

Paediatric Pearls

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Previous editions are now all available at www.paediatricpearls.co.uk

Burns

There is a London and South East Burns Network (LSEBN) regional guideline for the management of burns in children which you may have seen displayed in minors, resus and the paediatric area. Please involve A and E senior staff in burns of >10% total body surface area. The following situations are examples of other cases which need to at least be discussed with our local specialised burn service at Broomfield Hospital:

>1% total body surface area partial thickness burn
All deep dermal and full thickness burns
Circumferential burns

Burns involving the face, hands, soles of feet and perineum
All children with burns and child protection concerns
Children with burns who are unwell

The management of burns is fairly specialised and the Emergency Nurse Practitioners and some of the senior nurses in the paediatric area have a lot of experience dealing with them; please tap into that expertise. There are sometimes safeguarding issues so please involve paediatricians too if you have concerns. When version 2 of the LSEBN guideline is circulated to us (next month I hear) I will put it on both the Trust intranet and www.paediatricpearls.co.uk. www.lsebn.nhs.uk itself should be live by Christmas.

This month's featured NICE guideline: Nocturnal Enuresis (October 2010) <http://guidance.nice.org.uk/CG111>

Please see the GP version of November's Paediatric Pearls on www.paediatricpearls.co.uk if you are interested in a summary of this guideline. It is built on the premise that there are 3 different, but sometimes interrelated, physiological disturbances implicated in bedwetting:

1. Sleep arousal difficulties
2. Polyuria
3. Bladder dysfunction

The 20 page quick reference guide is available at <http://www.nice.org.uk/nicemedia/live/13246/51382/51382.pdf>

BRONCHIOLITIS....

...is a lower respiratory tract viral infection affecting predominantly the under 1s that can cause fever, dry cough, nasal discharge and bilateral fine inspiratory crackles ± wheeze. November to March is peak bronchiolitis season. More background information and a link to the Map of Medicine on bronchiolitis is available from <http://www.nhs.uk/conditions/Bronchiolitis/Pages/Introduction.aspx>

A podcast on bronchiolitis put together by an Australian ED consultant is available at <http://empem.org/2010/09/bronchiolitis-part-1-of-2/comment-page-1/#comment-294>

The diagnosis is clinical; a chest x-ray is not usually warranted. There are no therapies that have been consistently effective enough to change the current supportive management of bronchiolitis. The majority of trials show that bronchodilators do not provide benefit and their routine use is not recommended (Current therapies in bronchiolitis. Petruzella FD, Gorelick MH *Pediatr Emerg Care* 2010 Apr;26(4):302-7). There is no evidence that antibiotics are indicated in the management of acute bronchiolitis. 3% of children will present with severe illness and require admission for oxygen therapy and help with rehydration <http://www.sign.ac.uk/pdf/sign91.pdf>.

A longer version of this article is available at <http://www.paediatricpearls.co.uk/2010/11/bronchiolitis-season/>

Picked up a heart murmur incidentally?

(with thanks to Dr Tom Waterfield)

Innocent murmurs are systolic and are associated with normal weight gain, normal feeding and an otherwise normal clinical examination. They come and go in childhood and are accentuated when the child is unwell. If there are any worrying features (diastolic murmur, impalpable femoral pulses, breathlessness, faltering growth, low oxygen saturations) please discuss the child with the paediatric registrar on call. Children in A and E with innocent murmurs should be advised to go back to their GP when they are well and the GP can refer to paediatric outpatients if they wish if the murmur is still present at that time.

<http://kidshealth.org/parent/medical/heart/murmurs.html#> is one of the top American sites on children's health aimed at the general public. It provides balanced information in clear English about heart murmurs for parents who are worried when a doctor hears one incidentally when examining their child.

For Tom's whole article, which forms part of a 6 week check series we are running in the GP version of Paediatric Pearls, and links to more resources about heart murmurs please go to <http://www.paediatricpearls.co.uk/2010/11/heart-murmurs/>