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 is available at http://empem.org/2010/09/bronchiolitis_part-1-of-2/comment_page.1?comment=294

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).

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

6-8 week baby check series

This month sees the launch of our 6-8 week check series. Every month one of the paediatric trainees will be highlighting one or two aspects of this early child health surveillance thereby building up a store of information on www.paediatricpearls.co.uk to point you in the right direction when you find something that needs following up. Please do put a comment on the site if there are topics you are keen that we cover. There is a nice overview of the 6 week baby check at http://www.patient.co.uk/doctor/Six-Week-Review-(CHS).htm

There are further resources to do with enuresis including the Waltham Forest referral form at http://www.paediatricpearls.co.uk/2010/11/enuresis/

6-8 week check: heart murmurs

(with thanks to Dr Tom Waterfield)

Most murmurs detected at the 6-8 week check will not be due to significant congenital heart disease but they should all be referred for further assessment and it is important to identify those children that need to be seen urgently. Innocent murmurs are systolic and are associated with normal weight gain, normal feeding and an otherwise normal clinical examination. This child can be referred routinely to paediatric outpatients or a paediatric cardiologist and the parents reassured that the murmur is likely to be due to the normal flow of blood around the heart. If there are any worrying features (diastolic murmur, impalpable femoral pulses, breathlessness, faltering growth) please discuss the child with the paediatric registrar on call.

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 that their GP has heard one incidentally on examining their child.

For Tom’s whole article and links to more resources about heart murmurs please go to http://www.paediatricpearls.co.uk/2010/11/heart-murmurs/