

# Paediatric Pearls

by Dr Julia Thomson, Paediatrician

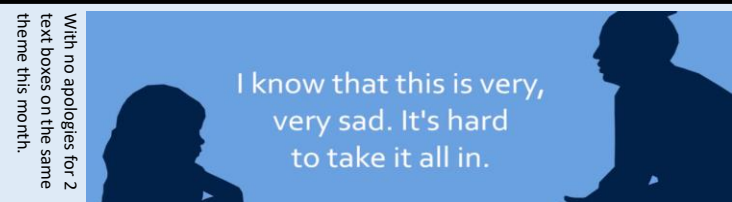
February 2021

Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) where comments and requests are welcome!

A 9-year-old on the autistic spectrum with faecal impaction who I started on Movicol last month is refusing to take it. Lactulose is bad for his teeth, senna gives him tummy pain. TDS sodium docusate is impractical (or will be when he goes back to school...). Mum said he wouldn't take tablets. Child says he would as long as they weren't big. Where next?

Dr Ed Dallas, paediatric registrar, was in clinic with me and did a quick trawl of the internet for a suitable guideline other than the NICE one which majors in macrogol 3350. [NHS Lothian](#) came up trumps. It has doses for sodium picosulfate liquid and bisacodyl tablets which both seemed a lot more palatable to my patient than 12 sachets of macrogol 3350. The tablets are small and he took them – like he said he would.

Ed's quick guide to idiopathic/functional constipation is available [here](#). NHS Lothian's guide to functional constipation and a link to their formulary is at <https://apps.nhslothian.scot.nhs.uk/guidelines/Resources/Links/Paediatrics%20G.I.%20paed%20constipation-final.pdf>.



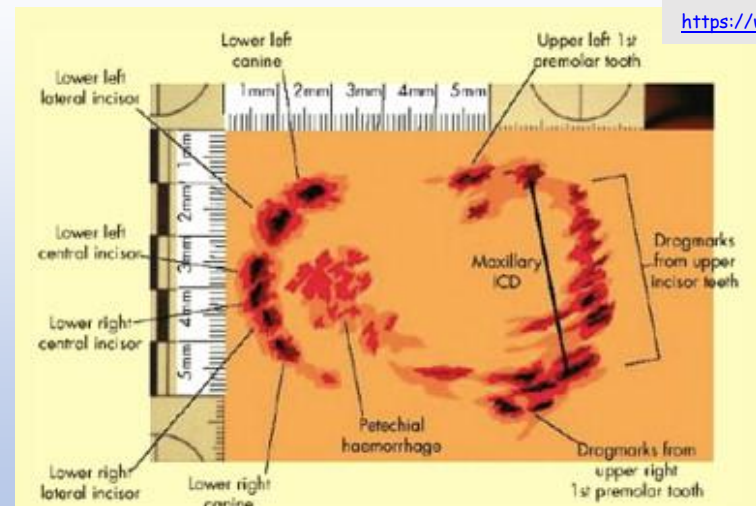
[Guide for Families: How to tell Children that Someone has Died](#) is a clear, emotionally intelligent video from child and adolescent psychiatrist Prof Alan Stein and his team in Oxford. There are lots of excellent resources in English and other languages under the banner "Making impossible conversations possible during the Covid-19 Pandemic" at [https://www.psych.ox.ac.uk/research/covid\\_comms\\_support](https://www.psych.ox.ac.uk/research/covid_comms_support).

The Oxford University team originally published a Lancet series on how effective communication with children about their own illness, or that of their parent, is **key to long term family psychological wellbeing**. These resources have been adapted to help with the specific challenges of COVID-19. The current isolation arrangements mean adults having to break bad news with little time to prepare and less direct support from extended family members and friends. These invaluable step-by-step practical guides and infographics are free to [download](#) and share.

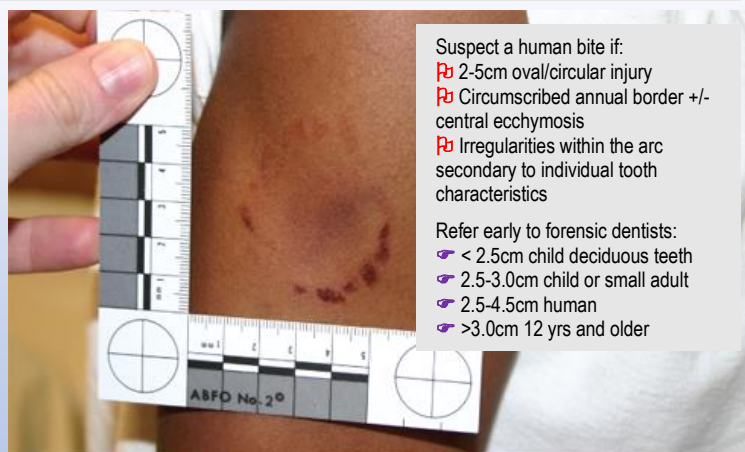
Full text reference: [Talking to children about illness and death of a loved one during the COVID-19 pandemic](#). Rapa E. et al, (2020), Lancet Child Adolesc Health, 4, 560 – 562

**Animal v. human bite.** In [January 2021](#), we looked at the management of human and animal bites (NICE [NG184](#)). **How do you know whether the bite is human or animal?**

- ◆ Bites are common injuries in children. Most caused by dogs in the UK, then cats, then humans. 80-90% of animal bites are inflicted on the owner or someone known to them.
- ◆ Animal bites are usually on arms and legs of older children and head, face or neck of younger children. Dog bites are more likely in the summer. (Source: CKS linked to below)
- ◆ Human bites are most commonly inflicted on fingers and hands. An abusive bite can potentially identify the perpetrator if referred early to dental forensic services.
- ◆ Clinical Knowledge Summary (CKS) on bites from October 2020 at <https://cks.nice.org.uk/topics/bites-human-animal/background-information/prevalence/>



[https://www.rcpch.ac.uk/sites/default/files/2019-09/child\\_protection\\_evidence\\_-\\_bites.pdf](https://www.rcpch.ac.uk/sites/default/files/2019-09/child_protection_evidence_-_bites.pdf)



Suspect a human bite if:

- ❑ 2-5cm oval/circular injury
- ❑ Circumscribed annual border +/- central ecchymosis
- ❑ Irregularities within the arc secondary to individual tooth characteristics

Refer early to forensic dentists:

- ❑ < 2.5cm child deciduous teeth
- ❑ 2.5-3.0cm child or small adult
- ❑ 2.5-4.5cm human
- ❑ >3.0cm 12 yrs and older

Source: K.J. Knoop, L.B. Stack, A.B. Storrow, R.J. Thurman: The Atlas of Emergency Medicine, 4th Edition, [www.accessemergencymedicine.com](http://www.accessemergencymedicine.com) Copyright © McGraw-Hill Education. All rights reserved.

Source: Sirekova and Debelle. Identifying human bite marks in children. SYMPOSIUM: CHILD ABUSE| VOLUME 24, ISSUE 12, P550-556, DECEMBER 01, 2014 (DOI: <https://doi.org/10.1016/j.paed.2014.07.010>)