

Nick Brown , Editor in Chief

To the unseasoned ear, the sound emanating through the capacious bonnet of the aquamarine lacquered 57 would have been innocuous. A purr rather than a growl, or so its tanned owner thought, simply something to mention at routine maintenance. The mechanic, though, looked perplexed. Unable to put a finger on 'it' on a first scan – plugs – yes, alternator – yes – exhaust – yes – carburettor – clean as a whistle. But the sense of unalloyed unease was unattenuated. Prepared for a long haul, recharged with a half pint of tea (three sugars for me) and a bar of confectionary, hands wiped temporarily free of oil, and the serious scrutiny to detail began.

PIPES 1: BLENDED DIETS

Gastrostomy feeding has for years been used as a support for children in need of long term nutritional support for neurological (sometimes temporary) anatomical reasons. Around a decade ago though, despite some reservations, blended diets rather than standard formulas became a hot topic. One sticking point to universal embracement and reaching consensus was safety-mechanical, microbiological and other. Lorna Fraser and colleagues follow 180 children whose parents chose one or other option and found no difference in safety profile and fewer gastrointestinal

Department of Women's and Children's Health, International Maternal and Child Health (IMCH), Uppsala University, Uppsala, Sweden; Department of Paediatrics, Länssjukhuset Gävle-Sandviken, Gävle, Sweden; Aga Khan University, Karachi, Pakistan

Correspondence to Dr Nick Brown; nickjbrown@gmail.com

symptoms in the blended diet group. Mark Beattie's editorial suggests some physiological and microbiome-related potential explanations for this unexpected benefit. There are some riders: while the economics are interesting: substantially cheaper for the NHS, these diets are more expensive in terms of time and cost for the parents and maintenance of the tube a prerequisite. *See pages 628 and 605*

The 'brochure' is developing fast.

GLOBAL CHILD MORTALITY

One of the primary aims of the Millennium Development Goals (2000–2015) and its successor the Sustainable Development Goals was/is the reduction in child mortality. The focus at the outset was the under 5 years and neonatal population. Progress here has been steady, though patchy, the recent slowing likely in part the result of the difficulty in maintaining drive over decades. Trevor Duke presents hot off the press data from the recent UN Inter-Agency Child Mortality Estimate Group. The slower-than-hoped-for perinatal figures are in keeping with earlier summaries but what is startling is that after the 'relative safe childhood period' from 5 to 10 years that all regions saw an increase from this stage upwards. The reasons? All of them preventable: drowning, road traffic accidents, self-harm, interpersonal violence and unexpected turn that (in the face of poverty) might be even harder to tackle. *See page 620*

SURVIVING SEPSIS

Always at the back (or front) of our minds, the quiet tachycardic,

tachypnoeic (in the absence of primary respiratory pathology) has sepsis till proven otherwise. The entity (a systemic inflammatory response with organ dysfunction after infectious trigger) is still the leading cause of under five deaths and guidance based on the continuous flow of new data: changes in resuscitation bolus practice and antibiotic choice among them. Julian San Geroteo and colleagues assessed adherence in emergency departments to the latest (2020) Surviving Sepsis Campaign advice primarily with respect to type of fluid (balanced crystalloid the current choice) and volume. Adherence was good (close to 80%) for the first bolus within an hour and reasonable if clearly with room for improvement for appropriate fluid selection. Barriers (and this resonates everywhere) included staffing and IV access- findings with relevance to both rotas and intra-osseous access training. *See page 636*

PIPES 2: NASOGASTRIC TUBE PLACEMENT UNDER RESTRAINT

Looking at an entirely different population to the gastrostomy children earlier, Sarah Fuller and colleagues describe findings of an online survey of NGT placement under restraint in England between 2022 and 2023. Most of these distressing decisions had legal backing and most patients had anorexia nervosa. Last resort measures, but, in the face of nutritional decompensation... *See page 649*

ORCID iD

Nick Brown <http://orcid.org/0000-0003-1789-0436>