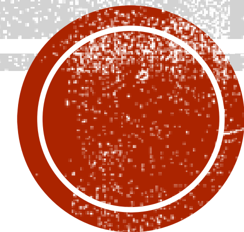
COMMON CHALLENGES IN PRIMARY CARE - PAEDIATRICS



Invitation for General Practitioners

Fred Nagel

Director of Paediatrics

Caboolture Hospital

14 September 2022

I TALK TO COLLEAGUES IN GENERAL PRACTICE

Like us in the hospital service , we are working hard, under resourced and trying to make the best of these circumstances.

PATIENTS TOO ARE FRUSTRATED, SOMETIMES HAVE UNREALISTIC EXPECTATIONS OF BOTH OUR SERVICES

All of us together in the Health system

10 year old boy always aggressive. Will not do as he is told, very oppositional. Often expelled from school. School do not know what to do. Parents separated and mum single, has 4 children. At her wits end

Dear Dr Thank you for seeing Pt a 11yo boy whom his mother suspects may be neurodiverse, who has exhibited alarming physical aggression towards his mother in the last few weeks. In his mother's words, she is treated as his "punching bag" when he cannot get his way at home. He has also started throwing things around the house and threw all his mother's items out of her cupboard. She says she felt he may have been neurodiverse many years ago but didn't have the time to get him seen as she was too focussed on getting help for her younger child - 12yo

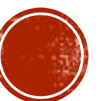
Pt’s parents are very concerned that he has ASD like his older brother Jase as he has similar behavioural issues. He had normal hearing tests at birth and can hear but will sometimes not repond to his name or commands. His speech is delayed but he can communicate his needs. He has temper tantrums and is always on the go, never stops. He is obsessed with water bottles. He hates loud noises. He is very particular with his food and his comforter. His physical developement is otherwise normal but mum and dad are aware how different he is and would value your opinion regarding his behaviour.

Frequent meltdowns, mum says something is wrong. 7 years old. Kicks holes in the walls, wont sleep

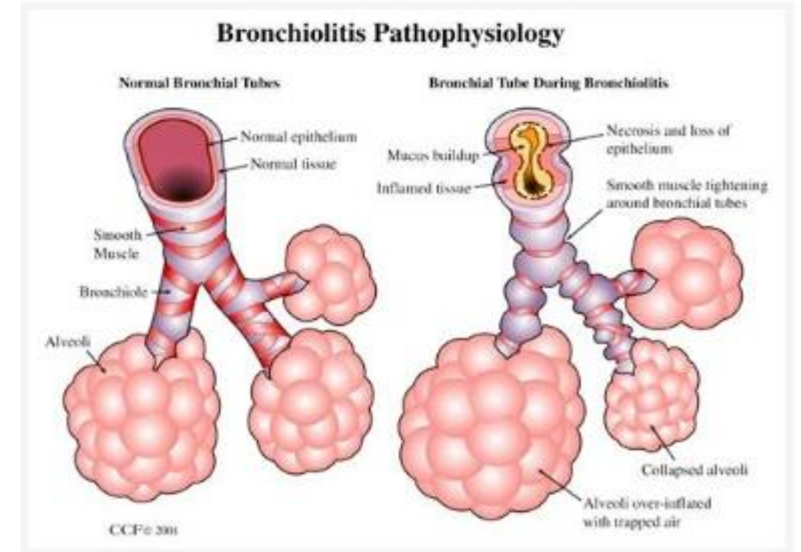
HOW DO WE INTEND TO ASSIST BEHAVIOURAL/MENTAL HEALTH/PARENTING ISSUES FOR CHILDREN IN CABOOLTURE

- Paediatrics is essentially a physicians clinic
- We have some training in aspects of mental health
- We are not psychologists or proxies for psychologists
- We are well placed to assess ADHD or combinations
    - Need completed questionnaires
    - Need information from teachers
    - Trial stimulant medication
- Autism Spectrum Disorder
    - Sometimes possible to use DSM criterion at L2 or L3
    - Often need assistance with L1
        - ADOS
        - Other

1. Breakthru NDIS		1800 767 212			
NDIS Support Coordination | breakthru					
level 2/689 Ann St, Fortitude Valley QLD 4006					
2. Health4Minds		3142 3085			
Health4Minds Brisbane					
6 Mecklem St, Strathpine QLD 4500					
headspace Caboolture | Youth Mental Health Centre & Services					
Suite 38, The Lakes Centre, 8/24 King St, Caboolture QLD 4510					
4. Morayfield Psychology Centre		5495 6668			
Morayfield | Psychology center (morayfieldpsychology.com)					
Unit 5/5 Poinciana St, Caboolture South QLD 4510					
5. Open Minds Morayfield		1300 696 463			
Psychology and Counselling | Mental health and disability support | Open Minds					
Level 1/19-31 Dickson Rd, Morayfield QLD 4506					
6. Young Minds North Lakes		38570074			
Young Minds Network					
Evergreen Lifestyle Centre, 8/12-18 Discovery Dr, North Lakes QLD 4509					
7. Yambi					
YAMBI - Youth Action Moreton Bay Initiative | Younity Youth Services					
8. Yourtown Deception Bay		3888 0758			
yourtown Deception Bay | Child & Youth Family Services					
219 Deception Bay Rd, Deception Bay QLD 4508					



BRONCHIOLITIS



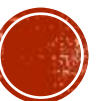
- common chest infection
- viral
- inflammation and mucus to build up in the airways
- more difficult to breathe
- most common in babies under six months
- occurs in babies up to 12 months old
- Bronchiolitis fact sheet | Children's Health Queensland

Paediatric Research in
Emergency Departments
International Collaborative

AUSTRALASIAN BRONCHIOLITIS

BEDSIDE CLINICAL GUIDELINE

- [Bronchiolitis Guideline – PREDICT]



INVESTIGATIONS

In most infants presenting to hospital and/or hospitalised with bronchiolitis, no investigations are required.

Chest X-ray (CXR)

- Is not routinely indicated in infants presenting with bronchiolitis and may lead to unnecessary treatment with antibiotics with subsequent risk of adverse events

Blood tests (including full blood count (FBC), blood cultures)

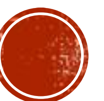
- Have no role in management

Virological testing (nasopharyngeal swab or aspirate)

- Has no role in management of individual patients

Urine microscopy and culture

- May be considered to identify urinary tract infection if a temperature over 38 degrees in an infant less than two months of age with bronchiolitis



Medication

- Beta 2 agonists — Do not administer beta 2 agonists (including those with a personal or family history of atopy)
- Corticosteroids — Do not administer systemic or local glucocorticoids (nebulised, oral, intramuscular (IM) or IV)
- Adrenaline — Do not administer adrenaline (nebulised, IM or IV) except in peri-arrest or arrest situation
- Hypertonic Saline — Do not administer nebulised hypertonic saline
- Antibiotics — Including Azithromycin are not indicated in bronchiolitis
- Antivirals — Are not indicated

UTI

- Urinary dipstick - useful screening test
- positive urine culture with pyuria confirms the diagnosis

Urine Collection

- The perineal/genital area should be cleaned with saline-soaked gauze for 10 seconds before collecting midstream or clean catch urine
- **Midstream urine (MSU):** preferred method for toilet-trained children who can void on request — contamination rate 25%
- **Clean catch:** appropriate for pre-continent children who cannot void on request, but are not seriously unwell (yield may be improved by gently rubbing child's suprapubic area with gauze soaked in cold fluid, see urine tests) — contamination rate 25%
- **Suprapubic aspirate** (see SPA): gold standard — contamination rate 1%
- **In/out catheter:** useful if there is little urine in the bladder, such as after failed clean catch or SPA (discard first few drops of urine if possible to reduce contamination) — contamination rate 10%
- **Bag urine:** not recommended for culture due to high false positive rates — contamination rate 50%