Welcome to our new trainees and to everyone starting out on their ED or GP training. Please do keep up to date with all things paediatric by reading the monthly Paediatric Pearls newsletters available on the site and searchable should you wish to look up a topic. Also take a look at the collection of primary care guidelines from around the UK which may help to inform your practice. Have a look at the September 2013 newsletter for a list of useful links to articles to get you started on common paediatric problems. Do leave comments on the website!

**URINALYSIS** – what each component means...  1) SG (Jan '17), 2) pH (Feb '17), 3) nitrates (March '17), 4) leucocytes (April '17) 5) blood (June '17), 6) protein (July '17), 7) ketones (Aug '17), 8) glucose... is not normally found in urine. <0.1% of the glucose in glomerular filtrate appears in the urine unless there is hyperglycaemia and the renal threshold is exceeded (at around 10mmol in children). Steroids can lead to glycosuria. Otherwise, think diabetes mellitus. See https://patient.info/doctor/glycosuria.

Dr Maryln Emedo on baby poo again (continued from July 2017):

“My baby hasn’t poed at all…”

Opening bowels at least once forms part of the discharge criteria from hospital for a newborn baby; this should have been asked about during the baby check, and if bowels haven’t opened (usually by 48 hours) then it would be appropriate for further investigation to take place to rule out surgical causes of this.

A note on….

Hirschsprung’s disease

- Failed migration of nerve(ganglion) cells to distal colon
- Functional colonic obstruction – failure to relax, commonly rectosigmoid but may involve entire colon
- Incidence 1/4000, 4:1 Male – Female ratio
- Causative of 20 – 25% neonatal bowel obstruction
- Presenting features:
  - Failure to pass meconium within 48 hours in term babies
  - Poor feeding & weight gain, abdominal distension, difficulty opening bowels
  - May present outside infancy as severe / refractory constipation
- Diagnosis: Rectal suction biopsy
- Treatment: Rectal washouts, surgical resection of aganglionic section
- Risks: Hirschprung’s enterocolitis (even years later)
- Prognosis: Good, normal lifespan expected with appropriate treatment

“My new baby poed once, but hasn’t done any more….”

Where a baby has passed their first meconium within the first 24 – 48 hours, stool frequency can then dramatically tail off when feeding has not yet been well established. Continuing to pass stools consisting of meconium only (i.e. not “changed stool”) can also be an indication that feeding is suboptimal in the perinatal period. According to the UNICEF baby friendly breast-feeding assessment tool, mothers should be told to expect one or more meconium stools daily on day 1-2, by days 3-4 two or more changing stool, and by day 5 two or more stools “at least £2-coin size, yellow and runny”. Stool output less than this, in conjunction with other signs (such as loss of more than 10% birthweight by day 5, worsening/non-resolving jaundice, few wet nappies) can be taken to indicate support with breastfeeding (or in some cases formula supplementation) may be required. See January 2016 newsletter for what degree of early weight loss to worry about.