

# Paediatric Pearls

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Previous editions are now all available at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk)

## Notes on essential tremor

Although tremor may be a symptom of neurological disease, in children it tends to be idiopathic or "essential" and it usually runs in families (autosomal dominant inheritance).

- ◆ Often starts in adolescence, mean age of onset is 45 years
- ◆ Patients exhibit a rhythmic trembling of the hands, head, legs, trunk and/or voice, which is more visible during movement or with arms outstretched, than at rest. Can not hold a cup of tea without spilling it and their handwriting often suffers.
- ◆ Tremor is exacerbated by stress and tiredness
- ◆ No other associated neurological signs and symptoms
- ◆ Tends to get worse with time
- ◆ Propanolol can be prescribed to adolescents with 60 to 70% of patients finding it helpful. [Click here](#) for more information (from US) on pharmaceutical management of tremors and a guide to doses, contraindications and side effects
- ◆ [www.tremor.org.uk](http://www.tremor.org.uk) is the UK's support group for sufferers.

## PULLED ELBOW with thanks to Dr Furqan Ahmed

Any sudden pulling, lifting, jerking or swinging of a child's hand or forearm may cause **radial head subluxation**. The child will be in pain and may hold their painful arm slightly flexed at 15-20° at the elbow and pressed up against their abdomen. All movements are permitted except supination, and full flexion of elbow.

**How to manipulate** - The affected arm must be held with one hand/finger on the radial head and the other grasping the hand making sure the elbow is in 90° of flexion. While applying compression between these two hands, the forearm of the patient is gently **supinated and the arm flexed**. The manipulator should feel a "click", the child will feel momentary pain, and should be using their arm again within 5 minutes.

[Click here](#) for a good patient information leaflet from north Devon, UK.  
[Click here](#) for Furqan's full article on this common minor injury in the under 5s.  
 Australian "upper limb non-use" flowchart available [here](#).

[Click here](#) for an inspiring 10 minute video on the MRC's **FEAST trial** which was stopped short last year because of overwhelming evidence that large fluid boluses in shocked African children with malaria, sepsis and other infections (NB. trauma, burns or diarrhoea cases were excluded) resulted in higher mortality than those given maintenance fluids only.

NEJM published the study in June 2011. [Full text version here](#). The study's findings have surprised clinicians worldwide and there are a number of [replies to the FEAST trial](#) published in Archives of Disease in Childhood. One of the authors says in this excellent video that I really recommend to you:

"Boluses in wealthy countries may not carry the same risk because children are healthier and they also have access to intensive care facilities and ventilation. They may also have a different range of illnesses." Prof Di Gibb, MRC Clinical Trials Unit.

The UK's Advanced Life Support Group (ALSG) has no plans to change the resuscitation guidelines used in this country.

NICE guidance on initial assessment and referral following emergency treatment for an anaphylactic episode: December 2011 (<http://www.nice.org.uk/CG134>)

Dr Su Li has summarised the bits of the guideline pertaining to paediatric care. Read [Dr Li's full article here](#).

- ☞ Document acute clinical features of the suspected anaphylaxis and record time of onset and any possible trigger factors.
- ☞ Consider taking blood samples for mast cell tryptase:
  - 1) as soon as emergency treatment given
  - 2) 1-2 hours (no more than 4 hours) from onset of symptoms
  - 3) at follow up in specialist allergy clinic
- ☞ Children who have had emergency treatment should be admitted to hospital and referred to an allergy specialist.
- ☞ Offer the child/parents an adrenaline injector and information about anaphylaxis (signs, symptoms, risk of recurrence of symptoms (biphasic reaction)). NICE [parent information leaflet](#) here. They also need information about what to do if a reaction occurs (use adrenaline injector, call emergency services) and a demonstration on how to use an adrenaline injector.

Click on the links for the NICE [anaphylaxis care pathway](#).

Resus council's algorithm for *management of anaphylaxis* [here](#).

Remind yourself and your patients how to use an Epipen [here](#).

## NEURODEVELOPMENTAL SERIES

### Developmental milestones in children with Down's syndrome

Area of development	Milestone	Age range	
		Down's syndrome	Other children
Gross motor skills	Holds head steady in sitting position	3-9m	1-4m
	Sits alone	6-16m	5-9m
	Stands alone	12-38m	9-16m
	Walks alone	13-48m	9-17m
Fine motor skills and eye hand coordination	Follows object with eyes	1.5-8m	1-3m
	Reaches out and grasps object	4-11m	2-6m
	Passes objects from hand to hand	6-12m	4-8m
	Builds a tower of two 1" cubes	14-32m	10-19m
Communication skills	Copies a circle	36-60m	24-40m
	Babbles "DaDa", "Mama"	7-18m	5-14m
	Responds to familiar words	10-18m	5-14m
	First words spoken with meaning	13-36m	10-23m
	Shows needs by gesture	14-30m	11-19m
Personal and social skills	Two word phrases	18-60m	15-32m
	Smiles when talked to	1.5-4m	1-2m
	Feeds self with biscuit	6-14m	4-10m
	Drinks from cup	12-23m	9-17m
	Dry by day	18-50m	14-36m
	Bowel control	20-60m	16-48m

Adapted from Cunningham 1988 Down's Syndrome - An Introduction for Parents. Souvenir Press Ltd. Human Horizon Series

Download the above table as a PDF for parents: <http://www.dsmig.org.uk/pdf/downs3.pdf>

Children with Down's syndrome are reviewed regularly by a community paediatrician; ensure new arrivals into the area are referred. [Click here](#) for information on the referral pathway in Waltham Forest and the [referral form](#). **GPs take over their health surveillance once they reach adulthood**. Do you know what cardiac, endocrine, ophthalmic, behavioural, hearing and cervical spine problems you should be looking out for? Check here on the Down's [medical interest group website](#) for a reminder. There is a list of [parental resources](#) and you can order specific Down's syndrome growth charts from this site. Plot the growth of a child with Down's syndrome (0-18) on-line at <http://www.healthforallchildren.co.uk/?SHOP=HFAC4&DO=USERPAGE&PAGE=PLOTCHART>.

<http://www.downs-syndrome.org.uk/> is the national support group and houses a wealth of information for individuals, families, health professionals and the media.