

Paediatric Pearls

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

Primary Care Guidelines CYP NHS network project

The Children and Young People NHS network is keen to put together one page paediatric guidelines to help GPs manage children appropriately and safely in primary care. So as not to reinvent the wheel, we have started by gathering together primary and urgent care guidelines (and parent information leaflets) from around the country and put them at <http://www.paediatricpearls.co.uk/primary-care-guidelines/>. I'm not sure how helpful this is going to turn out to be but if you could leave comments and suggestions on that webpage it might point us in the right direction.



Dr Jess Spedding's Minor Injuries Series Episode 5: Scaphoid fracture

- Uncommon under the age of 10
- Mechanism: FOOSH (like radial #)

- Risk of lifelong pain and disability if missed because of risk of avascular necrosis.
- Palpate for tenderness in the anatomical snuff box (1) and base of thumb (2) and assess for pain on telescoping the thumb (hold thumb firmly and push it into the wrist) – if any of these is positive then you should request the 4 'scaphoid views'.
Displaced # → refer to orthopaedics
Undisplaced # → backslab and early fracture clinic appointment
No # → scaphoid splint and re-x-ray in 10 days at fracture clinic

NB: this is known as the "danger bone" – you must suspect scaphoid injury in everyone with a wrist injury and assess for it.

Koplik spots are pathognomonic of measles. Described as "grains of salt on a wet background", you find them on the buccal mucosa in the prodromal period, ie. before the rash appears. Probably worth looking for at the moment in any child with a fever.



Are you isolating suspected measles cases in your surgeries? Remember they are infectious for 4 days before the rash appears (and 4 to 5 days after it first appears) and it only takes 15 minutes to catch if non-immune.

PHE has announced its [MMR catch up programme](#) for 10-16 year olds, 16% of whom are thought not to have had 2 doses of MMR. Print a poster for GP surgeries [here](#).

Parasomnias by Dr Sophia Datsopoulos: - A group of sleep disorders that are paroxysmal, predictable in timing in the sleep cycle and characterized by retrograde amnesia. Diagnosis is based on a thorough history; extensive work-up seldom necessary.
Night terrors: Child suddenly sits bolt upright, screams, and is inconsolable for up to 15 minutes, before relaxing and falling back to sleep with no memory of the event the next morning. Tachycardia, tachypnoea and other signs of autonomic arousal are apparent. Main differential is **nightmares**.

Comparison: Night Terrors and Nightmares

Factor	Sleep Terrors	Nightmares
Age	3 - 8 years	Any age
Gender	M>F	Either
Occurrence in sleep cycle	NREM	REM
Arousable?	No	Yes
Memory for event	No	Yes
Exacerbated by stress	Yes	Yes

NREM = non-rapid eye movement (about 90 minutes after falling asleep). REM = rapid eye movement (later in the night).

[Click here](#) for more information and what to do about it!
Parent information leaflet on night terrors [here](#).

Human Trafficking

– with thanks to Dr Shafaq Zulfiqar (GPVTS) for sharing her e-learning with us

<http://www.e-lfh.org.uk/projects/human-trafficking-e-learning/open-access-session/> is a useful, if somewhat disturbing CPD module that everyone from GP receptionist to tertiary care clinician should add to their portfolio. No password needed, takes about 30 minutes.

Human trafficking is a form of abuse and exploitation. It involves the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. People are trafficked for sexual exploitation (31%), forced labour (22%), criminal activity (17%), domestic services (11%) and organ harvesting (<1%).

Signs of trafficking involve behavioral changes (withdrawn, submissive and afraid to seek help), physical (old injuries, delayed presentations and general physical neglect) and social signs (not being registered with a GP, frequent movement, suspicious documents if adults, unclear relationship to the accompanying adult and inconsistencies about age).

GPs have a duty to provide free of charge emergency or immediately necessary treatment regardless of whether or not the patient is registered with their practice. Other NHS services which are free to *all* are the Emergency Department (up until admission), minor injuries units, walk-in centres, family planning, GU medicine clinics, emergency psychiatric services and treatment of certain other communicable diseases. A person identified as a victim of trafficking is *also* exempted from overseas visitors' hospital charges (ie. the hospital admission or outpatient services as well as the initial emergency attendance).

To support these children and adults careful listening and questioning is required. The health care professionals should not raise concerns with anyone accompanying them, ensure privacy and sensitivity. For adults Local Safeguarding Lead should be informed and consent is required. For children there is a legal obligation to follow all child protection guidelines and speak to your designated Child Protection Lead.

Guidance for health staff can be found at the following link.
<https://www.gov.uk/government/publications/identifying-and-supporting-victims-of-human-trafficking-guidance-for-health-staff>

Allergy update

– useful websites from a recent course with thanks to Dr Su Li
www.allergyuk.org – good factsheets on rhinitis, oral allergy syndrome etc. written for the (adult and educated) general public.

www.itchysneezywheezy.co.uk is a collaborative project for patients, their parents and health professionals on all aspects of atopic illness. Useful videos on anaphylaxis and use of adrenaline autoinjectors. Also a link to a support group. Site ticks all the boxes from NICE guideline on anaphylaxis. [RCPCH allergy care pathways](#) for health professionals (eczema, anaphylaxis, urticaria, mastocytosis, food, drug and venom allergies etc. etc.)
www.bsaci.org (stores patient management guidelines and has recently been accredited by NICE – milk, nut and penicillin allergy guidelines all currently in progress)

Risk of anaphylaxis in peanut allergy is 1% per year
Common allergens associated with eczema are egg, peanut and cows milk
Other nuggets of information from the course [here](#).