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General Paediatrics

Immunisation
- 2/12: diptheria, tetanus, whooping cough, polio, Hib, pneumococcal
- 3/12: dip, tetanus, whooping cough, polio, Hib, meningitis C
- 4/12: dip, tetanus, whooping cough, polio, Hib, meningitis C, pneumococcal
- 12/12: Hib, meningitis C
- 13/12: MMR pneuomoccocal
- 3 1/2: dip, tetanus, whooping cough, polio, MMR
- 12 (if female): human papillomavirus (cervical cancer)
- 13+: dip, tetanus, polio

Immunisation
- Complications
  - Irritability
  - Mild fever; otherwise very few problems
- Contraindications
  - No major contraindications - safe for children with asthma, eczema and allergies
  - Immuno suppressed children
  - Children with a recorded allergy to same vaccine previously

Simple Febrile Convulsion
- Single tonic clonic symmetrical generalised seizure
- Less than 20 minutes
- Occurs as temp rises in a normally developing child
- 3% of children have at least one; 30% chance of happening twice
- ▲▲ meningo-encephalitis, CNS lesion, epilepsy, trauma, low glucose, low calcium / magnesium
- Management
  - Lie prone, if lasting > 5 mins lorazepam IV / diazepam PR / buccal medazolam
  - Paracetamol syrup / ibruprofen
  - Consider bloods and lumbar puncture
  - Parental education
    - Allow to fit for 5 mins before calling 999
    - Safe place, don't stop them fitting
- Prognosis
  - With simple febrile convulsion 2% progression to epilepsy
  - Risk is much higher if prexisting CNS abnormality
  - Complicated febrile convulsion: extended multiple episodes
- Potential Causes
  - *PUO*
  - *Osteomyelitis*
  - *Endocarditis*

Headache
- Raised ICP
  - Causes: meningoencepalitis, head injury, subdural / extradural bleeds (NAI), hypoxia, keotacidosis, thrombosis
  - Signs: listless, irritable, drowsy, headaches, diplopia, vomiting, tense fontanelle, decreased level of responsiveness
  - Management: keep head in midline (aids venous drainage), O2, cool, correct hypoglycaemia, control seizures
    - Do not do LP (risk of conning)
    - Mannitol 20%
    - Dexamethasone
    - Fluid restriction and diuresis (although avoid hypovolaemia)
- Herpes Simplex Encephalitis
  - Consider in any febrile child with focal or general fits and CNS signs
  - Signs are non specific
  - Antibodies come to late to guide management
  - Aciclovir as soon as herpes simplex encephalitis is suspected
- Brain Tumour
  - Urgent referral if unexplained headache and / or focal symptoms
- Migraine
- ▲▲ Viruses, meningitis, sinusitis, hypertension, stress, behavioural

Paediatric Burns
- Burn charts for estimation of burn surface area (BSA)
- Low threshold for resuscitation (10% BSA)
- Maintenance fluids in the form of dextrose saline
- Keep warm as risk of hypothermia