Paediatric Pearls

(Emergency Department update)

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H1N1

We are expecting to see more swine flu cases over the coming weeks. Please note that this is a clinical diagnosis and you should not be routinely sending viral swabs and NPAs. Children generally cope well with 'flu; the danger lies in misdiagnosing sepsis as 'flu. If in doubt please ask the paediatric A and E nurses and senior doctors for advice.

Venepuncture

No one enjoys sticking needles in children and the good news is that very few children need blood tests. There is no such thing as "routine" or "baseline" bloods in paediatrics and you need to be able to really justify why you are taking blood from a child. **"To see what the CRP is" is no justification at all.**

We are very lucky at Whipps to have paediatric nurses trained in venepuncture. Many hospitals do not have such luxuries so please, if you think you *can* justify taking blood from a child, take the opportunity to learn the skill from the nurses. Senior nurses are allowed to complete DOPs forms for you.

Chest X-rays!!

Please think twice before x-raying a child's chest. We all know what asthma, bronchiolitis and pneumonia look like on chest x-rays and seeing it in black and white rarely changes our management. If you are not sure of the clinical diagnosis please ask the paediatric registrar or consultant in A and E for advice; bronchiolitis v. viral induced wheeze can be a grey area even for experienced paediatricians but there is no place for chest x-rays in either!

FROM THE LITERATURE:

Does the clinical finding of ear wax exclude the finding of otitis media? Conventional wisdom says yes but a recent review of the (somewhat meagre) evidence suggests otherwise. In a study from 1983, 57% of 279 infants with otitis media required removal of ear wax to visualise the eardrum. *Arch Dis Child* 2009;**94**:912-913

A and E clinical question

The paediatric guideline on croup talks about management of mild, moderate and severe croup but how do I assess severity?

Mild croup: may or may not have stridor at rest, normal RR, HR, O_2 sats and conscious level. No recession.
Moderate croup: easily audible stridor, normal or increased RR and HR, O2 sats >92%, mild recession, normal conscious level.

Worse than moderate parameters? – call paediatric team

Thank you for asking this question. I will work on trying to make the assessment of croup clearer in the paediatric protocol folder.

Please e-mail me your clinical questions. Nothing is too basic; if you are thinking it, chances are most of your colleagues don't know the answer either.

This month's featured NICE guideline: *Feverish illness in children - Assessment and initial management in children younger than 5 years (CG47 issued May 2007)*

The guideline makes recommendations on management of children under the age of 5 with a fever *until such time as a diagnosis of the underlying condition is made.*

Tables 1 and 2 show the traffic light system of assessing feverish children and some common signs and symptoms found in certain infections (pneumonia, meningococcal septicaemia, UTI). You can (and should) access these tables at www.nice.org.uk/CG047 where they form part of an 18 page, easy to follow Quick Reference Guide.

Some basic "Dos" and "Don'ts" for the Emergency Department arising from this guideline:

DON'T.....

- X Routinely give antipyretics with the sole aim of reducing body temperature
- X Give paracetamol and ibuprofen at the same time
- X Give antipyretics specifically to prevent febrile convulsions
- X Advise tepid sponging or over- or under-dressing a feverish child
- X Prescribe oral antibiotics to children with fever without apparent source

DO.....

- √ Believe parental reports of fever at home
- √ Take note of the temperature, respiratory rate, capillary refill time and *particularly* the heart rate
- √ Test a child's urine
- √ Reassess a child with amber or red features (see Table 1 at www.nice.org.uk/CG047) after 1-2 hours
- √ Provide a "safety net" for parents/carers taking their child home including information on how to access further healthcare if necessary
- √ Ask paediatric A and E nurses and paediatricians for advice if you have any concerns whatsoever