

Paediatric Pearls

December 2012/January 2013

Put together by: Dr Julia Thomson, Consultant Paediatrician, julia.thomson@bartshealth.nhs.uk

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

Recommendations for the Assessment and Management of Cough in Children. Produced by British Thoracic Society Cough Guideline Group; a sub-committee of the Standards of Care Committee of the British Thoracic Society - Thorax 2008, 63 (Suppl III) iii1-iii15. Full text downloadable [here](#).

The Map of Medicine has a great flowchart for the management of childhood cough but you have to have a password for that site now. It is based on the BTS 2008 guideline freely available at the link above and summarised below.

ACUTE COUGH: < 3/52 duration. Most caused by viral infection, of which children will have an average of 8 a year, mostly in the winter. Complications are unlikely if there is no fever, tachypnoea or chest signs. Antibiotics are unnecessary.

PROLONGED ACUTE COUGH: 3-8/52 duration. Most coughs last up to 2/52. Pertussis and post-viral cough can go on for a bit longer. We have a [pertussis](#) outbreak at the moment. See [HPA website](#) for advice on how to test and treat whooping cough. HPA patient information leaflet [here](#).

CHRONIC COUGH: > 8/52 duration. Red flags include weight loss, relentlessly progressive cough, haemoptysis, neonatal onset, cough with feeding. Consider a chest x-ray if: concerned about a possible foreign body, uncertain about a pneumonia diagnosis (ie. concern about a possible empyema. Straightforward pneumonia does not require an x-ray), unusual clinical course or concerns about a chronic respiratory disorder.

- ◆ OTC medications are only for over 6's and as beneficial as a placebo.
- ◆ Bronchodilators do not help non-asthmatics.
- ◆ Use a macrolide antibiotic in the first 1-2 weeks of pertussis infection.
- ◆ Allergic cough is helped by antihistamines and intranasal steroids.

[Patient.co.uk](#) has an information leaflet for parents on childhood cough.

I have just reported another infant with hypocalcaemic fits secondary to **Vitamin D deficiency** to the [British Paediatric Surveillance Unit](#). We have also seen 2 babies this year at Whipps with cardiomyopathy secondary to vitamin D deficiency. **Please could all GPs, health visitors and midwives look at the [DoH guidance](#) on this and ensure your at risk populations are getting supplements?** [R J Moy et al](#) wrote about their universal use of Healthy Start vitamins in Birmingham in *Archives of Disease in Childhood*, Nov 2012. Their public health action led to a significant decrease in cases of symptomatic vitamin D deficiency in the under 5s (49/100 000 instead of 120/100 000) despite supplement uptake rate rising to only 17%. Can we do even better?

My current "most used Paediatric Pearls pages" in outpatients and the ED:

[Vitamin D](#), [BSACI egg allergy](#) – home food tolerance test, link to Movicol (published in Nursing Times) "[choose your poo](#)" picture, assessment of [wheeze severity](#), summary of NICE guideline on [antibiotics in URTIs](#), link to a good leaflet on [functional abdominal pain](#), and a link to one on [innocent heart murmurs](#).

What Google tells me most visitors to the site are looking at:

[Fontanelles, head circumferences and plagiocephaly](#)
APLS guidelines ([WETF\(L\)AG](#)) mnemonic

Minor Injuries Series, part 2: The Elbow Xray and Supracondylar fracture:

Full article by Dr Jess Spedding, Paediatric Emergency Medicine registrar, [available on website](#) (click on link).

CRITOL (or CRITOE) refers to the centres of ossification around a child's elbow. The numbers on the diagram refer to the age at which that part of the elbow is expected to ossify. A 6 year old child for example should not have an ossified lateral epicondyle (L or E) so a fragment of bone in that position at that age is suggestive of a fracture.

Beware the neurovascular structures around the elbow and document presence of a radial pulse, fingertip cap refill time and whether or not the child can handle toys normally (radial, ulnar and median nerve assessment). Be especially suspicious of neurovascular compromise in displaced fractures.

There are 3 categories (Gartland classification) of supracondylar fractures – undisplaced, visible and totally displaced (pictures on [the website](#)). Types 2 and 3 require operative fixation. All are painful; use [nasal diamorphine](#) for immediate effective pain relief. College of Emergency Medicine guideline [here](#).



Language development pyramid – typical stages of development (with thanks to Jo Quinlan at Waltham Forest Paediatric Services Speech and Language Therapy Services (SALTS)). See also the article on stammering at <http://www.paediatricpearls.co.uk/2012/08/stammering-stuttering-and-dysfluency-services/>

There is more to language than speaking...

Babies learn eye contact and turn taking from birth, 3-4 year olds can follow short stories, 5-6 year olds can tell you one. In the first year their sounds are "p,w,b,m" and vowels. Multisyllabic words (eg. hospital) are still a problem for many 5 year olds. Speech is mature by 7 years. Full language developmental chart available at <http://www.paediatricpearls.co.uk/2012/04/stages-of-normal-speech-development/>.

When to refer to a speech therapist:

- 18/12:** if child not using 10-20 words, not demonstrating pretend play eg. feeding a teddy, not giving or showing parent correct item when asked eg. "Where is the ball?"
- 24/12:** if child not pointing to parts of body, not following 2 key word instructions eg. "give the spoon to Jack", not putting 2 words together eg. "Mummy gone"
- 36/12:** if not understanding 3 key word instruction eg. "put the pencil under the cup", not interacting with peers, speech not fluent and intelligible to most familiar people.

Worcestershire SALTS have some great resources to download: [photocopiable information sheets](#), [referral guidelines](#) at 9, 18, 24, 30, 36, 48, 60 months of age. Top tips on communicating with your baby available in 23 languages from the [Literacy Trust](#).

