

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
Most common	Fever, vomiting, lethargy, irritability	Fever	Frequency, dysuria
Moderately common	Poor feeding, failure to thrive	Abdominal pain, loin tenderness, vomiting, poor feeding	Dysfunctional voiding, changes to continence, abdominal pain, loin tenderness
Least common	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

DIPSTICK	Nitrite POSITIVE	Nitrite NEGATIVE
Leucocyte esterase POSITIVE	UTI, send MSU and start treatment	Treat if UTI clinically likely but may indicate infection elsewhere
Leucocyte esterase NEGATIVE	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)

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

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