Paediatric Pearls

July 2013

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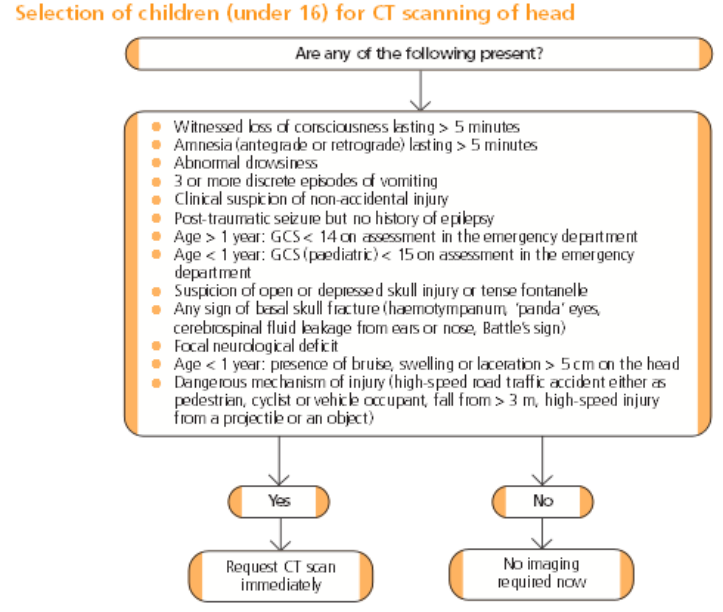
Previous editions are all available at www.paediatricpearls.co.uk

Dr Jess Spedding's Minor Injuries Series — Episode 6: Minor head injuries (not including face)

This is a very important group of paediatric patients as it is a common presentation and can cause great anxiety amongst healthcare professionals because of the small risk of there being a serious underlying brain injury accompanying the external signs of injury. Internationally a great deal of work has gone into defining those head injuries which cause sufficient concern to warrant imaging (which is nowadays a CT scan without skull XR in the UK). In the UK we use the NICE guidelines for which there are specific paediatric considerations and variations. See http://www.nice.org.uk/nicemedia/live/11836/36257/36257.pdf and diagram below.



Battle's sign picture and explanation here.

Think "safeguarding" with all head injuries and involve senior staff if needing to CT a child. In the ED, the vast majority of children with head injuries do *not* need a CT. Frontal (forehead) contusions are the commonest. Temporal are less common and potentially more serious as the bone is thin and major intracranial vessels vulnerable to damage. Look at the whole scalp, working your way over the surface of the skull systematically to ensure you have not missed other injuries. I have uploaded Jess' complete, comprehensive guide to assessing and managing head and facial injuries here. More on facial injuries next month in what will be the last in this minor injuries series.

Emotional Neglect and Abuse – Dr Harriet Clompus

'Emotional neglect is the failure of a parent to provide for the emotional development of the child.'

- Ignoring the child's need to interact
- Failing to express positive feelings to the child, showing no emotion in interactions with the child
- Denying the child opportunities for interacting and communicating with peers and adults.

'Emotional abuse includes failure of a care-giver to provide an adequate and supportive environment and includes acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.'

- Persistently telling a child they are worthless or unloved
- Bullying a child or frequently making them frightened
- Persistently ridiculing, making fun of or criticising a child.

Core-info, a Cardiff university based research group, examines all areas of child abuse by systematically reviewing worldwide literature and producing recommendations based on best evidence. This is a useful resource for paediatricians, general practitioners, health visitors, nurses, social workers, educators. Find all their reviews at www.core-info.cardiff.ac.uk

Core-info have produced a leaflet in cooperation with National Society of Prevention of Cruelty against Children (NSCPCC) following a review in 2011 of the available literature on emotional neglect and abuse in children less than 6 years old. The leaflet is available at www.nspcc.org.uk/inform. Definitions of emotional neglect and emotional abuse vary, but all include **persistent, harmful interaction with the child by the primary care-giver.**

1 in 10 children in the UK experience severe neglect in childhood. See Harriet's invaluable guide on how to spot emotional neglect and abuse.

How to hold a crying baby

Why do babies cry? What can the parent do? What can the doctor do? What resources are there for both? Click here to find out.

New **UK immunisation schedule** from Public Health England available as an eye-catching multicoloured poster here. Catch up vaccination programme here for people with uncertain or incomplete immunisation status. Reminder that rotavirus immunisation will be part of the schedule from this month.

The British Paediatric Surveillance Unit (BPSU) has reported on the first 13 months of their study (Sept '11 to Sept '12) on hypocalcaemic fits secondary to vit D deficiency. Basatemur E, Sutcliffe A. Surveillance of hypocalcaemic seizures secondary to vitamin D deficiency in children the UK. *ADC* 2013;**98**(Suppl 1):A5

- 44 confirmed cases have been reported with some other probable cases = approx. 1 child per week in the UK
- 90% were less than 1 year of age, 4% (n=2) were teenagers
- 26% had clinical rickets, 8% had faltering growth but 66% had no other clinical features of Vitamin D deficiency
- The authors suggest that the current public health policy is not successfully preventing complications of severe vitamin D deficiency in children

REMINDER: all children between 6 months and 5 years should be on a multivitamin supplement containing at least 400units vit D if they are not taking at least 500mls of formula milk a day. Healthy Start vitamins have just about enough in them; please ensure your Health Centres are stocking them and health visitors telling the families.