

# Paediatric Pearls

by Dr Julia Thomson, Paediatrician

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Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) where comments and requests are welcome!

**Towards a Healthy Lifestyle....** is a 5 page handout a team of us have put together to help busy health professionals when the Department of Health wants us to talk about weight and we don't have the time to do it properly. I hope you find it helpful. It is available to download for your patients from <http://www.paediatricpearls.co.uk/wp-content/uploads/Towards-a-healthy-lifestyle-final.pdf>.

These are a few tips from the "Getting it right from the start" section:

- ◆ Young children should eat three child-size healthy meals (see <https://www.firststepsnutrition.org/> and [www.infantandtoddlerforum.org](http://www.infantandtoddlerforum.org)) and two to three healthy snacks per day (see suggestions at <https://www.nhs.uk/change4life/food-facts/healthier-snacks-for-kids/100-calorie-snacks>).
- ◆ Children (and adults actually) should not add extra salt to their food.
- ◆ Try to keep foods containing refined sugar to one small portion per day at the most and combine with fruit. Only have sugary foods after meals to minimise damage to teeth.
- ◆ Being a part of family meal times helps children to observe and learn more about healthy food. Involve them in preparing lunchboxes, meals and snacks. Let them make ice lollies out of sugar free squash or diluted fruit juice. Grow cress, bean sprouts, strawberries, chillies and tomatoes together.
- ◆ Try not to eat in front of the television; as well as inhibiting family communication, people tend to eat too much when they are absent-mindedly snacking on the sofa!
- ◆ Increase the amount of physical activity in your normal day; when you take a picnic to the park, take a frisbee or a ball too, take the stairs instead of the lift, dance to music with the kids while getting ready for work and school, walk to school instead of taking the bus.
- ◆ Swim as a family, plan a weekly family walk (it's amazing how much talking children will do while walking – yes, even the teenagers).
- ◆ Be a healthy role model for your children by sticking to a regular, balanced diet yourself; avoid linking food with emotions, avoid making negative comments on your own or others' weight or shape.
- ◆ Bad habits are hard to break. The earlier children begin to enjoy regular physical activity and healthy food, the more likely they are to stick with good habits as they grow up! It takes about 12 weeks to change a habit.

With thanks to Dr Saskia Burchett, paediatric registrar at Homerton Hospital, for the slides below from her presentation on **Faltering Growth**:

<p><b>8 week old</b> Referred due to vomiting ++ Vomiting every feed, milky, projectile</p>	<p><b>8 week old</b> Referred due to diarrhoea Uncomfortable with feeds Eczema Vomiting with every other feed</p>	<p><b>8 week old</b> Referred due to respiratory distress Not feeding well for past 2 weeks Palpable liver edge</p>
<p><b>Inadequate intake</b> Eg. pyloric stenosis. Other causes in this group (with a different history): Breast feeding difficulties Error in infant formula dilution Structural causes (e.g. cleft palate) Anorexia of chronic disease Early/delayed solids</p>	<p><b>THINK!</b> <b>Inadequate absorption</b> Eg. cows milk allergy Other examples in older children include: Coeliac disease Chronic liver disease Pancreatic insufficiency Chronic diarrhoea</p>	<p><b>Excess calorie use</b> Eg. Congenital heart disease Other examples of this type include: Chronic illness UTI Respiratory illness (eg. CF) Diabetes Hyperthyroidism</p>

Most cases of faltering growth are multifactorial. Think organic and non-organic. There is a brief summary of [NICE's 2017 guideline](http://www.nice.org.uk/guidance/CG102) on Faltering Growth in babies and preschoolers at <http://www.paediatricpearls.co.uk/wp-content/uploads/March-2018.pdf>.

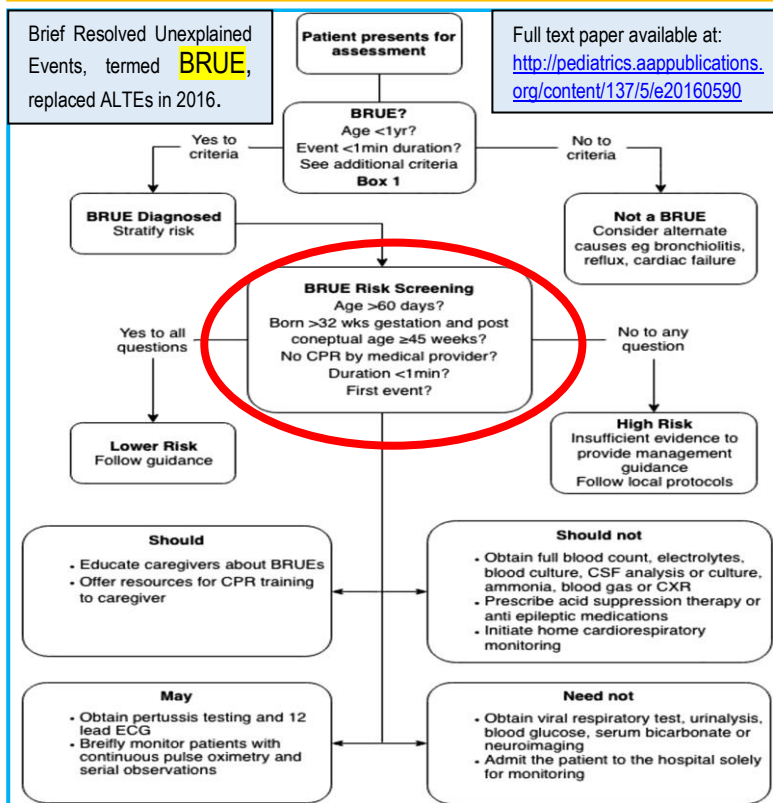
## LESSONS FROM THE FRONT LINE

I've been banging on about heart rates (HR) again at work and overheard our new junior doctors reassuring themselves that a child had tachycardia "because of their fever". HR certainly rises with a high temperature but my view is that tachycardia should mean "shock" to all of us until proved otherwise. The authors of a 2009 paper in *Emergency Medicine Journal* (<https://emj.bmj.com/content/26/9/641.long>) showed in a study of over 21,000 children that **HR increases 10 bpm for every 1 degree in Celsius rise in temperature**. I do find this quite a useful rule of thumb (once I've convinced myself they are not in shock) if used with the NICE cut offs for heart rate of 160 bpm if under 12 months, 150 if 12-24 months and 140 if aged 2-5yrs. **So please don't disregard a 3 year old's HR of 168 just because the temperature is 39°C.**

Safeguarding – part of Dr Emma Parish's **adolescent health** series:

### Stats on safety online:

Online safety is a growing concern and knowing how to advise parents and children about keeping safe is part of the wider public health role of clinicians. In the UK, the NSPCC reports 15% of secondary school children are, or have been, sexting (sharing sexual, naked or semi-naked images or videos of themselves or others, or sending sexually explicit messages, see <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting/>). Cyberbullying is reported to be 38%. The NSPCC has fantastic resources for parents and children to start the conversation and a helpful update on the features of popular online sites, apps and games – so if you don't know your snapchat filter from your Fortnite final survivors then this is the link for you (<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/>).



With thanks to Dr Manal Hamed, paediatric registrar at Homerton Hospital, for reminding us that the terminology has changed for those episodes of apparent lifelessness in babyhood which frighten parents so much and which we used to call Adverse Life Threatening Events. The evidence suggests that low risk babies (see red-ringed box) do not need many (any?) of the investigations they currently receive.