



Kids Health Matters Transcript

Episode 10: Visiting the ED - what to expect and fast facts on common childhood illnesses (Part 2)

The Child and Adolescent Health Services respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids Health Matters - a podcast where we meet experts from the Western Australian Child and Adolescent Health Service, which includes Perth Children's Hospital.

In each episode we will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

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Host Dani Shuey (DS)

This is part two of our chat with Dr. Paul Sander, and my co-host, Dr. Adelaide Withers.

Dr. Paul, you're a paediatric emergency specialist and Dr. Adelaide Withers, you're a respiratory clinician here at PCH; worked in the emergency department before.

In part one, we talked a little bit about what to expect when coming into the emergency department, a bit about the wait times. Now we're going to talk about the common illnesses or injuries that you see in ED.

Dr. Paul, off air, you were talking about e-scooters and what happened over the weekend. Do you want to shed some light on that for us?

Dr Paul Sander (PS)

Sure, it was a bit of an unlucky weekend for some people who were on some e-scooters; we had a number of kids and young people who unfortunately, luckily all of them are OK, but unfortunately had fallen off the e-scooters, some had collided with pedestrians, some had been hit by cars and some of them had some pretty nasty injuries.

They all will be okay but they're certainly going to be sad and sore for a while and this is a good opportunity to remind people to wear helmets and not go too fast and don't be crazy. They're so much fun, I get that, but we're seeing a lot of a lot of pretty serious injuries from e-scooters since they've turned up.



DS

It's important to note throughout this episode that any advice given here is general and based on experience.

So, let's go into fractures and falls, at the emergency department. We're specifically talking about Perth Children's Hospital, because that's where you both work. So, fractures and falls, what are we seeing there in ED?

PS

Yes, fractures, falls, cuts, abrasions.

Kids are very lucky, they can have a heap of fun in this country, but they can fall off pretty much anything you can get on, like bikes, scooters and skateboards.

We see probably around 30% of the children we see every day will fit into the category of accidents and injuries and they go through our fast-track area, which is a bit more of a streamlined area in ED. Sometimes on the weekend that area can swell up to almost half the department, especially when on Saturday sports days and there'll be wall-to-wall kids in different coloured sports uniforms with a variety of ankles, fingers and different things being injured.

Luckily, for that group often they're not with us too long. They get to go home fairly quickly after a quick review, an x-ray, maybe a plaster or some stitches, and then they get to go home to be followed up either by their GP or the specialist.

DS

And what about belly pain because that's a hard one to diagnose and you're not sure when to be worried? When are we seeing that?

PS

Yeah, belly pain is a big one. Some of my colleagues who do research in our department, Professor Meredith Borland and Dr. Wei Hao Li, who's a PhD student, they're doing a study around belly pain at the moment. About 10% of the patients we see every year have belly pain; we see about 10,000 children a year with belly pain; that's just in this ED, not including all the kids who turn up the other EDs and GPs and urgent care clinic, so there's a lot of belly pain.

DS

I imagine it would be hard for a child to pinpoint what it feels like and describe it.

PS

Absolutely, and Dani, you said you've got young children.

DS

Yeah.



PS

Up until a certain age wherever the tummy pain is, they'll just point at their belly button, so that sometimes it's a bit hard to figure out.

DS

Yeah, and sometimes, you're like, do you like, just need to do number twos?

PS

Sometimes, you just need to do number twos!

DS

Okay, but it can be more serious, which is why we encourage people if you're ever in doubt to present to ED, so in the vast majority of patients though, you say the pain does resolve.

PS

Yes, the vast majority will go home after a review and an examination. Sometimes we'll get a urine test from them; we'll get them to do a wee for us and we'll check their wee; if they're boys we will check their testicles because sometimes when boys present with tummy pains, especially younger boys, it's actually a problem with what we call testicular torsion or their balls are twisted.

Sometimes, it's related to poo or constipation, or gassy pain. The vast majority of those groups of patients, which is the majority of abdominal pains, will end up being sent home after some painkillers, a couple of hours of observation, a quick wee check, and then home.

Co-host Dr Adelaide Withers (AW)

What are some of the red flags that would make you a bit more worried about a kid with abdominal pain?

PS

Probably, in the community, the big thing we all worry about is appendicitis with any kind of tummy pain and that's certainly always on our list. Appendicitis or things that are more concerning presentations of tummy pain is tummy pain that doesn't come and go, but comes and gradually gets worse and worse and doesn't go away. That's one red flag. Another red flag would be tummy pains associated with fevers.

Again, the majority of them will end up just being a viral belly pain, we call it mesenteric adenitis or viral belly, but it still can be a sign if there's a fever as well that might lead us to doing some blood tests to check for things like appendicitis.

Another big red flag is vomiting with belly pain, especially if the vomit is green in colour because that can be a sign of obstruction. These are all much less common, but things that we're always aware of with belly pain.



And there are a few other weird and wonderful conditions which present with belly pain that you'll often get checked for, with sometimes a blood sugar or blood test.

DS

I've got two under five (years of age) and fevers worry me because I always think if they're irritable, or they're in pain, and it's associated with a fever, that's a big concern. What about fevers?

PS

Fever is one of the most common causes of presentation across the country for kids, and clearly is a huge concern for parents, because there are some times where fever can lead to a concerning diagnosis, but the vast majority of them is going to be from a virus, especially in the childhood age group.

So, what we do when we see children with fever, if they're hot...they've got a fever and they're looking miserable or sore, they'll usually get a bit of Panadol or Nurofen, some kind of painkiller and something to help with the fever, and we'll watch them for an hour or two. Often, they resolve, or if they've got a snotty nose which explains the fever, or they've got a bit of gastro which explains the fever and they'll be able to be sent home safely.

If we're concerned about fevers and any underlying cause, then we might move them on to the next stage of investigation. So, they might get blood tests, they might get a belly scan, urine checks, things like that. We might speak to a specialist for a secondary opinion or referral.

AW

So, Paul, what's the magic number, what number is that people need to take their kids into emergency?

PS

We get asked that a lot by families and it's a fair question.

Generally, if you do paediatrics, you'll learn the saying, 'you treat the child, not the symptom'. So, you treat the child, not the fever, you'll treat the child, not the rash. So, a well looking child with a fever is very different to a sick looking child with a fever.

The caveat's always that you know your child best and if they have a fever, and you're worried about them, absolutely, you get them seen by a health professional, whether that be us or urgent care or GP.

AW

And I also think a period of observation in emergency can be really helpful to decide what fevers to worry about and which ones are going to be okay.



PS

Yes, absolutely, especially these days, I think people are tending to present a little bit earlier with fevers and sometimes we'll see kids who've only had a fever for a couple of hours and so we'll watch them for a couple of hours and if then they've developed a cough or runny nose, we can say great, it's a virus, then we can really happily and safely send them home.

DS

Fever with vomiting that's not going away is a bit of a worry (isn't it)?

PS

It can be; fever and some vomiting and diarrhoea can often be the beginning of gastro, but fever and vomiting by itself can be a sign of things like a urinary tract infection, things happening in the tummy. There's a number of things where they might need longer observation, maybe a blood test, maybe a scan or an x-ray of their belly.

DS

What other the red flags in your experience are associated with fevers?

PS

I guess the one I'd be most worried about is fever and rash.

PS

You and everyone else, I think. That's true. There is one type of rash in particular that we watch out for with fever, and that's the rash that doesn't disappear when you push on it.

DS

When does it go white, is that right?

PS

Yes, that's exactly right Dani and it's called a non-blanching rash and it's very hard to describe without showing pictures, but if there's a fever and that kind of rash, that almost always leads us to doing a blood test.

AW

And the other thing is a lot of kids with a viral illness and a fever will also have a rash, but it's not usually that non-blanching rash.

PS

Yeah, exactly, and again, it's a very common question we get, even from my friends and family at home; they'll send me a picture of a rash and say, look, is this something to be worried about and they've got a fever.



It's really hard to know without seeing the child and if you're not a health professional. It's also really hard to know, and sometimes even as health professionals, it's hard to differentiate.

So again, if you're worried that they've got a fever and a rash that looks scary, you just come and see a health professional and we'll help you figure it out.

DS

And that's the same advice for a rash that presents, and you don't have a fever?

AW

So, that one's a little bit different. If you've got a child who has a rash, no fever, and they look well, it's probably not due to a serious infection and that's something that can probably wait to see GP.

PS

Just one other thing about fever that is important to talk about is the child or young person who has a fever for more than five days without any signs and symptoms, so it's just the fever and there are no real clues as to where it's coming from.

They're the ones we would like to see in an emergency department because often they need blood tests to figure out where the fever is coming from. Sometimes, it is just a virus but they're the ones we like to see.

DS

I believe you've got some important information on that as well that we'll include that in our show notes. Very helpful, thank you very much.

I will ask this question to both of you, and I have discussed it throughout these podcasts, that my little daughter, Georgia, had croup a number of times from under the age of two. Evidently, I was a concerned as a mum and being a first-time parent experiencing these symptoms, I brought her straight to ED.

Breathing difficulties, I imagine its tricky territory, because that's super serious in most cases – breathing difficulties. What about that when it comes to visits to ED?

AW

So, the bottom line is, if you're worried about your child's breathing, they need to come to emergency. And there are so many different causes of breathing difficulties in children. It can be an infection, like bronchiolitis, which is really common, particularly in babies, it might be asthma in an older child. There's so many different causes, but breathing problems are serious and always come to emergency if you've got concerns about your child's breathing.

DS

Okay, so Paul, if you're not sure about what's going on with your child's illness or injury, what are the best sources of information to consult?



PS

There are heaps on the internet; the issue certainly isn't that there aren't enough, there are a lot.

We have, in the show notes I think Dani, we have a whole bunch of health facts produced by doctors and nurses and specialists at Perth Children's Hospital and Child and Adolescent Health Service. That's a great start, and some of the eastern states hospitals have a long list as well – Royal Children's Hospital has got some great parent information facts.

DS

Yes, don't slip into being Google doctors as parents; there are people out there, there are experts, you can get advice directly from and lots of credible evidence-based websites as well.

PS

Yeah, although can I say, Dani, that we know that everyone Googles their own symptoms and I think if you've done that and you found something scary on there, which Google has a lot of, bring it up with us when you see us. The worst thing is, if you come with something really easy or un concerning, like a bit of belly pain or rash, and you've Googled something really scary, and you haven't said (to us) 'could it be this?', that's a good opportunity for us to say, well, actually, no, it's not. Let me see where you got that information and then we can redirect you to a bit more of a reputable site.

So, if you have Googled, I agree, it's a bit scary to Google, but if you have, let us know what you found so we can discuss it with you.

DS

Sure! People may have missed part one of this chat on emergency departments; can we just briefly touch on the alternatives to Perth Children's Hospital Emergency Department and where people can go to?

PS

Yeah, sure. So, if you are a young person under the age of 16, you can go to any mixed emergency department around the state except for Sir Charles Gairdner Hospital and Royal Perth Hospital, who only see adults.

If you think your child or young person has a medical problem that's not an emergency, but is somewhat urgent, then otherwise, afterhours urgent care clinics, which are popping up a lot in Perth, and around the state. Some GPs have extended hours. There are a couple of private online providers which do telehealth for paediatric emergency presentations. And the last one, of course is healthdirect that you can call.

DS

And finally, Paul and Adelaide, are there any key messages to sum up what we've spoken about today?



AW

I think the most important thing for me is, I meet a child maybe once or twice; their parents have known them forever and if a parent says to me, I'm worried, that makes me worried, and if you're worried about your child, bring them to emergency.

You know, it's a good thing if we can send someone home and say your kid's fine. That's a really good outcome, but don't delay to bring your child in if you're concerned. Would you agree, Paul?

PS

Yeah, I agree; people know their children best; they've known them their whole lives probably, and so if they're worried, they just have to come and see us or pick up the phone and make an appointment with someone.

DS

There are no silly questions, you're not wasting anyone's time; when in doubt, please come into hospital.

Dr. Paul Sander, Dr. Adelaide Withers, thank you very much for all your information and insight today.

Thanks for listening to Kids' Health Matters, a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at kidshealthmatters@health.wa.gov.au

