18 years of age.

Most common cause is vasovagal syncope with a typical h/o of syncope when the child is upright, either sitting or standing. There is often a prodrome – dizziness, nausea, blurred vision, epigastric discomfort and pallor before loss of consciousness and tone.

The child may have an anoxic seizure (*usually stiffening, opisthotonos and fine twitching)* which may be mistaken for an epileptic seizure. May be incontinent and may complain of being tired/washed out for some time. See www.stars.org.uk for patient information.

15% of syncope is thought to be cardiac (arrhythmias, prolonged QT syndromes, structural abnormalities). The history is paramount, examination occasionally helpful and ECG mandatory (see separate box for how to work out corrected QT interval). **Red flags:**

- syncope in response to *auditory triggers* such as door bells, alarm clocks, loud noise, ringing telephones, fright or extreme emotional stress
- syncope during exercise
- syncope while supine
- f/h of sudden, unexplained and unexpected death before the age of 50
- syncope with an "odd history"

There is an on-line CPD article on this subject you might like to look at http://www.gponline.com/Clinical/article/842747/Paediatric-medicine---Syncope-childhood/

More on syncope and a link to the 2009 European guideline here.