PostScript

LETTERS

Quality assurance of child protection in hospitals

We are concerned that there will be practical difficulties in quality assurance of the healthcare recommendations in Lord Lamming’s report following the Victoria Climbie enquiry. There are three recommendations where hospital chief executives are specifically tasked with monitoring and ensuring compliance:

- Recommendation 70: Hospital Trust chief executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without the permission of either the consultant in charge of the child’s care or a paediatrician above the grade of senior house officer.

- Recommendation 71: Hospital Trust chief executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. The plan must include follow up arrangements.

- Recommendation 73: When a child is admitted to hospital and deliberate harm is suspected, the doctor or nurse admitting the child must enquire about previous admissions to hospital. In the event of a positive response, information concerning the previous admissions must be obtained from the other hospitals. The consultant in charge of the case must review this information when making decisions about the child’s future care and management.

Many hospitals will have developed protocols to address these recommendations; however it may be more difficult to develop effective and efficient systems to monitor and ensure compliance. This is because at present admissions to hospital are coded using the ICD 10 coding system in which there are no codes for “concerns about deliberate harm”. If Lord Lamming’s recommendations are to be quality assured, consideration needs to be given to introducing a method to record these children with concerns about deliberate harm in a systematic way. Perhaps an additional code should be introduced?

F Finlay, N Simpson
Child Health Department, Bath NHS House, Newbridge Hill, Bath BA1 3QE, UK; fiona.finlay@banes.pct.nhs.uk
doi: 10.1136/adc.2004.059956

Reference

Contact allergy to peanuts in bird feed

We would like to report an interesting observation which we came across over a four month period. Five children (table 1), presented at a regional allergy clinic with a history of contact allergy of the hands; wide spread erythema and itch. Four of them also complained of sneeze, itchy eyes, and facial swelling. Three children had upper airway involvement (one throat tingling, one wheeze, and one “difficulty breathing”, requiring “steaming overnight”). In all five cases, contact exposure was the first noted allergic reaction to peanuts, but in two cases it was not until there was a subsequent oral reaction to peanut that parents attended medical services. RAST investigation confirmed raised specific peanut IgE in all five (table 1). All children developed reactions while attending the same local park. There was no consistent history of season or section exposure, highlights the need for vigilance in determining the cause of reactions and the difficulties faced by parents in protecting children in apparently “safe” environments.

Nut allergy should be suspected in all cases of unexplained contact urticaria or systemic allergic reaction, even when there is no clear history of ingestion. Bird feed should be avoided in children with previous history of atopy, and nut-free feeds may be more appropriate for use by young children.

S S Blushan, S Cunningham
Dept of Respiratory and Sleep Medicine, Royal Hospital for Sick Children, Sciences Road, Edinburgh EH9 1LF, UK; steve.cunningham@rchi.scot.nhs.uk
doi: 10.1136/adc.2004.054189

References

Table 1 Contact allergy to peanut

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age (y)</th>
<th>No. of previous nut reactions</th>
<th>Known food allergy at time of reaction</th>
<th>Asthma/eczema/hayfever</th>
<th>Symptoms</th>
<th>Peanut specific RAST (kU/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>2nd probably nut reaction (previous retrospective contact reaction)</td>
<td>No</td>
<td>Asthma</td>
<td>Wide spread rash on hand, face swelling, generalised itch</td>
<td>&gt;100</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>1st nut reaction</td>
<td>White fish</td>
<td>Eczema</td>
<td>Swollen itchy eyes and face swollen, throat tingling</td>
<td>&gt;100</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>1st nut reaction; subsequent eaten nut reaction caused presentation</td>
<td>No</td>
<td>Asthma</td>
<td>Lips swollen, sneeze, difficulty breathing</td>
<td>&gt;100</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3rd nut reaction (2 previous contact reactions to nuts)</td>
<td>No</td>
<td>Asthma</td>
<td>Swollen face, slight wheeze</td>
<td>33.4</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>1st nut reaction; subsequent eaten nut reaction caused presentation</td>
<td>No</td>
<td>Eczema</td>
<td>Urticaria hands, swollen eyes, sneezing</td>
<td>51.6</td>
</tr>
</tbody>
</table>

www.archdischild.com
The layout is highly structured with multiple titles and subtitles, which enables the reader to find answers quickly, when the system is correct. Unfortunately, there are a number of occasions when the headings are not formatted consistently, which leads to confusion in how the sections relate. This book is obviously designed for quick reference and as a memory jolter rather than for reading through. It should probably be kept at the bedside or in a pocket rather than left on shelves.

However, the book, as it states in the title, only covers the essentials of PICU. Since the scenarios when a quick answer might be required are often the more complex problems, I wonder how useful this book really will be. The book tries to cover the essentials of PICU, but the authors obviously felt that they had to include some general background paediatrics and topics that are associated with, but not directly, intensive care. This may be a common difficulty for all short textbooks with a wide clinical scope. So, although this book is small and compact and does attempt to cover a very large amount. Perhaps if the book was to be a “PICU handbook” it might be better limiting itself to “pure PICU”. This might also allow it to contain more text and cover more complex issues while remaining the same size.

The real target audience for this book seems possibly to be doctors with limited paediatric knowledge who are working on a PICU, such as trainee anaesthetists. Indeed, both authors come from an anaesthetic as well as PICU background. The general paediatrics in this book seems unnecessary for paediatric registrars.

I am sure no one reading this needs me to tell them that medical textbooks are not cheap. What I am not sure of is whether you get what you pay for? Essentials of paediatric intensive care is certainly cheap, it does contain a great deal of information, and the style lends itself to quick reference. I would definitely recommend it to the occasional paediatrician who has to cover PICU and possibly to those in their first post, because it will provide the absolute basics of PICU and some general paediatric context. However, for paediatricians who hope to follow a career in PICU, I am sure that further textbooks would be required fairly soon in the training.

M Roe

Child psychology and psychiatry: an introduction


When this book arrived I opened the package and thought it was another government document with its glossy purple headed pages. The impressive list of contributors suggested a treat in store. There seemed to be a consistency on initial browsing that deserved closer investigation.

All the chapters are approximately 2000 words long, running into four or five pages depending on the number of tables and diagrams. The space confirmed that this was a series of articles from Psychiatry rather than a textbook.

The book is divided into eight parts; the first four cover normal development, assessment, family and genetic influences, and classification. Developmental disorders follow and with some poetic licence include the development of blind and deaf children. The largest part is psychiatric disorders in which ADHD, epilepsy, and acquired brain injury are incorporated. Management and treatment issues, and child psychiatry and the law complete the text.

The challenge had to be how to achieve a balance and consistency in the overall information presented, particularly as it was aimed at students and professions allied to medicine as well as clinicians. One page chapter on autism spectrum disorder and another of the same length on attention deficit hyperactivity disorder does not balance well with the same amount of space devoted to specialist neuropsychological assessment procedures. Asperger’s syndrome merits four sentences throughout the whole text. One of these reduces it to “a diagnosis of uncertain nosological validity”—Tony Attwood take note.

There is a good section on normal development that belongs in an introductory book such as this. The assessment chapters consist of too many lists of tests rather than explanation of their place in clinical practice.

The specific learning difficulty (SLD) chapter starts with a thoroughly confusing graph for someone who believes severe learning difficulty is abbreviated SLD.

Under diagnostic classification systems the multiaxial diagnosis approach is described. This moves away from giving children a single diagnostic label and more towards a description of their overall functioning. Hopefully this approach will be used more in the future. Hyperkinetic disorders are classified as psychiatric disorders and as a neurodevelopmental disorder elsewhere.

To parents and children it is an important distinction.

David Skuse’s personnel contribution on behavioural phenotypes makes an informed guess that Huntington’s chorea gene carriers have a highly selective deficit in the recognition of the facial expression of disgust which was intriguing, but not really introductory material.

A valiant attempt was made to condense medical treatments into the allotted 2000 words. It had to be cursory; longer acting methylphenidate preparations do not get a mention but buproprion is suggested as a third line treatment for ADHD because it can be given once daily.

The paediatric liaison section is somewhat paranoid and fails to mention the close working relations developing in many districts between community paediatric and child and mental health services teams (CAMHS).

Each monograph has its own merits; the academic bias of some of them widens the appeal to a more experienced readership. Subsequent editions are promised, so some of the gaps can be plugged. Students will then have a more balanced view of what is relevant in clinical practice. This will then become a deservedly popular book.

M P Prendergast