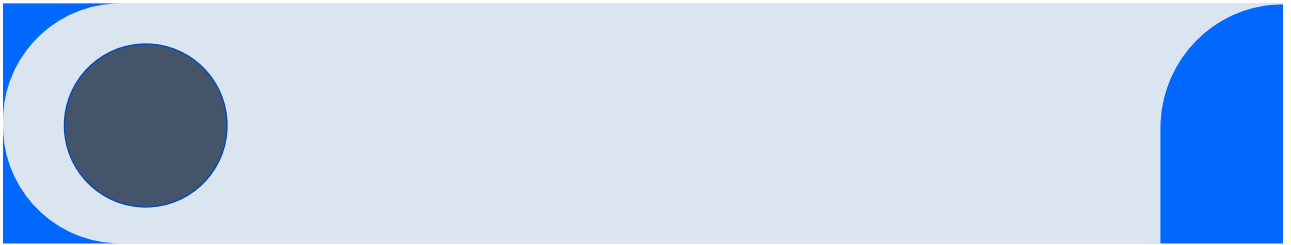


Primary Care Paediatrics

Hannah Riley



1

Introduction

NW Paeds training 2015 MRCPC 2018

Bolton GP training 2018 RCGP 2022

Maternity leave 2017 and 2019

CCT November 2021

3 session salaried GP in Stockport and 1 session NHSE Fellowship in GM

16/05/23

2

2

Areas to cover

1. Child development
2. Early years parenting
3. Clinical cases

What would you like to discuss?

3

Normal development

Two standard deviations from the norm

Reaching milestones

Pattern recognition

Matching expectations of parents/family

Keeping up with nursery/school - mainstream

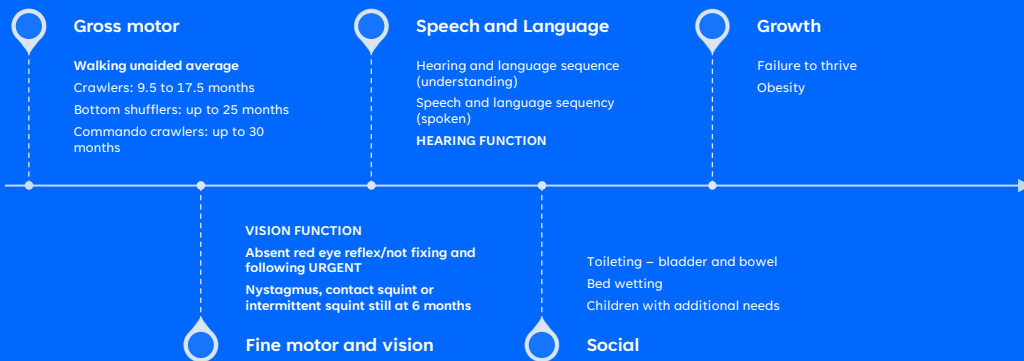
4

4

Group work

- | | |
|-----------------|-------------------|
| 1. 6-month-old | Fine motor/vision |
| 2. 18-month-old | Gross motor |
| 3. 3-year-old | Speech/language |
| 4. 5-year-old | Social |

Development



Age	Gross Motor	Fine Motor / Vision				Speech / Language	Social								
		Draw	Block	Cut	Beads										
6 weeks	<ul style="list-style-type: none"> Good head control – raises head to 45° when on tummy. Stabilises head when moved to sitting position. 	<ul style="list-style-type: none"> Tricks object/ face 				<ul style="list-style-type: none"> Shills, stories of food notes. 	<ul style="list-style-type: none"> Social smile (visual problem if not) 								
6 months	<ul style="list-style-type: none"> Sit without support, rounded back Rolls tummy (prone) to back (supine) – Vice versa slightly later. 	<ul style="list-style-type: none"> Falmer grasp (2yr) Transfer hand to hand 				<ul style="list-style-type: none"> Turns head to find sounds Understands "bye bye" / "no" (7m) Babbles (monosyllabic) 	<ul style="list-style-type: none"> Puts objects to mouth (drops at 1yr) Shakes rattle Reaches for bottle / breast 								
9 months	<ul style="list-style-type: none"> Stands holding on Straight back sitting (7 1/2 m) 	<ul style="list-style-type: none"> Inferior pincer grip Object permanence 				<ul style="list-style-type: none"> Responds to own name Imitates adult sounds 	<ul style="list-style-type: none"> Stranger fear (6-9 mths – 2yrs) Hoits and bites food 								
12 months	<ul style="list-style-type: none"> Walks alone (9-18m) → 18m is threshold for warty – i.e. Duchenne's MO, hip problems, cerebral palsy etc 	<ul style="list-style-type: none"> Most pincer grip (12m) Casting sticks (should disappear by 18m – persistence beyond this = abnormal) 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td>2</td> <td></td> <td></td> </tr> </table>	Draw	Block	Cut	Beads		2					<ul style="list-style-type: none"> Shows understanding of nouns ("where's Mummy?") 3 words (50% at 18m) Points to own body parts (15m), doll (18m) 	<ul style="list-style-type: none"> Waves "bye bye" Hand clapping Plays alone if familiar person nearby Drinks from beaker with lid
Draw	Block	Cut	Beads												
	2														
18 months	<ul style="list-style-type: none"> Runs (16m) Jumps (18m) 	<ul style="list-style-type: none"> To and fro (18m) 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td>4</td> <td></td> <td></td> </tr> </table>	Draw	Block	Cut	Beads		4					<ul style="list-style-type: none"> Shows understanding of nouns ("show me the nose") 1 to 2 different words 	<ul style="list-style-type: none"> Imitates every day activities
Draw	Block	Cut	Beads												
	4														
2 Years	<ul style="list-style-type: none"> Runs upste Walks upstairs, both feet / each step Throws ball at shoulder level 	<ul style="list-style-type: none"> Vertical line 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td>8</td> <td></td> <td></td> </tr> </table>	Draw	Block	Cut	Beads		8					<ul style="list-style-type: none"> Shows understanding of verbs ("what do you drive with, what do you eat with?") 2 words joined together (20+ words) 	<ul style="list-style-type: none"> Eats skilfully with spoon (21+ years)
Draw	Block	Cut	Beads												
	8														
2 1/2 Years	<ul style="list-style-type: none"> Kicks ball 	<ul style="list-style-type: none"> Horizontal line 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Draw	Block	Cut	Beads							<ul style="list-style-type: none"> Shows understanding of prepositions in/ on ("put the cat on the bowl") 3 – 6 words joined together 	
Draw	Block	Cut	Beads												
3 Years	<ul style="list-style-type: none"> Hops on one foot for 3 steps each foot Walks upstairs, one foot per step; downstairs two feet per step 	<ul style="list-style-type: none"> Circle 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td>12 blocks (1 1/2 for train)</td> <td>Single cuts</td> <td>Griffins beads</td> </tr> </table>	Draw	Block	Cut	Beads		12 blocks (1 1/2 for train)	Single cuts	Griffins beads			<ul style="list-style-type: none"> Understands negatives ("which of these is NOT an animal?") Understands adjectives ("which one is red?") 	<ul style="list-style-type: none"> Begins to share toys with friends Plays alone without parents Eats with fork and spoon bowel control
Draw	Block	Cut	Beads												
	12 blocks (1 1/2 for train)	Single cuts	Griffins beads												
3 1/2 Years			<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td></td> <td>Eats pieces</td> <td></td> </tr> </table>	Draw	Block	Cut	Beads			Eats pieces				<ul style="list-style-type: none"> Understands comparatives ("which boy is bigger than the one?" while pointing to middle sized boy) (or draw circles to illustrate point) 	
Draw	Block	Cut	Beads												
		Eats pieces													
4 Years	<ul style="list-style-type: none"> Walks upstairs / downstairs in adult manner 	<ul style="list-style-type: none"> Cross Square (4.5 yrs) Triangle / person (5 yrs) 	<table border="1"> <tr> <th>Draw</th> <th>Block</th> <th>Cut</th> <th>Beads</th> </tr> <tr> <td></td> <td>12 blocks (1 1/2 for train)</td> <td>Cuts paper in half</td> <td>Small beads</td> </tr> </table>	Draw	Block	Cut	Beads		12 blocks (1 1/2 for train)	Cuts paper in half	Small beads			<ul style="list-style-type: none"> Understands complex instructions ("before you put a tin, give 2 to Mummy") Uses complex narrative / sequences to describe events. 	<ul style="list-style-type: none"> Concerns/ sympathy for others if hurt May beed friend Bladder control (4½ years) Engages in imaginative play, observing rules (4½ to 5 years old) Eats skilfully with little help Handles knife (at 5 yrs) Dressing and undressing
Draw	Block	Cut	Beads												
	12 blocks (1 1/2 for train)	Cuts paper in half	Small beads												

Worries from parents

- Feeding methods: breastfeeding and bottle feeding
GP Infant Feeding Network <https://gpifn.org.uk>
- Purple crying (or colic) in a healthy newborn
- Mental leaps
<https://www.thewonderweeks.com/mental-leap/>



Breastfeeding

A public health issue: An emotive topic

UK: rates are low and 8 out of 10 women stop before they wanted to

2010 survey

- initiated 81%
- 6-weeks 24%
- 6 months (WHO recommended exclusive breastfeeding) 1%

6/9/2023

PRESENTATION TITLE

9

9

Benefits

Baby

- Is at reduced risk of ear, gastro-intestinal, chest and urine infections
- Is at reduced risk of developing severe asthma and eczema
- Benefits from feeding at the breast with improved speech and dental development
- Learns how to moderate and interpret food, so is less likely to become obese or develop diabetes and more readily accepts weaning foods

Mum

- Reduced risk of breast/ovarian cancer
- Reduced risk of osteoporosis
- Reduced risk of obesity and cardiovascular disease
- Reduced cost

6/9/2023

PRESENTATION TITLE

10

10

Difficulties

- Poor, ineffective attachment to breast
- Prolonged or frequent feeding
- Tongue tie
- Pain when breastfeeding and sore/cracked nipples
- Low milk supply or perception of
- Early weight loss, faltering growth
- Mastitis and Breast Abscess
- Expressing breastmilk

6/9/2023

PRESENTATION TITLE

11

11

Support



- Misinterpret normal newborn behaviour: cluster feeding, growth spurts, frequent feeding
- Breast may come softer, baby's swallowing pattern may change, fat content increases, response to a breastpump is not a measure of supply
- Medication guidance
<https://www.breastfeedingnetwork.org.uk/>
- National breastfeeding helpline
- KellyMom

6/9/2023

PRESENTATION TITLE

12

12

Purple crying

The Letters in **PURPLE** Stand for



The word **Period** means that the crying has a beginning and an end.

PRESENTATION TITLE

13

6/9/2023

13

No 'best way' to soothe

Feeding: monitor latch, skin to skin, fast flow teat, feed upright

Environment: gentle noise, routine, babywearing, massage, rocking, walking, warm bath

Keeping calm: get to know your baby, family/friend support, take breaks

14

PRESENTATION TITLE

6/9/2023

14

Mental leap



Why is my baby crying?

Can predict the beginning of these fussy phases with almost weekly accuracy based on the due date.

Happen 10 times in a baby's first 20 months of life.

The 10 leaps of The Wonder Weeks!

Phases in a mental leap

1. The fussy phase
2. The skills phase

6/9/2023

PRESENTATION TITLE

15

Clinical cases

“

What do you do when you don't know what to do?

”

Mapping Uncertainty in Medicine
Avril Danczak/Alison Lea/Geraldine Murphy

6/9/2023

PRESENTATION TITLE

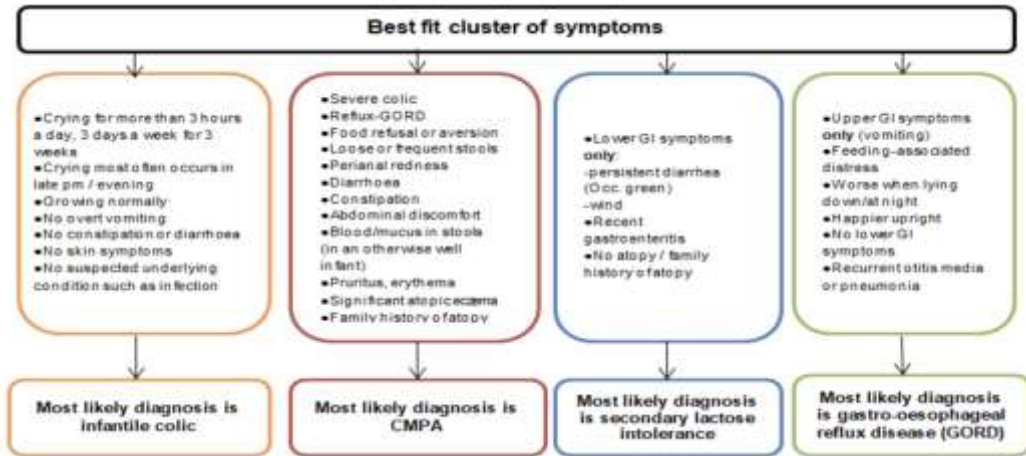
16

Map of Uncertainty in Medicine



17

CMPA



GMMMG prescribing guideline

18

CMPA

Non-IgE delayed onset (majority) vs IgE acute onset (minority)

Breastfeed:

- Exclude cow's milk protein from maternal diet for 2-4 weeks
- OTC calcium/vit D supplement
- Confirm with 1 week challenge

Formula:

- *** Partially hydrolysed (over the counter): Aptamil Comfort or SMA Easy digest ** not indicated*
1. Prescribe extensively hydrolysed (EHF) Antamil pepti 1/Similac/Nutramigen
 2. Prescribe amino acid based (AAF) Neocate/Nutramigen AA

Refer Paediatric dietician/Paediatric Allergy Service

6/9/2023

PRESENTATION TITLE

19

19

Febrile child

URTI – associated acute cough

Antibiotics do not alter the clinical course of URTI

- UK cohort study
 - antibiotics given to 8000 children
 - only 65 needed later admission
 - children with URTI-associated cough rarely get admitted

Two most useful features to rule out pneumonia in primary care were:

- Absence of difficult breathing
- Absence of GP's subjective assessment that the child is unwell

Diagnostic safety netting

If certain things do or do not happen

Unless certain things do or don't happen

When a certain point is reached that will trigger follow up

6/9/2023

PRESENTATION TITLE

20

20

Constipation

Management

Behaviour modification

Dietary modifications

Laxatives

- *Maintenance*
- *Disimpaction*

Resources

Childrens continence service

Eric website

Poo goes to Poland

<https://www.youtube.com/watch?v=ZD0ZjAAJybg>

6/9/2023

PRESENTATION TITLE

21

21

Bedwetting

- Adequate daily fluid intake: 5–8 years of age 1-1.5L
- Toileting pattern: empty bladder regularly in day and before bed
- Environment: waterproof mattress, access to toilet
- Lifting and waking: doesn't promote long-term dryness
- Positive reward system
- Enuresis alarm: first line
 - Children 5 - 7 years decision based on the child's maturity, their understanding of the alarm, and their motivation.
- Desmopressin: short term

6/9/2023

PRESENTATION TITLE

22

22

Any clinical cases to discuss?

- Lymphadenopathy
- Balanitis
- Vulvovaginitis

23

Lymphadenopathy

Lymphadenopathy Pathway
Clinical assessment/management tool for children with Lymphadenopathy
Management – Primary Care and Community Settings

Healthier Together NHS

LYMPHADENOPATHY (LAN) IN CHILDREN

Also think about...TB
Is there a history of TB exposure, travel to a high risk area - discuss concern with local infectious disease specialist.

	Green – low risk	Amber – intermediate risk	Red – high risk
Size	Less than 2cm	Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.	Larger than 2cm and growing
Site	Cervical, axillary, inguinal	EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache + hepatosplenomegaly.	Supraclavicular or popliteal nodes especially concerning
History	Recent viral infection or immunisation	Atypical mycobacterial infection – non-tender, unilateral LN enlargement, systemically well. Most common between 1-5 years of age. Progression to include overlying skin discoloration. Consider mycobacterium tuberculosis – any risk factors?	Fever, weight loss, night sweats, unusual pain, pruritis
Examination	Swollen, Viral URTI	Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.	Hepatosplenomegaly, pallor, unexplained bruising

Green Action

- Reassure parents that this is normal - improves over 2-4 weeks but small LNs may persist for years
- No tests required
- Provide advice booklet

LAN due to poorly controlled eczema

- Generalised LAN extremely common
- Optimise eczema treatment + if persists, check full blood count and blood film and/or refer to general paediatric out - parents
- Provide advice booklet

Amber Action

- If lymphadenitis, treat with 7 days of Co-amoxiclav
- Review progress after 48 hours. If remains febrile, may need drainage
- If systemically unwell or associated LN atelectasis, phone paediatrician-on-call
- If suspected atypical mycobacterial infection associated with discharge/scar, refer to ENT clinic
- Consider blood tests as appropriate such as full blood count, blood film, ESR/swabs
- Consider TB testing
- Provide advice booklet

Differential includes malignancy (leukaemia / lymphoma) and Rheumatological conditions (JIA / SLE / Kawasaki disease)

- Urgent referral to paediatric team

6/9/2023

PRESENTATION TITLE

24

24

Balanitis

<https://4skin-health.alderhey.nhs.uk/healthcare-professionals/>

- At birth all boys' foreskins are non-retractile; separates as boys pass urine and have erections.
- By the age of 6, approximately 8/100 boys can't retract their foreskin at all. By the age of 14 only 1/100 boys can't.
- Urine gets caught between the penis and the foreskin causing 'ballooning' a natural phenomenon which does not require treatment in the absence of other symptoms.
- Balanoposthitis: foreskin/penis becomes red, swollen and painful: good hygiene, ibuprofen +/- oral antibiotics.
- Balanitis xerotica obliterans (rare) from 4 years onwards: white itchy patch at phimosis – steroids or surgery

6/9/2023

PRESENTATION TITLE

Vulvovaginitis

- Symptoms of itching, discharge, redness and burning when passing urine
- Thrush is rare before puberty
- Treat whole family for threadworms particularly if night symptoms
- Urinate with knees apart and wipe front to back
- White vinegar baths; do not use bubble bath or shampoo in the bath
- Cotton underpants; without underwear at night

25