

# PostScript

## LETTERS

### Quality assurance of child protection in hospitals

We are concerned that there will be practical difficulties in quality assuring the healthcare recommendations in Lord Lamming's report<sup>1</sup> following the Victoria Climbié 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?

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### Reference

- 1 **Lord Lamming.** *The Victoria Climbié Inquiry Report*, January 2003.

### 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 visited, except that all five children fed birds and squirrels with a feed purchased from the gardens for the purpose. The park authorities confirmed that the feed contained peanut (and now offers a nut-free feed).

Peanut allergy is increasingly common, and many parents have concerns about how they should react should their child have an allergic reaction.<sup>1</sup> While many parents might expect a reaction during ingestion of a food substance, many would not suspect a food related reaction when not dining. Such unexpected reactions are probably under-reported or considered environmental in origin.<sup>2</sup> Diagnosis of peanut allergy is generally made secondary to a history of ingestion. This report confirms the significant allergenicity of peanut, in causing allergic reactions in children who were not known (at the time) to react to ingested peanuts. Peanut allergy diagnosis following contact reaction is uncommon, although there are reports of allergic reaction by particle inhalation during commercial flights and also by kissing. The ability of nuts, especially peanut, to cause such reactions without significant evidence of 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.

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### References

- 1 **Sampson HA.** Peanut allergy. *N Engl J Med* 2002;**346**:1294-9.
- 2 **Bock SA, Munoz-Furlong A, Sampson HA.** Fatalities due to anaphylactic reactions to foods. *J Allergy Clin Immunol* 2001;**107**: 191-3.

**Table 1** Contact allergy to peanut

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

## BOOK REVIEWS

### Pediatric decision making, 4th edition

Edited by Stephen Berman. Philadelphia: Mosby, 2003, \$79.95, pp 879. ISBN 0 323 01398 8

Despite the book's title, it is not a book about decision making in child and adolescent medicine. There is little analysis of the way clinical decisions are made in paediatrics. There is no analysis of the balancing of evidence from adults and knowledge of differences in childhood physiology, nor the more complex processes of negotiating decisions when the physician, child, and family are not completely concordant.

This book is a compendium of problem based management pathways. It is by no means a pocket companion either. At 895 printed pages and 2.31 kg it could easily hold open a recalcitrant coffee room door—and covers common and uncommon problems in paediatric primary and secondary care. The book is extensive in coverage and although it contains a number of chapters of particular relevance to US paediatricians (for example, insurance problems for the child with special health care needs), the content is largely applicable to general paediatrics the world over. The style is easy to read and diagrams of the flow of clinical thought are extremely clear.

But I wonder who will use this book. I imagine the average general paediatric junior trainee will find this book too heavy and expensive; there are more useful pocket books in general circulation. The middle grade will be interested by the approach to uncommon problems, but desire further detail and be forced to return to other sources. Senior clinicians have (probably) developed their own approach to the problems presented. Where such a compendium could be useful would be if it was clearly based on the best available evidence. In this way it would provide a starting point to modify current practice and produce local guidelines. Although each chapter does have references, there is no mention of the quality of study or the strategy used to search for and appraise the information.

Among the books which assist paediatricians in everyday practice, this one does not stand out for me.

**B Phillips**

### Essentials of paediatric intensive care

Edited by C G Stack, P Dobbs. London: Greenwich Medical Media Limited, 2004, £14.50, pp 222. ISBN 1 84110 053 6

The "Lecture Notes" series of books never really struck me as being well named. Sure, they were short books, but they were nothing like the lecture notes I would make. Following this logic, perhaps *Essentials of paediatric intensive care* could be renamed as *Lecture notes...* This is a very concise textbook, using lists and bullet points wherever possible to present a great deal of information. There is little straight text. The feeling is that of reading lecture notes rather than a book.

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 do 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 and 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, it 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 detail 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 give 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

David H Skuse. The Medicine Publishing Company, 2003, £29.00, pp 211. ISBN 0-953259-85-4

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 preface 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 four 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 paragraph 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 here and as a neurodevelopmental disorder elsewhere. To parents and children it is an important distinction.

David Skuse's personnel contribution on behavioural phenotypes was fascinating. The fact that Huntington's chorea gene carriers have a highly selective deficit in the recognition of the facial expression of disgust 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 bupropion is suggested as a third line treatment for ADHD because it can be given once daily.

The paediatric liaison section is somewhat paranoiac 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**