Our 90-minute webinar Having honest conversations about death in schools may also be appropriate for those working in education at a time when students might be asking difficult questions about death.

With thanks to Dr Johnnie Pass for updating us on atypical KD after we had 2 cases in quick succession on the ward, one less than a year old. 

• please think about KD in any infant under 1 yr with fever 2.5 days. They are high risk for coronary artery aneurysms.
• older children with at least 2 of the criteria to the left might have atypical KD. 
• NSAIDs should be avoided in KD
• defer live vaccines until 11 months post ivig treatment for KD. 

https://www.kawasakidiseaseuk.org/kawasakidisease.html for more information.

The overlap between ASD and ADHD, with thanks to Dr Saika Mazhar

DSM-5 lists the signs and symptoms of autism and how many of these must be present to confirm an autism diagnosis:

► children must have social communication difficulties, and restricted, repetitive and/or sensory behaviours or interests.
► Signs and symptoms must be present from early childhood.
► An autism diagnosis says how much support children need.

“Did you know?” That most children with periorbital cellulitis can be managed at home on oral antibiotics? 

https://www.paediatricpearls.co.uk/periorbital-and-orbital-cellulitis-in-children/ has more information on the difference between orbital and periorbital cellulitis and why it matters in children.

Authors of a recent survey of paediatric emergency departments*, published in EMI, reported that, although 90% of clinical practice guidelines advise discharge with oral antibiotics for milder cases, 86% of respondents reported departmental admission of all patients with periorbital cellulitis.


NICE 2019 (NG141): Cellulitis and Erysipelas – antimicrobial prescribing suggests 7 days oral co-amoxiclav - or clarithromycin if penicillin allergic. Refer if systematically unwell or eye not getting better after 48 hours. Parental advice from Healthier Together is good (but mentions 10 days' antibiotics).

Kawasaki?

Kawasaki disease

1.2.26 Be aware of the possibility of Kawasaki disease in children with fever that has lasted 5 days or longer. Additional features of Kawasaki disease may include:

- Bilateral conjunctival injection without exudate

- synovitis and cracking of fingerr or toes, or erythema of oral and pharyngeal mucosa

- orificial and erythema in the hands and feet

- polyarthralgia

- pericardial effusion

(c) 2009

A reminder on typical KD from NG143 – Fever in under 5s

1.2.27 Ask parents or carers about the presence of these features since the onset of fever, because they may have resolved by the time of assessment.[2019]

1.2.28 Be aware that children under 1 year may present with fewer clinical features of Kawasaki disease in addition to fever, but may be at higher risk of coronary artery disease than older children. [2019]

The good news is that functional symptoms wax and wane but can get better over time.

MUS can overlap with FII. Doctors should not add to the child's anxieties by doing unnecessary tests or documenting no longer relevant diagnoses.

I make no apology for copying The Child Bereavement Trust’s recent mailshot about educational opportunities for everyone working with bereaved children. These courses are excellent value for money and very pertinent for the world in which we currently find ourselves:

• We are very pleased to launch our 3

40-minute workshop Asylum Seeking families – the impact of loss grief and bereavement this month, with another scheduled for May. This session comes at a very important time as we see an increase in families seeking asylum due to the events in Ukraine. This 3-hour session is designed to help those who work within this area - including those within the education, health, social care and voluntary sector.

• Our 90-minute webinar Having honest conversations about death in schools may also be appropriate for those working in education at a time when students might be asking difficult questions about death. Please see below.

• The 3-hour interactive training sessions are delivered by experts in their field, with plenty of opportunity for discussion and reflection. Training costs £45 and is aimed at any professional who works with grieving children and young people, in any capacity.

• April sees the launch of our new Schools - an introduction to grief and bereavement webinar. This 90-minute course is suitable for professionals working in nurseries, schools, colleges and other educational settings. Cost is £22.15.

• If you have a number of staff and would like dedicated bespoke training please get in touch (training@childbereavementuk.org) to discuss your needs. We can deliver training virtually or face-to-face and can contextualise the content to suit your situation and needs.