

# Paediatric Pearls

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Previous editions are all available at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk)

## Welcome to new staff in paediatrics, emergency medicine and general practice who have joined in August and September!

I hope you will find Paediatric Pearls useful in your work. It is supposed to keep you updated about all things paediatric in bite-sized chunks with the opportunity to learn more about each topic (if interested) by clicking on the numerous links both in the monthly newsletters and on the supporting website. Use the search function on [the home page](#) to find information about a particular topic; over the past 4 years we have covered most subjects pertinent to primary care and the ED to some degree. I am always looking for people to write articles for the newsletters so do contact me via e-mail above if interested!

### Examples of articles useful for ED doctors:

Emergency formulae: <http://www.paediatricpearls.co.uk/2011/02/new-apls-guidelines-are-sort-of-here/>  
Initial assessment: <http://www.paediatricpearls.co.uk/2010/09/a-quick-but-comprehensive-assessment-of-the-non-specifically-unwell-child-in-the-ed/>  
Asthma assessment: <http://www.paediatricpearls.co.uk/wp-content/uploads/ED-June-2011.pdf>  
NAI fractures: <http://www.paediatricpearls.co.uk/2012/08/fractures-in-child-abuse/>  
NAI bruising: <http://www.paediatricpearls.co.uk/wp-content/uploads/May-2012.pdf>  
Rehydration in D and V: <http://www.paediatricpearls.co.uk/2012/05/oral-rehydration-guideline/>  
Bronchiolitis: <http://www.paediatricpearls.co.uk/2010/11/bronchiolitis-season-with-thanks-to-amutha-for-this-article/>  
Fever assessment: <http://www.paediatricpearls.co.uk/wp-content/uploads/August-2013.pdf>  
First febrile seizure: <http://www.paediatricpearls.co.uk/wp-content/uploads/Epilepsy-1st-Seizure-v5.pdf>  
Minor injuries series from November 2012 newsletters to August 2013 covering assessment and management of injuries to the upper limb, lower limb, head and face.

### Suggestions of articles useful to GPs:

Collection of various primary care guidelines at <http://www.paediatricpearls.co.uk/primary-care-guidelines/>  
Developmental milestones and when to refer: <http://www.paediatricpearls.co.uk/wp-content/uploads/Developmental-milestones.pdf>  
Constipation: <http://www.paediatricpearls.co.uk/wp-content/uploads/gp-june-2010.pdf>  
Enuresis: <http://www.paediatricpearls.co.uk/wp-content/uploads/GP-november-2010.pdf>  
UTI: <http://www.paediatricpearls.co.uk/wp-content/uploads/gp-feb-march-2010.pdf>  
Limping child: <http://www.paediatricpearls.co.uk/2011/05/limping-child-guideline/>  
Breastfeeding pitfalls: <http://www.paediatricpearls.co.uk/2011/08/common-breastfeeding-problems/>  
Vitamin D deficiency: <http://www.paediatricpearls.co.uk/2011/08/vitamin-d-guidance-at-last/>  
Antibiotics in self-limiting respiratory tract infections: <http://www.paediatricpearls.co.uk/wp-content/uploads/ED-December-2010.pdf>  
Steroids in eczema: <http://www.paediatricpearls.co.uk/wp-content/uploads/ed-may-2010.pdf>  
Milks in cows' milk protein allergy: <http://www.paediatricpearls.co.uk/2011/02/faltering-growth/>  
Safeguarding - human trafficking: <http://www.paediatricpearls.co.uk/wp-content/uploads/June-2013.pdf>  
Safeguarding - neglect and emotional abuse: <http://www.paediatricpearls.co.uk/wp-content/uploads/July-2013.pdf>  
When to refer to speech and language: <http://www.paediatricpearls.co.uk/wp-content/uploads/January-2013.pdf>  
Childhood cough: <http://www.paediatricpearls.co.uk/wp-content/uploads/January-2013.pdf>  
Rhinitis: <http://www.paediatricpearls.co.uk/wp-content/uploads/March-2013.pdf>  
Paediatric sleep issues in newsletters from February 2013 to June 2013.  
Printable personal eczema management sheets: <http://www.paediatricpearls.co.uk/2013/03/dr-anshoo-sahotas-personalised-eczema-plans/>  
Printable personal allergy plans for nurseries and schools: <http://www.paediatricpearls.co.uk/2013/03/dr-noimarks-allergy-management-plans/>

Do let me know if there is a topic you want covering that we do not seem to have tackled yet.

## Paediatric Early Warning Score (PEWS)

We measure vital signs under the headings of cardiovascular, respiratory and disability in all children presenting to our ED. You can find background information on PEWS, what its purpose is (and was initially) at <http://www.paediatricpearls.co.uk/wp-content/uploads/ED-March-2011.pdf>.

Please [click here](#) for an e-learning document put together by Dr Aber Eaqub as one of the outcomes of our recent audit. Please could all nursing and medical staff ensure that they record the PEWS on all children presenting to the ED and time their repeat observations according to the category the child falls into?

**\*\* Reminder: red PEWS means medical assessment within 10 minutes. \*\***

**Contacting paediatrics at Whipps Cross Hospital for advice:** on call paediatric registrar bleep 24/7 or consultant advice line 1100hrs to 1300hrs Monday to Friday via switchboard. EUCC GPs welcome to call paediatric ED; paediatric consultant often present in the department.

This month sees the return of our "From the literature" series headed up now by Dr Tom Waterfield, paediatric registrar in the Eastern Deanery and one-time GP trainee. His remit is to trawl the literature every month for a paper to summarise which is interesting and useful for health professionals working with children, who are not necessarily paediatricians. Jumping in at the deep end, he has gone for the topic of **obesity** this month:

### Recognising risk factors for obesity in infancy – is prevention easier than cure?

Obesity is a growing problem in the UK and in 2010 3/10 children were either overweight or obese. The management of obesity in children is notoriously difficult because clinicians and parents both underestimate the obesity risk to a child and many of us find it difficult discussing obesity with parents. There is growing evidence that early intervention is better and that discussing the risk of obesity is easier and more acceptable to parents than discussing an established obesity problem.

Until now it has been hard to use an evidence based approach when discussing obesity risk but in the July edition of Pediatrics, S.Weng et al report obesity risk factors based on information gathered on 13,513 UK children followed up for 3 years. The most significant risk factors for obesity at 3 years of age (excluding sex and birth weight) were:

- Rapid weight gain in infancy >0.67 SD (Equivalent to crossing a centile line on a growth chart) – This carries an OR of 4.15 (3.64-4.73)
- Maternal pre pregnancy BMI (18.5 - 25 = OR 1.76 (1.21-2.56), 25-30 = OR 2.35 (1.60-3.47), >30 = OR 2.98 (1.98 - 4.47))
- Paternal BMI >30 OR 1.98 (1.00 - 3.96)
- Maternal smoking in pregnancy OR 1.35 (1.15-1.55)
- Never breast fed OR 1.25 (1.09-1.42)

[Click here to work out your BMI!](#)

Using the data from this study it might be possible to identify at risk children in infancy and begin targeted interventions to prevent obesity from developing.

Reference: [Estimating Overweight Risk in Childhood From Predictors During Infancy](#). SF Weng, SA Redsell, D Nathan et al. *Pediatrics* Vol. 132 No. 2 August 1, 2013 pp. e414 -e421 ([Abstract](#))

The same team initially published a systematic review and meta-analysis of risk factors for childhood overweight identifiable during infancy in Archives of Disease in Childhood in 2012 for which there is open access to the full text at <http://adc.bmi.com/content/early/2012/09/26/archdischild-2012-302263.full>