

Community Paediatrics: Approach to a child with several disabilities/special needs

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What is Community Paediatrics?

- Children with conditions/syndromes affecting development, cognitive ability
- Children with cerebral palsy
- Children looked after
- Child protection
- Children with epilepsy, autism, ADHD....
'neurodisability'
- Public Health and Policy relating to children

Community Paediatrics is not...

- A dumping ground for anything that other specialties won't take!
- Flat feet
- Poor handwriting
- 'Behaviour'
- Falling over when running
- Cousin has autism
- UNLESS, you have, and provide, evidence that you are considering a neurodevelopmental condition for which community paediatrics may be able to offer a useful diagnosis or practical help to achieve the best outcome for the child.



Audit of NEW Referrals to Community Paediatricians

New Referral FORM

Hosp No: DoB:

Surname:

Forename(s):

Male Female *Patient Sticker*

1. Date of referral: / / Accepted Rejected* *Specify why:

2. Source of referral: GP HV School Nurse Parent Education CAMHS
Social Worker Hosp Doctor* *Grade: Other* *Specify:

3. Reason for referral: ASD ADHD Motor uncoordination Cerebral Palsy
Developmental delay Epilepsy Poor school performance Behaviour Safeguarding
Stamentering LAC Other* *Specify:

4. Is child already known to Community Paediatrics? Yes* No
*If Yes, what for:

5. What information was initially provided by the referrer? None School report
CAMHS report Ed Psych report Reports from other consultants Filled questionnaires
Other reports* *Specify:

6. What information have you requested prior to first clinic visit? None School report
CAMHS report Ed Psych report Reports from other consultants Filled questionnaires
Other reports* *Specify:

7. Any other comments:

8. Name of doctor: Substantive Locum
Grade: Consultant Associate Specialist Staff Grade Registrar

Please send completed form to: Caroline Hartley, Q66, QEII.



Audit of NEW Referrals to Community Paediatricians

CLINIC FORM

Hosp No: DoB:

Surname:

Forename(s):

Male Female *Patient Sticker*

1. Date of referral: / / Accepted by:

2. Source of referral: GP HV School Nurse Parent Education CAMHS
Social Worker Hosp Doctor* *Grade: Other* *Specify:

3. Reason for referral: ASD ADHD Motor uncoordination Cerebral Palsy
Developmental delay Epilepsy Poor school performance Behaviour Safeguarding
Stamentering LAC Other* *Specify:

4. Is child already known to Community Paediatrics? Yes* No
*If Yes, what for:

5. What information was initially provided by the referrer? None School report
CAMHS report Ed Psych report Reports from other consultants Filled questionnaires
Other reports* *Specify:

6. What information was requested prior to first clinic visit? None School report
CAMHS report Ed Psych report Reports from other consultants Filled questionnaires
Other reports* *Specify:

7. Date of clinic visit: / / Type of clinic:

8. What information was available at clinic? None School report
CAMHS report Ed Psych report Reports from other consultants Filled questionnaires
Other reports* *Specify:

9. Having seen the child, was this referral appropriate? Yes No*
*If No, please say why not:

10. Outcome from clinic visit: Discharged Follow-up in same clinic Referral*
Referral: (a) Was the child referred to a clinic within community paediatrics? Yes No
*If Yes, please specify: CDAC clinic ADHD clinic Epilepsy Enuresis Feeding
CDC Other* *Please specify:
(b) Was child referred to allied services? Yes* No
*If Yes, please specify: SALT OT PT SNHV Challenging behaviour
Other* *Please specify:
(c) Was child referred to other services? Yes* No
If Yes, please specify: CAMHS Tertiary level clinic Other

11. Any other comments:

12. Name of doctor: Substantive Locum
Grade: Consultant Associate Specialist Staff Grade Registrar
Please send to Caroline Hartley, Q66, QEII.

The child with multiple and complex needs

- Child in w/chair, seizures, gastrostomy, no obvious means of communication, huge notes, SLD, never met them before...
- Mum: the community paediatrician says you have 'got to' prescribe something for:
 - His constipation
 - His dribbling
 - The rash
 - He never sleeps at night

Or, mum says:

- He's not well and he always needs an antibiotic to stop it going to his chest
- The fits are worse
- His feet are getting worse
- I need a letter for housing
- I can't cope, no-one give me any support
- The bruises are because he's always hitting himself

What will you do?

- Be a bit scared
- Can't think where to start
- Haven't a clue about the syndrome and worried the child might get ill if you don't do as asked

You have all the skills you need

- Say hello to the child, smile, touch – you don't know if they see, understand or feel
- Are they ill or well: breathing, alertness, temperature, skin colour, nutritional state
- Be observant throughout: communication, movement, fits, coughing, hand to ear etc
- Ask mum what is top of her list, what is making her worry – you can't deal with it all

Still a child

- Normal childhood complaints – reset your developmental parameters: examine and treat URTIs, ears, tonsillitis as you would normally but as in younger, more vulnerable child
- Is he in any pain – ask mum: how does he let you know?
- Find out a bit about home and family

Think in systems and how they impact on each other

- URTI – more likely to ‘go to chest’ if
 - In wheelchair, scoliosis
 - Reflux/ can’t swallow secretions
 - undernourished
- Fits worse if
 - Infection, fever
 - Can’t get medicines down
 - Constipated
- Constipation worse if
 - Can’t drink much
 - Liquid diet
 - Limited mobility

Show that you are interested, observant and care

- Who else is at home etc
- Relate back what you have noticed:
 - I can see that he follows your voice, has a lovely smile, is moving all his limbs freely – to show what you have seen, to show what is important, to show that this is a child like any other
- Give some praise/recognition for how mum is coping
 - Gives a chance to say what is difficult, demonstrate the relationship
- It is a life sentence, splits families, makes you a different person, reduces your status, opportunities (and income)

Communication! Communication! Communication!

- Let other people know what is going on...
- Child protection
- Duplication of services
- Multiple appointments/ treatments/ investigations
- Remember who it is about!
- **THE CHILD!!!**

Questions?

