

Spotting the Sick Child – for the non paediatrician

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Paediatric Presentations...



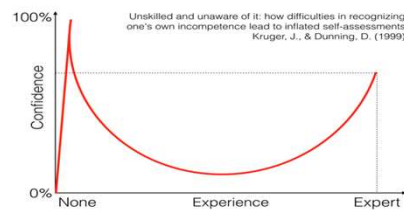
<https://spottingthesickchild.com>



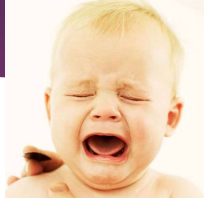
It's going to be OK



Dunning-Kruger Effect



OMG, Why are they here at 3am..



Tip 1: MKAW



Tip 2: Looks can be deceiving



Sometimes they change....



TIP 3: A Structured approach PRE consultation

- Information gather ?



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- Information gather:
- Paeds nurses
- Old ED Cards
- ED / Hospital discharges
- Child protection register



Tip 5: CTPCTC

- (Who are they....Do they have PR?)
- Does the child want the adult in the consultation?
- Can they choose to eject the parent?
- Does the parent want to talk away from the child?



Tip 6: Ideas Concerns & Expectations

- *Child & Parent*
- *Ideas* – what does the parent think is wrong?
- *Concerns* – what are they worried about?
- *Expectations* – what do they expect us to do?
 - Eg X-Ray, referral, tests, admission?

Tip 7: Communicating with children...



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Communicating with children...



Tip 7b: Communicating in their language...



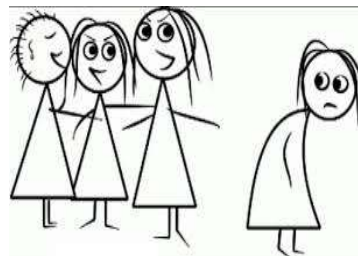
Tip 8: Know Their Developmental Milestones



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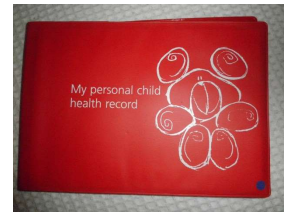


Tip 9: Focus on the Presenting complaint via the child

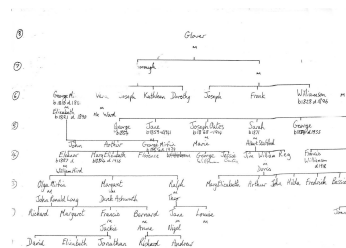


Tip 10: A 'paeds' background Hx is needed

- PMH...
- Birth: Antenatal, Perinatal, Postnatal periods
- Development
- Immunisation history
- Drug history
- Allergies
- Family/social situation
 - ▶ 'do you have any help from social services...?'



Tip 11: Social and Family History




- ▶ Essential in PEM - Medically & Socially
- ▶ Check who's at home
- ▶ Check where birth father /mother is and contact
- ▶ HV input?
- ▶ SN input?
- ▶ Social Care input – NOW or in the PAST for any of the children?
- ▶ CPR register

Tip 12: Appropriate examinations

- Prepare Prepare Prepare
- Appropriate setting
- Assistance
- Adequate exposure

- Full examination
 - <1 year
 - >1 years
 - Special cases eg disabilities
-
- Examine all systems always
- Put numbers to everything you can
- Order of examination altered to do most distressing part last





A Airway

B Breathing

C Circulation

D Disability

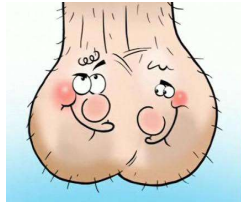
E Exposure



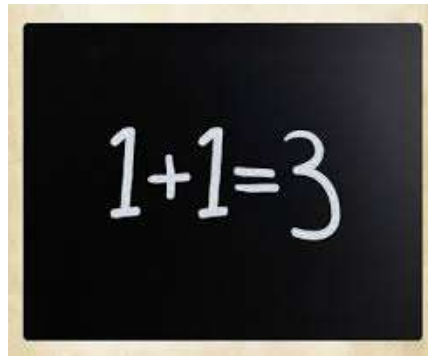
Opportunistic



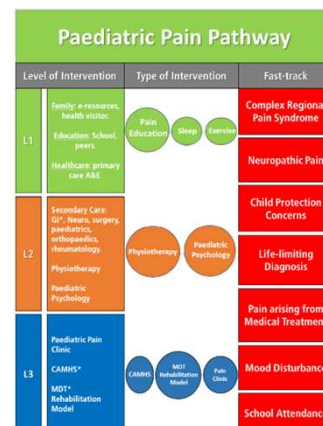
Tip 13: Exam: 'never forgets'



Tip 14: Never memorise ANYTHING numerical


$$1+1=3$$

Tip 15: children feel pain



Tip 15: Osler's Rule... Limit your Ix

► 'History and Examination gives 90% of the diagnosis'

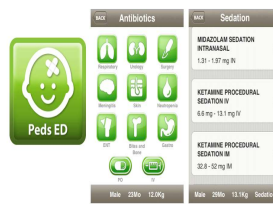
► NO baseline / routine investigations

- BM – DEFG
- Urine
- Bloods – apply EMLA and ask for advice before taking blood from children
- CBG / VBG
- CXR – rarely needed on likely discharges – discuss
- AXR – hardly ever on children

Tip 16: Resuscitate aggressively when needed



Resources at your fingertips



Tip 17: Escalate early

Tip 18: Essential Documentation

- Document the salient examination findings – especially ENT
- Document your impression / differentials
- Document plan
- Document advice given & if parents agreed / understood
- Document safety net

Tip 19: Safeguarding checklist

Paediatric/Vulnerable Adult Safeguarding Checklist	
Accompanied by (relationship)	
Is there a delay in presentation?	Y / N
Is the presentation inconsistent with the history?	Y / N
Is the presentation inappropriate for the age of patient?	Y / N
Are there injuries of different ages?	Y / N
Is this a ' frequent attender'?	Y / N
Concerns about patient/carer interaction	Y / N
Does the patient have a disability /complex need?	Y / N
If concerned:	
Adult: Discuss with adult safeguarding team	Y / N
Child: Recheck child protection register	Y / N
Discuss with paediatric registrar	Y / N

Lest we forget



Tip 20: Discharging Children

- Discuss with seniors
- Discuss rationale with parents
- Provide timelines to parents for follow up
- Advise most appropriate follow up
- Advice leaflets
- Document Document Document

Any Questions...

