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Dr Jacqueline Bold, Consultant Community Paediatrician

Dr Brindha Dhandapani, Consultant Community Paediatrician

Dr Chipo Githinji, Specialty Doctor

Dr Vicky Ho, Consultant Community Paediatrician

Dr Sian Morgan, Associate Specialist

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Dr Sarah Panjwani, Consultant Community Paediatrician

Dr Julia Simpson Consultant Community Paediatrician

Dr Katerina Tsampanaki, Specialty Doctor

**Community Child Health**

Kaleidoscope

Lewisham Centre for

Children & Young Peoples Services

32 Rushey Green

London, SE6 4JF

Web: [www.lewishamandgreenwich.nhs.uk](http://www.lewisham.nhs.uk)

**Appointments Team: 020 3049 1525**

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Main Reception Phone: 020 7138 1100

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JS/DSCRIBE 01.02.2018

**RE: Sarah Ann HARPER DOB:**

**NHS Number: 7090458806**

**Address: Flat 41 Hazelwood House, Evelyn Street, London SE8 5RP**

**Parents:**

**Tel:**

**School/Nursery: Deptford Park Primary School**

**GP: Grove Medical Centre, Deptford London**

**Referred by:**

Attended with mother, Savvy Harper and older brother Steven Harper

**Problems/Diagnoses:**

1. Chromosomal abnormality, duplication on chromosome 3
2. Learning difficulties
3. Profile suggestive of a diagnosis of ADHD
4. Language difficulties
5. Sleep difficulties
6. Safeguarding concerns remains, on a child in need plan
7. Previous iron deficiency anaemia

It was a pleasure to review Sarah Ann Harper with her mother and older brother in clinic today.

**Update/Progress:**

**Communication:**

Sarah continues to present with receptive and expressive language difficulties. She is able to request support. She often has word finding difficulties. She will often get her words quite muddled up. Currently, Sarah Ann is receiving one to one support in the mornings at school. Sarah Ann was reported by school to be approximately 2 academic years behind her peers. No areas of learning in the early year’s curriculum in October 2016. Her Initial Education Health and Care Needs Assessment application was defined. Mother has been informed that Sarah is making academic progress although mother feels this is still less than would be expected from her chronological age. Over the last 2 to 3 weeks, Sarah has been presenting with early morning tummy aches only evident on mornings that she needs to attend school and not on weekends. She has been more clingy and upset in mornings when getting ready for school. Mother is anxious to explore possible reasons for this.

**Sleep:**

Sarah Ann continues to have ongoing difficulties getting off to sleep and also tends to wake up during the night. Mother has a good sleep routine and tends to put Sarah to bed at 07:30 however she will often not fall asleep until after 9 pm and then may wake 2 to 3 times during the night. This has an impact on the quality of sleep with her siblings and more significantly on her mother as she would generally go in to mum's bed.

**Safeguarding Concern:**

Sarah Ann Harper had a Child Protection Medical in July 2017 having made the disclosure of concern at school. Sarah did not have any physical findings however risk factors highlighted from information shared from Lewisham Social Care was of concern. Mother reports that since this child protection medical, she has been suffering with anxiety in learning and is on medication currently. All the children are currently subjected to a child in need plan. Mother is anxious that she feels that Sarah Ann often tells lies and that she supervises Sarah at all times when at home. Mother is also concerned about the impact of social care involvement on her other children namely Steven Harper, Sophie Harper and Debbie-Rea Harper. Mother stated that the older children become agitated and distressed when social care carry out home visits. It is also of concern that there has been many changes in the allocated social workers to the family and this consistency puts a strain on mother.

**Behaviour:**

Sarah Ann continues to lack danger awareness and mother reports that she struggles to sit still for carpet time at school and distracts the other children. At home, she is unable to sit and complete her meal without getting up numerous times during dinner. She interrupts her mother. She climbs and runs at times that she is not supposed to. She often has meltdowns at home and might throw furniture. She is unable to sit and watch a TV programme without fidgeting in her seat. She needs adult supervision to commence and remain on task. Mother was concerned that Sarah Ann is mainly presenting with features suggestive of Attention Deficit Hyperactivity Disorder and has requested a formal assessment. Mother has previously completed parenting courses including Triple P and consistently implements the strategies.

**Medical Update:**

Sarah Ann has been reviewed by the Paediatric Ear, Nose and Throat specialists who reassured mother that her hearing is normal and that she did not require grommet insertion.

Sarah is due her visual assessment/Eye examination in April 2018.

Sarah Ann Harper successfully completed her iron therapy for presumed iron deficiency anaemia.

**Physical Examination:**

Weight 23.85 kg (75th to 91st centile), height 108.2 cm (2nd to 9th centile)

Sarah Ann looked well in clinic today. She demonstrates good eye contact with referencing back. She was very busy in clinic today fleeting from activity to activity. She opened cupboard doors, tried to open a clinic door and was constantly on the move at numerous times. Her attention was quite poor. Sarah Ann's presentation was as previous and that she needed adult support to follow instructions.

School reports that Sarah Ann copies her teacher a lot. Her fine motor skills are improving. She enjoys pretending imaginative play commenced in school. At playtime, she often needs support from adults regarding building relationship with her peers. She tends to call her in class too much. She greets her teachers appropriately. She responds to her name appropriately and follows gestures. She is aware of the early morning routine of school. She struggles to sit on the carpet for registered time walking around trying to collect other children's books and help them for their coats on their hangers. She likes to pretend to be the teacher and tell the other children off. She will participate in activities at the creative table alongside the other children. Her mother has also reported that Sarah will sometimes take thing that are not her and when shopping she often runs off without referring back. She often has meltdowns at home.

**Plan:**

1. Sarah Ann will be referred to Lewisham CAMHS for an Assessment of possible ADHD.
2. I will write to GP to start a trial of Melatonin and to help with her sleep initiation difficulties.
3. I would recommend the school arranging a team around the child meeting with mother to discuss her support in school. I have sent information to mother regarding SENDIASS if she needs independent support at this meeting.
4. Sarah Ann will be reviewed again in 6 months time.

Yours sincerely

**Dr Julia Simpson**

**Consultant Community Paediatrician**

Cc GP

Lewisham CAMHS

SENCo at School

School Nurse



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GP

Dear Colleague,

**RE: Sarah Ann HARPER DOB:**

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I would appreciate if you would commence Sarah Ann on license Melatonin Circadin equivalent to a dose of 2 mg nocte to be taken at night to help with her ongoing sleep initiation difficulties. Mother Savvy Harper has provided a 2-week sleep diary which shows that Sarah Ann takes an excessive an hour and half to fall asleep approximately, 4 to 5 nights out of 7 days. She also awakes at least twice at night minimum at 5 nights a week. This is having a huge impact on mum who has reported that you are supporting now with her current anxiety and low mood. I would appreciate if you could commence at a dose of 2 mg to be taken once at night. This dose may be increased in 2 mg increments to maximum dose of 6 mg taken once at night. Once an effective response is achieved, dose may be titrated up or down the maximum accepted dose being 10 mg. Melatonin MR formulation tablets can be crushed. If no sleep benefit has been seen after 2 weeks of maximum tolerated dose then this medication should be discontinued. I would appreciate if you would give the family prescription for Melatonin for Sarah Ann and continue this until she is reviewed later on in the year. I have also sent patient information leaflet to mother with regard to Melatonin usage.

Many thanks for your cooperation

Yours sincerity

**Dr Julia Simpson**

**Consultant Community Paediatrician**

Cc Parents

File

Parents please also enclose Melatonin information leaflet



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SENCo at Deptford Park Primary School

Dear Colleague,

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I have recently reviewed Sarah Ann with her mother and older brother. I enclose a copy of that review paediatric assessment. Mother did report today that Sarah Ann’s previous Education Health and Social Care Needs Assessment was unsuccessful. Mother feels that Sarah continues to be approximately 2 years behind her peers and is making minimal academic progress. Mother reports today that Sarah’s one to one support has been reduced to the morning sessions only. I appreciate if you could arrange a meeting with mother to discuss Sarah's progress and individual educational plan. I will await your collaborative decision as to whether Sarah would benefit from additional support during the day and whether her need as such that a New Education Health and Care Needs Assessment application should be made. I ensure school and Sarah's mum Savvy will be able to come to the appropriate conclusions after discussions regarding her progress.

Many thanks for your support

**Dr Julia Simpson**

**Consultant Community Paediatrician**

Cc GP

Parents

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CAMHS Lewisham Kaleidoscope

Dear Colleagues,

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I would truly appreciate if you could offer an Initial Assessment for this delightful 6-year-old girl who is presenting with profile consistent with a diagnosis of ADHD. I enclose a copy of Sarah Ann’s most recent review paediatric assessment. Mother is concerned that Sarah lacks danger awareness, struggles to sit still, often runs off acting impulsively and sometimes takes things that are not her. Mother feels the behaviours are having a direct impact on her learning. Sarah remains behind her peers academically. Sarah has presented as a restless active young child at her last review assessments and continues to have the same presentation even in light of the strategies that mother is implementing since completing a Triple P parenting course. I would appreciate your opinion.

Yours sincerely

**Dr Julia Simpson**

**Consultant Community Paediatrician**

Cc GP

Parents