**Clinical Assessment/ Management tool for Children** 





#### **Differential Diagnosis**

- Sepsis / Meningitis
- Non-accidental injury (fracture, shaken baby)
- Raised intracranial pressure
- Incarcerated inguinal hernia
- Hair tourniquet
- Corneal abrasion

#### **Clinical Assessment**

- Identify and treat any medical cause
- Screen for postnatal depression
- Consider any potential safeguarding issues
- Educate and reassure parents where appropriate
- Signpost parents to additional resources and support as needed (incl. HV / Early Help)
- If ongoing parental concerns despite initial assessment and intervention / support, consider referral to paediatrics

#### **RED FLAGS**

- Fever
- Unwell / altered responsiveness
- Bulging fontanelle / rapidly rising head circumference
- Frequent forceful (projectile) vomits
- Bile-stained vomit
- Blood in vomit or stool
- New late-onset vomiting (> 6 months)
- Abdominal distension
- Faltering growth
- Severe atopic eczema
- Seizures / neurodisability
- Parental postnatal depression
- Safeguarding concerns, e.g. bruising in non-mobile infant, suspected shaken baby

For red flag concerns, refer appropriately to a paediatrician. For safeguarding concerns, follow your local pathway

#### Best fit cluster of symptoms with no red flags

- Increases in early weeks of life
- Peaks at 6-8 weeks
- Improves by 3-4 months of age
- Worse late afternoon/evening (but can occur at anytime)
- Lasts several hours
- No medical red flags
- Significant feeding difficulties day and night
- Onset of symptoms with infant formula use
- Nasal congestion
- Frequent vomiting / milk aversion
- Sympotms not responsive to anti -reflux treatment
- Diarrhoea with minor blood or mucus
- May be slow weight gain
- Widespread eczema

**Trial of** 

**Maternal strict** 

milk free diet

- Persistent diarrhoea
- Wind
- Recent gastroenteritis
- No atopy/FH of atopy
- Vomiting, possetts
- Discomfort during/after feeds
- Worse when laid flat, prefers to be upright
- Satisfactory weight gain

Infant (<1 years) Crying

Cow's Milk Protein Allergy (CMPA)

#### <u>Transient Lactose Intolerance</u>

Gastro-oesophageal reflux

- Screen for postnatal depression
- Educate and reassure parents where appropriate
- Signpost parents to additional resources and support as needed (incl. HV / Early Help)
- nhs.uk/conditions/baby/caringfor-a-newborn/soothing-a-crying-

## Breastfed Formula Fed

Extensively
Hydrolysed
Formula
(EHF) e.g.
Nutramigen
LGG (should
be prescribed)

Trial of

 And milk free diet if started solids

## Breastfed

Breastfeeding assessment by trained

## Formula Fed

- Trial of Extensively Hydrolysed Formula (EHF) e.g. Nutramigen LGG (should be prescribed)
- And milk free diet if started solid

## Breastfed

Breastfeeding assessment by trained

## Formula Fed

- 1.Keep upright during and after feeds
- 2.Reduce feed volumes if excessive (> 150ml/kg/
- 3.Offer smaller volume feeds more frequently

# Follow clinical pathways for the HT HNY infant feeding guidelines

• Provide relevant literature/weblinks