Heart rates to be concerned about:

- >160 beats/minute, if aged <12 months
- >150 beats/minute, if aged 12–24 months
- >140 beats/minute, if aged 2–5 years

Parents think that height of temperature is important. NICE doesn’t (once they’re over 6 months of age). Should parents be taught how to measure their feverish child’s heart and respiratory rate? Click here for a guide for parents on how to do it.

Respiratory Rate:

- >50 breaths/minute, if aged 6–12 months
- >40 breaths/minute, if aged >12 months

Sick and tired - the truth about infantile reflux (GOR)

By Dr Tom Waterfield

Tom writes: “We have all had that difficult conversation regarding “reflux” when a tired parent has come to us with their “sicky child” and an unsalvageable belief that their baby has GOR. There is often enormous pressure to provide a solution but how do we decide which children need treatment and what treatments should we use? In view of the recent concerns regarding the use of domperidone I have chosen to review the current evidence base for the management of this common problem.”

Click here for his short review of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) 2009 guideline.

Salient points:

- Try to avoid treating simple GOR. Reassurance is often all that is required. Before starting any treatment have a frank discussion regarding the risks and benefits.
- Physiological gastro-oesophageal reflux (GOR) is common; around 50% of healthy infants will display symptoms of GOR. These “happy spitters” will be gaining weight and healthy.
- Any failingth growth is unlikely to be due to GOR and alternate diagnoses such as cow’s milk protein allergy should be considered.
- If symptoms are severe and persistent and an alternate diagnosis is unlikely then consider thickened feeds and “tummy time” as a proposed pilot of newborn pulse oximetry screening.

Psoriasis in children

by Dr Andrew Lock

- A chronic condition affecting 2-3% of the UK population
- Strong genetic component
- Significant psychological impact
- Early onset of severe headache or change in normal pattern of headaches.
- Lesions: well defined, red, evenly distributed, raised plaques (less obvious in flexural psoriasis)
- Exacerbating factors: trauma (trauma, bite, scarring), illness (strept throat, obesity, drugs (oral steroids, antimalarials, NSAIDs)

Topical treatments. Addition of emollients (to reduce scale/fissuring) and medicated shampoos can be helpful. Link to NICE treatment algorithm (see algorithm 5):


Always consider the differential: fungal infection (if localised), pityriasis rosea (herald patch?), eczema (less well defined, distribution), seborrhoic dermatitis

OTHER LINKS

PCDS link: includes good pictures and links to BAD information leaflet
http://www.pcds.org.uk/clinical-guidance/psoriasis-an-overview


What is Colic?

Paroxysmal, uncontrollable crying in an otherwise healthy infant less than 3 months of age, with more than 3 hours of crying per day in more than 3 days per week and for more than 3 weeks.

New West Suffolk guideline and differentials uploaded here: Comprehensive Paediatric Pearls article from 2011 here.