

Most kids with Down Syndrome (trisomy 21) have some physiological and behavioural differences that make it difficult to assess how sick they actually are.



1. Poor temp control:

may not develop a fever at all, or may be hypothermic instead

2. Weak immune system:

Infections that usually cause only minor illnesses can be dangerous to kids with DS. Amy (in the photo below) spent a week ventilated in PICU when she had chicken pox!

3. Mottle easily:

Kids with DS have poor control of SVR, and get mottled (“corn beefy”) with temperature change as well as sepsis, making assessment tricky.

4. Co-morbidities common

Remember cardiac problems, GORD, coeliac and autism (& don't forget the drug history)

5. Leukaemia is more common

and may present atypically

Top tips for triaging & treating



kids with Down Syndrome

6. Ask what's normal for this individual child

Assessing levels of alertness, responsiveness, tone etc. can all be difficult if you don't know the individual child at baseline. Ask parents: they know their child best!

7. Narrow tubes, thicker mucus

Kids with DS get more chest & ear infections, and generally produce more snot!

8. Explain and reassure

Kids with DS often have sensory processing difficulties and can be very wary of new sensations: BP cuffs and sats probes may be terrifying. Take time to explain and reassure.

9. Beware of atypical presentations of serious illness

Sepsis can present atypically (as well as leukaemia, see #5) - e.g. chest infections/pneumonia with sepsis presenting as D&V



10. Optimise communication strategies

Speech & language development lags behind understanding, so kids with DS often understand more than they can express. They're often great visual learners (but have poor short-term auditory memory and fluctuating hearing loss) so use sign, pictures and gestures. Speak slowly, clearly and maintain eye contact. Allow for sensory processing delay of several seconds: don't hurry a reply

Keep calm! Just don't forget the extra chromosome

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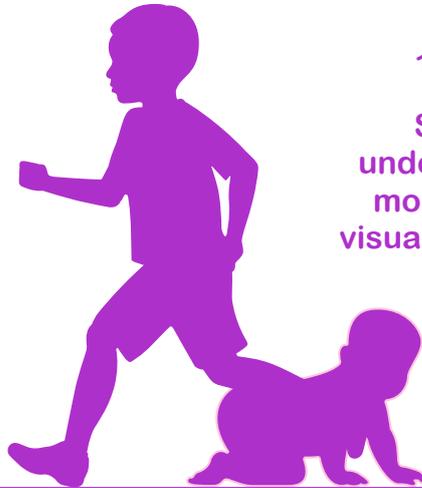
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