TO BE CONSIDERED

Referral Guidance for Cervical lymphadenopathy, Constipation, Headache and Obesity in Children

These conditions were chosen, as secondary care colleagues at South Tees Trust felt that in these areas management in primary care could be improved, leading to improved patient care. I have plagiarised from work undertaken by the paediatric department and added some other sources of advice.

Cervical lymphadenopathy - Dr Ginny Birrell consultant paediatrician
Constipation - Dr Thwaites consultant paediatrician
Headache - Dr Ramesh Kumar Consultant Paediatrician
Obesity - Dr. Mark Burns

Cervical lymphadenopathy

Most patients seen in secondary care have benign cervical lymphadenopathy.

When to refer?
NICE haematology guidelines indicate referral if a lymph node >3cm is present for 6 weeks and is firm/hard and non-tender.

South Tees Paediatric department suggest refer if;
1. Persisting cervical lymphadenopathy >2cm for 6 weeks
2. Weight loss, night sweats, pains in legs
3. Increasing size/number of enlarged lymph nodes
4. Generalised lymphadenopathy (cervical, axillary, supraclavicular, inguinal)
5. Pallor
6. Hepatomegaly, Splenomegaly
7. Evidence of bruising/bleeding
8. Abnormal FBC or raised LDH

Investigations

FBC and LDH should be undertaken and certainly before referral

Constipation in Children

Management
NICE guidance should be followed
www.nice.org.uk/nicemedia/live/12993/48754/48754.pdf

Consider a referral to community paediatric incontinence service

When to refer for consultant opinion?
1. Red flags in history or examination
2. Child < 1 year not responded to 4 weeks of appropriate movicol treatment (as indicated in NICE guidance)
3. Child > 1 year not responded to 3 months of appropriate movicol treatment (as indicated in NICE guidance)
4. Any child protection concerns
5. Inability to wean child off high dose laxatives after 6 months treatment

Childhood obesity (Under 16)

Follow NICE guidance. Pages 10-16 apply to children
http://www.nice.org.uk/nicemedia/live/11000/30364/30364.pdf

Refer
If there is evidence of secondary co morbidity
1. Hypertension
2. Type 2 Diabetes
3. Dyslipidaemia
4. Underlying endocrine disorder
5. Liver dysfunction

Obstructive sleep apnoea or severe shortness of breath on exertion
Short stature <2nd centile and obesity
Extreme obesity BMI >3.5 standard deviations above mean for age.

Childhood Headache

The Great Ormond Street Hospital website has health professionals' clinical guidelines page. The section on headache gives advice on the management of primary headache in children (tension headache & migraine).
http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/headache/

Children with headache should be assessed to determine if they may have a primary or secondary (CNS infection, space occupying lesion, idiopathic intracranial hypertension) headache.
Children with headache alone are unlikely to have underlying disease.
Most common types of primary headaches can be managed in primary care. For acute symptom relief paracetamol and ibuprofen are safe & effective.
Sumatriptan nasal spray can be used for the treatment of acute headache (primary headache) in children more than 12 years old, if the GP is confident of the diagnosis. In practice propranolol (avoid in children with known asthma) and pizotifen can be used as first line preventive therapy in children.

Indications for referral

1. Secondary headaches
2. Diagnosis is uncertain
3. Red flags in history or examination
4. Abnormal neurological examination including papilloedema (admission)
5. Associated seizures (urgent outpatient or admission)
6. Sleep related headaches, vomiting and confusion (urgent outpatient or admission)
7. Associated systemic symptoms such as fever, neck rigidity (admission)
8. Sudden change in behaviour (urgent outpatient or admission)
9. Migraine headache not responding to preventive medication (pizotifen and propranolol) taken at adequate dosage for appropriate length of time (at adequate dose for weight & for not less than 3 months).
10. Sudden onset of headache of short period (less than 1 month) with no family history of migraine and presence of sleep disturbance (consider urgent outpatient or telephone discussion with consultant).
11. Child protection concerns