Paediatric Pearls

by Dr Julia Thomson, Paediatrician

August 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 where comments and requests are welcome!

HEIGHT AND WEIGHT MATTERS

Clothing and nappies

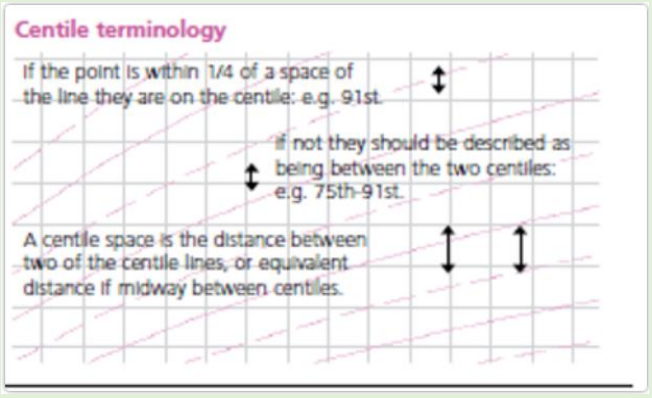
- When measuring children **up to 2 years**, remove all clothes and nappy.
- Children **older than 2 years** should wear minimal clothing only.
- Always remove the child's shoes.

There are lots of presentations in children that are of potential concern to clinicians as well as parents. Professionally, we feel reassured if the child is growing normally along their centile. With many consultations having moved on line during the pandemic, we have lost that invaluable height and weight measurement that appears like magic on the top of the notes of all children in an outpatient clinic. We have been relying on primary care measurements in some cases, on High Street chemists in others and on parents' own scales.

DID YOU KNOW?

- there are separate growth charts for children with syndromes such as Down's, Turner's and William's
- children under 2 should have length measured, measure height in over 2s
- growth measurements of children who were born prematurely should be adjusted for their correct gestational age: https://www.paediatricpearls.co.uk/wp-content/uploads/2021/05/Growth-Charts-Paediatric-Pearls.pdf. NB: once digital charts are in use, we will correct for ever and not just for the first year or 2 of life.

Infographics reproduced here are from the RCPCH website, https://growth.rcpch.ac.uk/clinician/chart-information-health-staff/, where the growth team has been developing award winning digital growth charts. Have a look at the demo: https://growth.rcpch.ac.uk/.



PEN-V v. AMOXICILLIN for tonsillopharyngitis: which would *you* rather take?

A letter in August's *Archives of Disease in Childhood* struck a chord with me this week; NICE recommends treating Group-A strep infections with 5-10 days pen-V using the adult-based Centor criteria to work out how likely a bacterial aetiology is. I doubt that the members of that particular guideline committee have young children of their own.

Malley et al, in Bristol's paediatric ED, contacted 85% of English EDs to establish national prescribing practice (it seems there isn't one) and 73% of families whose children were prescribed either antibiotic for tonisillopharyngitis. > 50% of pen-V parents reported a disagreeable taste which affected administration and 18% found the QDS schedule difficult to follow. More children finished the amoxicillin course than the pen-V although the difference in number of missed doses was not significant (p=0.24). 5-7 days of amoxicillin is cheaper than 10 days of pen-V. NICE cites concerns around amoxicillin resistance in *E coli* urinary isolates. Europe and USA recommend offering amoxicillin as an alternative to pen-V "particularly when poor compliance is anticipated". That must cover most of my patients.

Parent leaflet from Oxford play specialists on how to get your child to take medicine: https://www.ouh.nhs.uk/patient-guide/leaflets/files/11990Pmedicine.pdf. Good luck!

FATIGUE is tiredness not relieved by sleep or rest.

And there is quite a lot of it around at the moment. A young person in their teens was recently referred to clinic for fatigue in which the "TATT bloods" had been done. What are they?

- Investigation of unexplained persistent tiredness/fatigue may include, depending on clinical judgement:
  - Arranging first-line blood tests, such as full blood count, inflammatory markers, renal and liver function tests, thyroid function tests, HbA1c, and coeliac serology.
  - Considering additional tests on a case-by-case basis.
  - Arranging second-line tests if symptoms persist for 3 months or longer.

From https://cks.nice.org.uk/topics/tiredness-fatigue-in-adults/

https://www.nice.org.uk/guidance/CG53 lists all the "additional" and "second-line" tests. https://www.nhs.uk/live-well/sleep-and-tiredness/10-medical-reasons-for-feeling-tired/ guides us in the basics of what we are ruling out and is applicable to young people as much as adults.

NICE is in the process of updating its guidance on chronic fatigue syndrome; https://pathways.nice.org.uk/pathways/chronic-fatigue-syndrome-myalgic-encephalomyelitis suggests that children with symptoms should be referred to a paediatrician within 6 weeks of presentation. If the presentation is indicative of anxiety or depression and first line blood tests are normal, **please refer to the local CAMHS** at the same time so as not to prolong the wait for therapy.

Patient info on fatigue: https://www.nhs.uk/live-well/sleep-and-tiredness/.

A news article in *Nature* in July 2021 summarises the challenges of determining the prevalence of long Covid in young people, one symptom of which is fatigue. NICE has produced a rapid guideline on managing the long term effects of Covid-19: https://www.nice.org.uk/guidance/NG188. 15 new long Covid services for children and young people are being set up currently: https://www.england.nhs.uk/2021/06/nhs-sets-up-specialist-young-peoples-services-in-100-million-long-covid-care-expansion/.

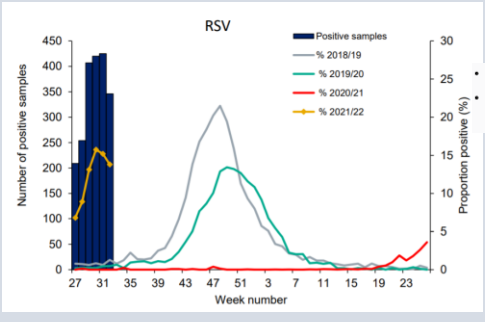
UK winter viral patterns follow the trend of the southern hemisphere's. So we know we are expecting an **RSV BRONCHIOLITIS** surge and it has started already. Most infants will be looked after in primary care so I've gathered together some useful resources and learning to help with escalation and safety netting over the coming winter period:

0.5 to 2 hour learning module and quiz to do yourself or with your team: Tessa Davis. Bronchiolitis Module, Don't Forget the Bubbles, 2020: https://doi.org/10.31440/DFTB.27061

2021 National guidance from RCPCH: https://www.rcpch.ac.uk/resources/national-guidance-management-children-bronchiolitis-during-covid-19#recommendations---prior-to-presentation-at-hospital.

Excellent safety netting resource for your patients with links to video clips of "grunting", "recession" etc.: https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-netting-documents-parents/bronchiolitis

Safety netting learning resource for health professionals which beautifully combines the art of medicine with the science: https://dontforgetthebubbles.com/safety-netting-for-bronchiolitis/.



NICE updated its guideline this month to allow lower O_2 saturations. For ED clinicians, admit if O_2 sats:

- persistently less than 90%, for children aged 6 weeks and over
- persistently less than 92%, for babies under 6 weeks or children of any age with underlying health conditions. [2021]

This chart comes from PHE's data for August and shows nicely the "normal" seasonality of RSV bronchiolitis in the UK, the 2018/19 "bad year", the lack of RSV during the lockdown in 2020/21 and the unusual early peak we are currently experiencing.

We are preparing for a busy autumn and not yet confident in the trend of the yellow line on the graph.