

# Paediatric Pearls

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Previous editions are now all available at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk)

## Health on the Net (HON) certification

You may have noticed a new icon on the home page of [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) as the site has just been accredited by Health on the Net. HON was founded to encourage the dissemination of quality health information for patients and professionals and the general public, and to facilitate access to the latest and most relevant medical data through the use of the internet. Click on the link above or on the icon on the Paediatric Pearls home page to find out more.

## WELCOME to the new ED and paediatric juniors who have just joined us!

Some of you will be very excited about working with children and their parents for the next few months, others may be a little worried. The nursing and medical staff are all very approachable "down the paediatric end" and we look forward to helping you learn about caring for children in the ED. Afternoons and evenings can get fairly hectic so do try and spend some time with us in the mornings first if you are a bit unsure.

I, with the help of some of the paediatric juniors, produce a newsletter like this every month. The last 2 years' editions are housed on my accompanying website and you can search for topics on the home page. I hope you will find it a useful resource for your paediatric training. The paediatric department at Whipps maintains a comprehensive evidence-based set of guidelines which you will find on the Intranet. Please use them!

Mr Zia, ED consultant, has produced a brief guide to how to assess a child in the ED available [here](#). You may also like to register with the 2 CPD sites below:

[www.spottingthesickchild.com](http://www.spottingthesickchild.com) is a new interactive tool commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child. Click [here](#) for an SHO review of it.

<http://www.e-lfh.org.uk/projects/safeguarding/index.html> is where you can do your mandatory child protection training. You need to do Levels 1 and 2 as a doctor working with children. Paediatricians (registrars and above) and paediatric nurses must undergo regular Level 3 training. E-learning for health (e-lfh) has all 3 as on-line courses and I recommend you get the ones relevant to you done fairly early on in your post. SHO review of the site available [here](#).

<http://www.e-lfh.org.uk/projects/healthychild/index.html> is an e-learning project for all healthcare professionals working with pregnancy and the first five years of life. It is based on the DoH's [Healthy Child Programme](#). Be the first to review it [here](#)!

## NICE on TB: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (publ. March 2011) <http://guidance.nice.org.uk/CG117>

Please refer any children urgently you feel need screening or treating for TB to Dr Maria O'Callaghan, paediatric consultant, at Whipps Cross. The TB service at the hospital will organise screening, diagnosis (in line with the "Green Book") and treatment and liaise with the Health Protection Agency over contact tracing. This guideline, offering best practice advice on the care of people with, or at risk of contracting, TB, is mainly relevant to secondary care but I have picked out a couple of points which I thought may be of interest to GPs or ED doctors.

◆ Healthcare workers caring for people with TB should not use masks, gowns or barrier nursing techniques unless multi drug resistant (MDR) TB is suspected. However inpatients with smear-positive respiratory TB should be asked (with explanation) to wear a surgical mask whenever they leave their room until they have had 2 weeks' drug treatment. [2006]. The [NICE information for patients](#) may be of use here.

### BCG vaccination for neonates

◆ Primary care organisations with a high incidence of TB (includes east London) should consider vaccinating all neonates soon after birth. [2006]

### BCG vaccination for infants and older children

- ◆ Routine BCG vaccination is not recommended for children aged 10–14.
- ◆ Healthcare professionals should opportunistically identify unvaccinated children older than 4 weeks and younger than 16 years at increased risk of TB who would have qualified for neonatal BCG and provide Mantoux testing and BCG (if Mantoux negative). This opportunistic vaccination should be in line with the Chief Medical Officer's advice on vaccinating this age group following the end of the school-based programme. [2006]
- ◆ Mantoux testing should not be done routinely before BCG vaccination in children younger than 6 years unless they have a history of residence or prolonged stay (more than 1 month) in a country with a high incidence of TB. [2006]

### BCG vaccination for new entrants from high-incidence areas

◆ BCG vaccination should be offered to Mantoux-negative new entrants who are from high-incidence countries, and are previously unvaccinated (that is, without adequate documentation or a characteristic scar), and are aged younger than 16 years, or 16 to 35 years from sub-Saharan Africa or a country with a TB incidence of 500 per 100,000. [2006]

In Case you Can not find a **growth Chart** when you need one, the 0-4 years versions are available for download from RCPCH (<http://www.rcpch.ac.uk/growthcharts>). To avoid frustration, you will need to ask it to "shrink to printable area" before printing on A4 paper. We correct for gestational age for any child born before 37 weeks gestation for at least the first year of life eg. a 26 week old baby who was born at 32/40 should be plotted on the Chart at 26 weeks with a line and arrow drawn back to 28 weeks.

*We are having a bit of a drive on **PAIN** at the moment after an audit showed that we could do better in assessing, managing and then reassessing pain in children presenting to the ED. [Click here](#) for some tools for assessing pain in different age groups. There is a very comprehensive paediatric pain protocol on the Whipps Cross Intranet that I urge you to read. The child is the best judge of their own pain; please listen to – and believe – them and make use of non-pharmacological (distraction, calm parent etc.) as well as pharmacological management techniques.*