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These snippets are things I have learned, taught, or been reminded of in the past few months, a mixture of case-based learning, #MedTwitter, and colleagues. Special mention of @ImogenDempsey39, @LondonAllergy, @Health_Ontario_ and the Facebook groups **One F*cking Health F*cking Advice** & **Physician Women Equestrians** (both superb sources of effortless CPD!)



Paediatric Snippets: tips, tricks & trivia

- 1** **Contact hypersensitivity to cow's milk** is not necessarily predictive of allergy when eating it.
- 2** Whilst thinking about allergy, did you know that **some preparations of chlorphenamine syrup contain alcohol**? Piriton Syrup has 6.3% v/v ethanol, and Boots' own brand 0.2% in the flavouring ingredient. I haven't checked any other brands, but some parents may not want to use any product containing alcohol.
- 3** **Still on the subject of chlorphenamine**, so many families keep a bottle in stock it is easy to forget that chlorphenamine isn't actually licensed for kids under one year old, although the BNF says "Expert sources advise that chlorphenamine may be used in children under one year of age for the treatment of allergies and of itch associated with chickenpox, but it is not licensed for this age group"
- 4** **When should babies poop?** 🐛 Exclusively breast fed (EBF) babies may go days without pooping, but that's once they are a few weeks old: **newborns should poop daily**, and **all babies should have had their first poop within 24 hours of birth**. And of course, babies don't just poop... few of us have not been peed on when examining a baby! Try holding the nappy in place for a couple of seconds as you remove it - the change in air temperature reaching the skin can precipitate a widdle!
- 5** We all know about **mesenteric adenitis**, the classic differential diagnosis for appendicitis in kids. But did you know the average age for it to occur is actually 24, with a range of 5-44 years?
- 6** **Hand, Foot & Mouth disease** can be thoroughly miserable for children, but did you know it's perfectly mainstream in the USA for paediatricians and emergency physicians to recommend giving kids a mouthwash (or dabbed on the mouth sores using a Q-tip) made from equal parts of Benadryl Liquid & Maalox, to ease the pain of eating/drinking? Suggesting this concoction is not quite so straightforward in the UK, though: Benadryl liquid in the UK contains cetirizine, whereas in the USA, the active ingredient is diphenhydramine 12.5mg/5ml. The only liquid diphenhydramine available in the UK seems to be Nytol liquid (diphenhydramine 10mg/5ml) but neither that nor Maalox is licensed at all for use in younger children in the UK, regardless of indication.

I have no idea whether an alternative anti-histamine liquid could be substituted for the diphenhydramine, but it looks like something crying out for an RCT (and might it also work on herpetic gingivostomatitis?)
- 7** **Warts** are common in kids, but if they are widespread, check a FBC with differential white count, as referral to paed for immunology/haematology input may be needed: warts occur in some inherited - and acquired - immunodeficiencies (**GATA2 deficiency** increasingly recognised, but there are many other possibilities). Keep an eye too on the emerging literature about **use of quadrivalent HPV vaccines as a treatment for severe warts** - I couldn't find any RCTs, but did find a fair few case reports & case series, albeit mostly in adults.
- 8** Heard about the warning about chloramphenicol eye drops (not ointment) for under 2s, b/c of boron and concerns for future fertility? The Royal College of Ophthalmologists has issued a wonderful statement, helpful & reassuring (with the merest whiff of sarcasm).