The Paediatric Emergency Department team at Whips Cross Hospital, headed up by Dr Amutha Anpanganthan, has put together and piloted an “obesity bundle” and wrote about it in this month’s Emergency Medicine Journal supplement. Their point is that the responsibility of talking about paediatric obesity is all of ours and not just primary care. I have found in clinic that many families are unaware that their children are overweight and are not as reluctant to talk about it as we fear. Amutha is keen to emphasise how to effectively and sensitively communicate this topic with first the parent on their own and then the child if the parent agrees. The team’s communication advice sheet is here. They are happy to share their bundle - which forms part of a QI project - with any interested ED or ward team.

monthly paediatric update newsletter for all health professionals working with children

Attention deficit hyperactivity disorder: diagnosis and management

The update in September 2019 was that an ECG is no longer needed for CYP being started on medications for ADHD, providing the cardiovascular history and examination is normal and the young person is not on medicine that poses an increased cardiovascular risk. 

This is good news for lots of families who were having to wait ages for their child to have a formal cardiological assessment before starting on methylphenidate. Most children no longer require an ECG, but BP and HR should be measured 6 monthly when on treatment. Some resources on this topic that might help:

ECG reading for psychiatrists: https://portal.e-fl.org.uk/Component/Details/528929
Psychoactive medications: https://www.minded.org.uk/Component/Details/525075

I saw a child in clinic with “peas and carrots” stools or Toddler’s diarrhoea. I haven’t seen it in ages so I think most of these are well managed in primary care. Toddler’s diarrhoea:

is not a sign of malabsorption and weight gain is normal
affects children mainly 1-5 yrs old, M-F
presents as loose stools with undigested vegetable matter 4-6 (up to 10 sometimes) times per day
might be helped by increasing fat in the child’s diet, reducing juice and maintaining a normal amount of fibre

We have also seen a lot of viral gastroenteritis this month. We advise parents to give their children oral rehydration solution (ORS) “little and often” but what sort of volumes does that really mean? The 2020 updated NICE Clinical Knowledge Summary on this topic says:

If using low-osmolality oral rehydration solution (ORS) solution to rehydrate a child (240-250 ml/m2/24h), say:

• Age 5 years or younger: give 50 mL/kg body weight for fluid deficit replacement, as well as maintenance volume of ORS solution, over 4 hours.
  ◦ Note: breastfeeding can continue, but do not routinely give oral fluids other than ORS solutions.
• Age 5-11 years: give 200 mL ORS solution after each loose stool, in addition to the child’s normal fluid intake. Note: the British National Formulary recommends this dose for children aged 1–11 years | Joint Formulary Committee 2019|
• Age 12–16 years: give 400–500 mL ORS solution after each loose stool, dose according to fluid loss | Joint Formulary Committee 2019|
• After rehydration, for children at increased risk of dehydration: give 5 mL/kg body weight after each large watery stool, to prevent recurrence of dehydration.

See: https://cks.nice.org.uk/topics/gastroenteritis/management/child-gastroenteritis/; “maintenance volume” in the first bullet point means 100ml/kg/day for infants under 10kgs and 50kgs/kg on top of this for children between 10 and 20kgs. See worked example to the left.

Don’t forget the last bullet point; 5ml/kg ORS after every diarrhoeal stool helps prevent dehydration.


Ahmed is 2 years old and has not been weighed during the pandemic. His mother says that he has stopped vomitting after 2 days but still has diarrhoea. He looks a bit washed out but managed to keep his porridge down this morning and his nappy was damp when he woke up. She has bought some Diarolyte from the chemist but is not sure how much to give Ahmed.

He needs about 15mls every 5 minutes for the first 4 hours

Plus 50mls/kg/day as replacement fluid as he’s a bit dehydrated = 50mls/kg over the next 4 hours AS WELL

Total maintenance over 24 hour period for Ahmed is therefore 1

Plus 50mls/kg

Daily maintenance fluid = 100mls/kg for the first 10kgs = 1000mls

Step 2: measure all children to assess for obesity (exclude those in resus, unwell, under 2yrs, non-weight bearing)

• Measure height and weight of all children attending the ED
• Obesity is diagnosed by BMI centile

Step 2: diagnose, communicate, record

• Recognise that obesity is a relevant medical diagnosis
• Communicate that the child is overweight and that it has negative health implications
• Record on discharge summary that obesity has been diagnosed

Step 3: signpost

• Recommend that the family make an appointment with the GP
• Offer leaflet to summarise basic advice
• Many local weight management schemes are self-referral so have information available in your ED on local services

Useful parent resources:

https://www.nhs.uk/live-well/healthy-weight/bmi-calculator
Baris Health parent information leaflet on Getting children active
Baris Health parent information leaflet on Weight

October seems to have been diarrhoea month

Psychoactive medications: https://www.minded.org.uk/Component/Details/525075

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