

NEW GASTROENTERITIS PATHWAY



Stacey Hoggart

Every year throughout our region many children are unwell with vomiting and diarrhoea. A significant number of these children will be seen by their GP with some requiring intensive hospital treatment. Early oral rehydration is imperative and may reduce the number of children requiring secondary care. The

Community Paediatric Service, MidCentral Health has developed a pathway for the child with gastroenteritis for primary health providers, to improve treatment and reduce hospital admissions. This pathway has been trialled in the Emergency Department at Palmerston North Hospital with dramatic results.

Gastroenteritis is an inflammation of the stomach and intestine. It is highly infectious and passes easily from one child to another. The inflammation is caused most often by an infection from certain viruses, bacteria, toxins, parasites or an adverse reaction to something in the diet or medication. It is spread by hand and mouth with an incubation period of 24 to 72 hours. The main symptoms are diarrhoea, vomiting and sometimes fever. Some children are so sick that they stop eating and drinking and become dehydrated. Most children only need encouragement of oral fluids at home, however once dehydrated, the child requires frequent small drinks, often with an oral electrolyte solution like Pedialyte. Seeing the child earlier in primary health is beneficial in ensuring there are no underlying surgical problems, infection or severe dehydration. Antiemetics or medications to reduce diarrhoea are not recommended.

Some children will need to be seen at the Emergency Department or Children's Assessment Unit. The MDHB-wide pathway will help streamline children from primary to secondary care and prevent delays in appropriate treatment. It is important that everyone is providing consistent information to families.

The plan is to implement the pathway in stages during 2010 involving GP practices, pharmacies, iwi providers, Public Health, Well Child Providers and other community organisations. Prevention and management of the child with gastroenteritis and advice for caregivers, family and whanau can reduce the need for a hospital admission.

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Invitation to Free Presentation

Dr. Liz Craig, Director, NZ Child and Youth Epidemiology Service
Department of Women's and Children's Health,
Dunedin School of Medicine, University of Otago

present

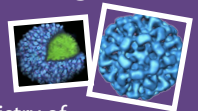
The health status, of children and young people
in MidCentral DHB

Tuesday 20 April 5.30pm – 7.00pm

@ Health on Main, 575 Main Street, Palmerston North

RSVP: jan.clarke@midcentraldhb.govt.nz

REDUCING SPREAD OF GASTROENTERITIS IN EARLY CHILDCARE CENTRES (ECC)



Health Protection Officers (HPOs) work with ECC when there is a reported increase in illness/gastroenteritis. The HPOs investigate to establish if there is an outbreak, the likely source of infection, facilitate collection of faecal specimens (if necessary), and provide advice on control measures to prevent further spread. Progress of the outbreak is monitored through daily case logs.

The majority of gastroenteritis outbreaks are due to Norovirus (NV) which is highly infectious. One viral particle can cause infection in >20% of exposed people (Moe, Sobsey, Stewart, & et al, 1999). Infected people excrete huge numbers of viral particles in faecal matter during infection and this remains high in the 48 hours after symptoms have abated. NV particles survive in the environment for extended periods.

Due to the fun learning environment in ECC with the soft furnishings, books and cuddly toys decontamination after a child vomits or has a faecal accident is very difficult. Without effective cleaning outbreaks can be prolonged or re-occur. Core controls during a Gastroenteritis outbreak in a child care centre are:

- Reinforcing the importance of effective and regular hand washing and drying
- Exclusion if a child (or staff member) is symptomatic, ie has diarrhoea (Ds) and/or vomiting (Vs) — they should remain at home for 48 hours after the last bout of Ds &/ or Vs
- Effective cleaning of contaminated areas. Chlorine based cleaners and/or steam are the most effective against Norovirus. "Guidelines for the effective Management of Norovirus Outbreaks in Hospitals and Elderly

Care Institutions" (Ministry of Health, 2009) are provided to the ECC and the HPOs work with the centres to implement controls in the ECC environment.

Many of the ECC we support, struggle to get some parents to comply with the 48 hours exclusion period — especially if they have already been away from work for a number of days with a sick child. If you are working with a family in the community who have gastroenteritis in their home, we encourage you to help them understand the importance of the above controls, (including for school aged siblings).

Ministry of Health. (2009). Guidelines for the management of Norovirus Outbreaks in Hospitals and Elderly Care Institutions. Retrieved from <http://www.moh.govt.nz/moh.nsf/index/mh/guidelines-norovirus>.

Moe, C., Sobsey, M., Stewart, P., & et al. (1999). Estimating the risk of human calicivirus infection from drinking water Paper presented at the First International Workshop on Human Caliciviruses.

Tui Shadbolt, Coordinator Health Protection Public Health Services MidCentral Health



PLAY ACTIVITIES THAT HELP YOUR CHILD'S SOCIAL DEVELOPMENT

The most important play for any child is for a parent to play with them and parents should have time for this every day. Parents and caregivers are their child's favourite playmate. Singing and talking to a baby is a great way to start developing a loving and learning relationship.



Play is also a major contributor to a child's physical development. There are many activities that can benefit their physical development. Painting and drawing can help fine manipulative skills because of the nature of the movement involved in these activities. Large construction toys can help muscular development through any lifting, carrying, stretching or balancing they might do.

Play is seen by many as an ideal opportunity for a child to learn new skills and plays an important part in their life. All areas of a child's development are enhanced through play activities. During the preschool and school age years, children develop socially, emotionally, cognitively, and physically through outside play.

- Children initiate the most beneficial play. During free play is when most learning takes place. A child playing with blocks will begin to stack them. The earliest forms of play in childhood are functional play.
- Constructive play is common in preschool age children. A child playing constructively will create something through their play. Group constructive play encourages team work and healthy social emotional development as well.

- Role play can be one of the most important activities for young children – it not only stimulates their imagination but can help with their social development. Literacy, numeracy and other curriculum activities can all be planned as part of a role play situation. This type of peer interaction facilitates developing conversation skills, turn taking, as well as being fun in the eyes of the child. These activities are often low cost as the child often plays with common household items and dress ups.

A child gains a strong foundation for learning through play. Solitary play fosters independent thinking and problem solving, while group play encourages co-operation and understanding. For healthy growth and child play development, children should be encouraged to spend most of their days in free play, rather than watching television where active play is not encouraged. Many simple play activities can be made at home using regular household items, even recycling bits and pieces. Most of the learning is achieved in the actual making of the play items. Parents spending time with children allows for role modeling and great family based interaction. TV can't beat that.

There are many websites available on the internet that detail activities or ideas on developmentally appropriate play activities.

Useful websites:

<http://www.bigeyedowl.co.uk/index.htm>

This website has cost effective ideas and resources readily available. Focused on children aged 5-7 years.

<http://www.child-development-guide.com/child-play-development.html>

<http://www.nncc.org/Curriculum/play.activities.html>

**Gabrielle Scott, Coordinator
Child Development Service, MidCentral Health**

THE PERILS OF TOO MUCH TELEVISION

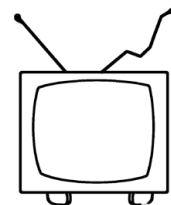
Television has been shown to advance learning when children watch appropriate education material. However, there are concerns about the excessive viewing of programmes, especially when they are inappropriate for the age of the child. In the average NZ household, the television is on for around three hours per day. This means that in many homes, children are watching far in excess of this, mixed in with playing on Playstation and X-Box. The Australasian Royal College of Physicians have published recommendations about limiting viewing. A pamphlet can be downloaded on www.kidshealth.org.nz/pdfs/RACP%20parent%20leaflet.pdf, on the KidsHealth website.

Key points are:

- Younger children believe that what is on TV is reality and it is not until they are well into primary years that they realise that actors are playing parts
- Television should not be a substitute for the time parents spend with their children
- There is a strong link between TV watching and obesity, due to inactivity and often snacking on high calorie food.

Recommendations:

- Kids under two years should not watch TV
- Limit TV, computer games, Playstation and X-Box to an average of no more than two hours per day
- Supervise your child's viewing
- Spend time reading, singing and talking to your children.



Dr. Giles Bates, Community Paediatrician, MCH

KEY DATES		
2 April 2010	World Autism Day	www.autism.org.nz
17 April 2010	Kidney Kids of New Zealand	www.kidneykids.org.nz
3 – 9 May 2010	Balloon Day Asthma and Respiratory Foundation	www.asthmanz.co.nz
15 May 2010	International Day of Families	www.un.org
22 – 30 May 2010	Youth Week	www.nzaahd.co.nz
23 – 29 May 2010	Heart children Awareness	www.heartchildren.org.nz
31 May – 6 June 2010	Infant Gastric Reflux Awareness Week - 4th Awareness Day	www.cryingoverspiltmilk.co.nz

INJURY PREVENTION

Children being injured or killed by falling flat screen televisions has increased injury hospital admissions according to recent American research. Falling TV's caused a forty percent increase in child-hospital admissions due to furniture tipping over. (See http://www.rospe.com/news/releases/2009/pr747_09_12_09_home.htm for more details). An increased number of adults were also injured by falling TV's. While flat screen televisions present a new risk to under-sevens, the need to child proof homes is a constant. A New Zealand child was killed by a falling TV around six years ago – long before flat-screen TV's became popular. Linking families to Wellchild/Tamariki ora nurses helps families reduce the hazards in their homes for their under-fives.

**Nigel Fitzpatrick,
Health Promotion Advisor
Public Health Services, MCH**

Face it
CLEFT NEW ZEALAND INC.

**TOGETHER WE CAN
MAKE A DIFFERENCE**

Keeping up-to-date with every congenital condition and how the Public Health system can support your work can be difficult. Cleft New Zealand (previously the Cleft Lip & Palate Support Group) can support you in the work you do with new families.

In their revamped website, www.cleft.org.nz you will find a section for Medical Professionals. It will give you access to reliable, current information on the tertiary cleft providers in New Zealand. It has been written in collaboration with the teams themselves. You can also access the right people with any questions you may have. The site can also be referred to new families diagnosed with a baby who will be born with cleft, so they can find the information and support they need. "Face It", together with Cleft New Zealand, we can make a difference.

For more information contact:

**Susan Frear
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E-mail: susan@cleft.org.nz**