

NICE on autism in children and young people: recognition, diagnosis and referral. <http://guidance.nice.org.uk/CG128> Sept 2011

Originally thought of as an uncommon condition, at least 1% of children are now thought to have autism spectrum disorder, comprising Asperger's, pervasive developmental disorder and autistic disorder. The BMJ recently published a [comprehensive review of childhood autism](#). Look for symptoms across the 3 core areas of deficiency of *social reciprocity, impaired communication and repetitive, restricted patterns of behaviour or interests*.

NICE's [Quick Ref Guide](#) has some useful tables on behaviours which might alert you to a possible diagnosis of autism spectrum disorder and therefore the need to refer to the borough-specific multidisciplinary autism team ([Wood Street](#) in Waltham Forest, Kenwood Gardens in Redbridge). Autism is not a "spot diagnosis".

- DO** see symptoms in the context of the child's overall development
- DO** remember that autism is often missed in girls and in those with an intellectual impairment
- DON'T** assume that delayed language acquisition is secondary to English not being the child's first language
- DON'T** rule out autism spectrum disorder in verbally able children, those with reported pretend play or those with good eye contact and affectionate behaviour towards family members
- DON'T** underestimate the importance of a supportive, structured learning environment.

Which dose of dexamethasone do you use for croup?

Our departmental guideline is consistent with [the BNFC](#) advice – 0.15mg/kg orally as a single dose. But, in a recent audit, we found that a number of children with moderate, as opposed to mild, croup were receiving 0.6mg/kg as a single dose instead. This was because some of our registrars were used to using the Children's Acute Transfer Service [\(CATS\) guideline](#) for the more severe cases which suggests using the higher dose for those with a Westley score of 2-7. It doesn't take much to achieve a score of 2. The Cochrane library have looked at the use of glucocorticoids in croup in 2011 and the full text is available [here](#). The meta-analyses results look to me like there is no difference in outcome with the 2 different doses and the authors conclude that that is an area where further research is indicated. But they also state in the discussion that 0.6mg/kg would be preferred because of its "safety, efficacy and cost effectiveness". So are we any the wiser? The ED nursing staff feel 0.6mg/kg (max. 8mgs) works better and faster and we have certainly seen some fairly severe cases of croup in the last few weeks. I do sometimes use the higher dose in the children with higher scores but I don't feel there is enough evidence yet to change our basic guideline. Next year's audit may prove me wrong....

Westley Croup Score

Stridor

- 0 = none
- 1 = at rest, audible with stethoscope
- 2 = at rest, audible without stethoscope

Recession

- 0 = none
- 1 = mild recession
- 2 = moderate recession
- 3 = severe recession

Cyanosis (O2 sats < 92% in air)

- 0 = none
- 4 = with agitation
- 5 = at rest

Level of consciousness

- 0 = normal
- 5 = altered mental state

Group score 0-1: Mild croup
Group score 2-7: Moderate croup
Group score >=8: Severe croup

Feeding series – COLIC

The triad of paroxysmal, prolonged crying (commonly related to feeds, and often worse at night); pain (the baby may draw its legs up and grimace) and difficulty comforting an otherwise thriving infant affects 9-16% of infants in the UK. Around 1 in 6 families consult a healthcare professional about colic. Usually beginning from two weeks old, colic symptoms peak at 2 months and resolve by 3-4 months. It is a diagnosis of exclusion; if the infant has faltering growth or other unexplained symptoms, more serious potential diagnoses must be ruled out. Dr Katie Knight has written a comprehensive review of this topic at <http://www.paediatricpearls.co.uk/2011/11/a-review-of-infantile-colic/>.

<http://www.nhs.uk/Planners/birthtofive/pages/tipstosoothecriing.aspx> has some tips for parents from the Birth to 5 publication on how to cope with their crying baby.

Did you know that the borough's Educational Psychologists are [operating free drop-in sessions](#) for children and their families?

Educational Psychologists are qualified specialists in child psychology and child development, with particular expertise in supporting children and young people with special educational needs, learning difficulties, and social, emotional and behaviour difficulties. Their flyer, [available here](#), lists the dates for the rest of this year and the sessions, held at the Summerfield Centre, E10, are set to continue in 2012 (last Wednesday of every month). They are a multicultural team.

New meningococcal prophylaxis: in January 2011, the HPA produced [Guidance for the Public Health Management of Meningococcal Disease in the UK](#). We are now to use ciprofloxacin instead of rifampicin for secondary prevention in contacts over 1 month of age despite its not being licensed for children under 18. It is a single dose, is available from community pharmacies and does not interfere with oral contraceptives like rifampicin can. Rifampicin is still the prophylactic antibiotic of choice in babies <4 weeks. **What defines a "close contact"?** More on this and the issue of prophylaxis for healthcare workers available via the link above and, with thanks to Dr Keir Shiels, at <http://www.paediatricpearls.co.uk/2011/11/meningococcal/>.

Pre-hospital, im or iv benzylpenicillin should still be given for suspected cases of meningococcaemia but not for suspected bacterial meningitis with no rash.

There will just be the one combined GP and ED edition of Paediatric Pearls for the foreseeable future as much of the subject matter is common to both primary care and the ED. I will try to put a range of links in with each topic and you can choose to follow the ones you feel are more appropriate to your line of work. Don't forget there is often more information available in the form of comments from experts on particular topics available at www.paediatricpearls.co.uk.