

# The unwell child

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# The unwell child

- Objectives
  - To be able to recognise the unwell child
  - To be able to assess and manage common acute paediatric presentations.

# At your tables

- Discuss Case 1, Mia

# NICE Clinical Features of a UTI

	< 3 months	Older infants and preverbal children	Verbal
<b>Most common</b>	Fever, vomiting, lethargy, irritability	Fever	Frequency, dysuria
<b>Moderately common</b>	Poor feeding, failure to thrive	Abdominal pain, loin tenderness, vomiting, poor feeding	Dysfunctional voiding, changes to continence, abdominal pain, loin tenderness
<b>Least common</b>	Abdominal pain, jaundice, haematuria, offensive urine	Lethargy, irritability, haematuria, offensive urine, failure to thrive	Fever, malaise, vomiting, haematuria, offensive or cloudy urine

# Urine dipstick to diagnose UTI

<b>DIPSTICK</b>	<b>Nitrite POSITIVE</b>	<b>Nitrite NEGATIVE</b>
<b>Leucocyte esterase POSITIVE</b>	UTI, send MSU and start treatment	Treat if UTI clinically likely but may indicate infection elsewhere
<b>Leucocyte esterase NEGATIVE</b>	Suspect UTI if freshly voided sample, send for MSU, start treatment	No UTI

- Caution under 3 years
  - Urgent microscopy and culture is the investigation of choice

# At your tables

- Discuss Case 2, Ellie

# Normal ranges in children (APLS)

<b>AGE</b>	<b>HR</b>	<b>RR</b>	<b>SYSTOLIC BP</b>
<b>&lt;1</b>	<b>110-160</b>	<b>30-50</b>	<b>70-90</b>
<b>1-2</b>	<b>100-150</b>	<b>25-35</b>	<b>80-95</b>
<b>2-5</b>	<b>95-140</b>	<b>25-30</b>	<b>80-100</b>
<b>5-12</b>	<b>80-120</b>	<b>20-25</b>	<b>90-110</b>
<b>&gt;12</b>	<b>60-100</b>	<b>15-20</b>	<b>100-120</b>

# At your tables

- Discuss Case 3, Toby



# At your tables

- Discuss Case 4, Sophie

# Bronchiolitis (NICE 2015)

- Diagnosis
  - < 2 years old, usually 3-6 months
  - Persistent cough **and**
  - Either tachypnoea or chest recession (or both) **and**
  - Wheeze or crackles (or both)
- Pulse oximetry in every child presenting with suspected bronchiolitis

# Bronchiolitis (NICE 2015)

- Refer immediately
  - Apnoea (observed or reported), severe respiratory distress or central cyanosis or persistent sats < 92%
  - Looks seriously unwell
- Consider referral
  - RR > 60
  - Difficulty feeding (50-75%), clinical dehydration
- Risk factors for severe illness
  - Chronic lung disease, prematurity, < 3 months age, immunodeficiency, neuromuscular disorders, congenital heart disease

# At your tables

- Discuss Case 5, Lilly

# At your tables

- Discuss Case 6, Joseph

# Volvulus and midgut rotations

- Volvulus
  - Complete twisting of a loop of bowel around its mesenteric attachment, can happen at any site
- Malrotation causes symptoms of obstruction, but if volvulus develops obstruction typically complete
- 60% present by age 1 month, 80% by 12 months but can occur at any age