



PAEDIATRIC CARE IN THE COMMUNITY

The role of the G.P

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The role of the GP

- To perform routine checks and immunise
- To support, educate and reassure
- To assess, diagnose, treat, review and refer



To perform routine checks and immunise

- Usually first is six week visit
 - Birth story
 - From then to now
 - Physical exam
 - Education
 - Feeding
 - Crying
 - Immunisation
- Communication from MCHN
 - Hips, tongue ties and other problems.....

Their first check up

- Usually first time we have met a child, so we ask for the birth story
 - how when, any issues, any nursery care
- Then ask about any problems from birth to now
- Physical examination
 - Complete exam
 - although rarely measurements, as a one off measurement on different equipment has limited value
 - Communication from MCHN
 - Written is good

Before six weeks

- Usually for acute illness
- Growth failure, jaundice – often referral from MCHN
- Breastfeeding issues
- Anecdotally – seeing more early presentations (first week of life) with earlier discharge from hospital but too early to tell if a trend

Immunisation

- Per national immunisation program schedule
- Discuss what's not on the immunisation schedule but available and recommended
 - Bexsero
 - Menactra
 - Second varicella
 - Influenza

Healthy kids check

- Healthy kids check age 3 - 4
 - Rarely done as is equivalent of MCHN final visit, but occasionally requested by parents
 - Requirement is only physical exam and some basic questioning of parents and recommendation of the healthy kids website
 - At its best is a full developmental assessment, physical assessment and discussion about healthy habits with parents

To support, educate and reassure

- Feeding
- Crying and settling
- Toileting
- Behavioural Issues



Feeding - breast feeding

- Breast feeding
 - Recommendation to exclusively breast feed for 6 months, and to breast feed to 12 months, longer if comfortable
 - Approximately 88% of women commence breast feeding, 50% are still breastfeeding at 2 months and 15% at 5 months
- Breast feeding education for medical professionals
 - Ranges from poor to non existent
 - A 1995 American study found best predictor for providing breast feeding support was whether the physician or physician's wife had breastfed!

Feeding – bottle feeding (and mixed)

- Variety of reason to exclusively or mixed bottle feed
- Many formulas available
 - Australian standards are high and virtually any formula sold is fine for a healthy child
 - Cost and availability
 - Not switching between formulas – unless needed
- Speciality formulas
 - Soy
 - Lactose free
 - Partially hydrolysed
 - Extensively hydrolysed (most require a prescription)
 - Amino Acid (requires a prescription)

Feeding – introducing solids

- 6 months (not before 4 months)
 - Start with iron rich foods
 - Start with puree, can be mixed food types
 - If a family history of allergy you can introduce one food time at a time 2 – 3 days apart, to allow identification of allergy.
- Early introduction of allergenic foods, then these should continue to be a regular part of ongoing diet
 - Especially in high risk babies – family history, atopy, eczema

Crying and Settling

- Educate on ‘normal crying’
 - 2 -3 hours per 24 on average
 - Peaks at 6 – 8 weeks of age
- Educate on average sleep requirements and different sleeping patterns
 - Beware of comparisons
- Discuss effect of parental sleeplessness on perception of crying
 - But parental perception of excessive crying is usually correct

Toileting

- Typically 18 months to 3 years for daytime
- Most children are not dry at night before 5 and 1 in 10 will wet through early primary years
- Is a new skill and will take time to acquire

Behavioural Issues

- Challenging behaviours can develop at any age
 - Common
 - Can indicate problems
- No one strategy will work for every child
 - Or even all the time on the one child
- Getting angry as a parent is not a failure, but its important to manage your anger

To assess, diagnose, treat, review and refer

- Acute illness
- Chronic illness
- Growth Failure
- Parental mental health
- The fussy baby
- Developmental delay
- Injury
- Allergies and Anaphylaxis

Acute illness

- Coughs and colds although scary for a parent rarely require more than reassurance and support but.....
- simple colds, bronchiolitis, croup, meningitis, sepsis and pneumonia all have very similar early presentations, and mild illnesses can change rapidly to severe
- So apart from examination and diagnosis, most important is to educate parents on when to seek further review, and reassure they won't be seen as neurotic for coming in for review

Chronic Illness

- As with adults the role of the GP is co-ordination of care
 - Referrals to correct specialists
 - Ensuring follow up as directed
 - Routine monitoring
 - Now in many cases ensuring NDIS
- GPMP and TCA and EPC
 - GPMP: A chronic medical condition that has been present, or is reasonably expected to be present for 6 months or more
 - TCA: That requires ongoing management from a multidisciplinary team
 - EPC: funding to allow access to allied health professionals to provide management related to the chronic medical condition

Poor Growth

- Also known as growth failure, or failure to thrive, usually defined as a child who has crossed two or more centiles downward on a growth chart
 - Important to realise there are three charts used in Australia (CDC, WHO, National Centre for Health statistics), and children can be on different centiles on the different charts at the same weight
- GP role: diagnose if possible, determine need and urgency of referral
 - Possible causes are broad and numerous
 - Includes feeding issues, excessive vomiting, Cystic Fibrosis, cleft palate, thyroid disease, heart disease, cerebral palsy, abuse, lactose intolerant, coeliacs, late or early introduction of solids, inadequate solids

Parental Mental Health

- 20 – 25% of children live in a household with a parent who has a mental illness
- This can impact on child health and development including physical, emotional and long term mental health
- Is often underscreened and undertreated

The fussy baby.....

- Normal variation
- Parental expectation
- Colic
 - Crying > 3 hours per day, > 3 days per week
- GORD
 - Not associated with crying, and treatment does not decrease crying
- Milk protein allergy
 - All mammalian milk
 - Common to cross react with soy protein as well
- Lactose overload/intolerance
 - Usually secondary
- Serious illness

Developmental delay

- Isolated
 - One or two developmental areas
 - Must always consider underlying cause
- Global
 - Concern is early diagnosis and management
 - Early intervention improves outcomes



Injury and abuse

- Accidental Injury
 - Common
 - Ensure injury is consistent with story
 - Determine need for referral
- Non accidental injury and abuse
 - 2015-16 60, 989 substantiated neglect and abuse cases Australia wide (from 355, 935 notifications)
 - 8361 substantiated physical abuse
 - Need to be aware of common behavioural and injury markers of abuse

Allergies and anaphylaxis

- Food, insect bites, pollens and other substances
- Range from mild allergies such as hay fever or contact dermatitis to anaphylaxis
- Allergies can be immediate or delayed
- 1 in 20 children have a food allergy
- In 0 – 14 year olds, 7 in 1000 suffer hay fever
- Most common causes of anaphylaxis is food, medication and insect venom, with food the most common cause in children under 4
- Avoidance and appropriate early treatment, especially epipen for anaphylaxis

Overall

- The role of the GP in community paediatric care is broad, challenging and fulfilling
- Involves interacting with other paediatric providers – MCHN, paediatricians, allied health
- Is most effective when communication is clear and timely