

Pennine GP Learning Group

Minutes of meeting

Date: 10th May 2017

Topic: Paediatric theme: Management of Vitamin D deficiency in Children, Discussion on weaning advice guidance, Discussion regarding "recognising a child with a potentially serious illness" and NICE traffic light guidance.

Members present: Dr Rukhsana Hussain, Dr Ainie Chaudhry, Dr Ann Holmes, Dr Claire Stansfield

1. Dr Hussain presented a summary of guidance related to the **"Primary Care Management of Vitamin D deficiency in children"**. Dr Hussain mentioned that she had decided to review the topic as although she was confident in management the condition in adults she was always finding herself having to check the treatment doses for deficiency in children. She wanted to be able to have clarity in her mind regarding a suitable regime for treatment and ensure that she was managing these children appropriately.

The presentation brought up some interesting discussion points. Two of the referral criteria were related to raised alkaline phosphatase. We discussed how we would usually request a "bone profile" and vitamin d levels. We couldn't recall if ALP was included in a bone profile sent to the local laboratory. Dr Hussain agreed to check this and informed the group that it was not included and was part of the LFTs. She asked the question as to whether we should then be requesting LFTs in these children too, to ensure that we are not missing patients who would require referral to secondary care.

Dr Hussain reviewed 4 different protocols for treatment of vitamin D deficiency with the group. We noted that the Calderdale CCG pathway advised much lower doses than the BNF and other protocols and we wondered whether this could lead to lack of therapeutic benefit and possibly unnecessary subsequent testing as well as referral.

The group agreed that the Nottingham Children's Hospital guidance seemed the most pragmatic, using the same product as advised by Calderdale CCG but as a once weekly dosing.

The regime was:

Using InvitaD3 oral solution 25000units/1ml - packs of 3 ampoules, for 6 weeks followed by maintenance

Below 6 months age - 25000 units as a single dose (1 ampoule) per week

6 months - 12 yrs - 50000 units as a single dose (2 ampoules) per week

12 - 18 yrs 75000 units as a single dose (3 ampoules) per week

FOR DAILY dosing the product recommended was Fultium D 3 drops 2740 units/ml (25ml bottle) for 6 weeks followed by maintenance

Below 6 months - 1ml daily

6 months -12yrs - 2ml daily

12-18 yrs - 3 ml daily

Dr Hussain shared the regime on the WhatsApp group for the benefit of members who weren't present at the meeting also. Dr Stansfield mentioned how she had looked at several different sources regarding prescribing for vitamin D deficiency which always led to confusion as to how to treat. We agreed that given the low risk of toxicity with vitamin D the above regimes seemed practical and easy to remember.

2. Dr Holmes had **reviewed updated weaning and allergy guidance** and shared her learning with the group. Amongst other points, we learned that rice milk is not suitable for children under 5 due to its arsenic content.

Children can continue to drink milk during a gastroenteritis episode. We commented that many parents would ask regarding this.

We discussed regarding follow-on milks and whether they were actually necessary. We agreed that many products were simply bought due to successful marketing and advertising strategies and were probably not really necessary for the child's needs.

Dr Stansfield shared some personal experience regarding weaning her children and that she had read advice to introduce different types of foods from day one rather than introducing foods one by one, and that this would reduce the risk of allergies.

Dr Hussain shared that she had attended a seminar where they were advised that weaning advice was going to be changed to try to reduce the incidence of nut allergy by advising introduction of nuts into the diet before the age of one. Dr Stansfield shared that there were products now available which had crushed peanuts which could be used as a peanut butter paste to introduce into a baby's diet early on and avoid the choking risk.

3. Dr Stansfield shared some tips from a doctor's forum that she had visited regarding management of balanitis in children.

4. Dr Hussain shared an unsatisfactory experience she had had recently whilst attending A&E with a sick child. Staff had shown a lack of awareness of the NICE traffic light signs and symptoms when assessing a febrile child. She shared some of the learning points from the experience.

We discussed the importance of adequate systems being in place to avoid delayed triage and Dr Hussain reported that she had sent some feedback to the hospital which had been responded to positively. She was reassured that lessons would be learned and the system reviewed.

Action Plan

1. The next meeting will be on Weds 12th July 2017. Topic to be decided.
2. Dr Hussain will email the minutes of the meeting to those who attended and also upload the presentation and minutes to the website.