

KIDS

news health



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This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services.

Kids Health News is now available on the MDHB website: www.midcentraldhb.govt.nz/Publications/AllPublications/pages/default.aspx?query=Kids Health News#



By **CNS Robbie Lane**
Paediatric Continence
Service, MCH

The Paediatric Continence Service was set up in 2015 as part of Child Health at MidCentral Health. The nurse-led team consists of Robbie Lane (Clinical Nurse Specialist), Bex Angelo (Registered Nurse), Jane Henderson (Enrolled Nurse) and Terry Ratana (Administrator). Dr Nigel Orr (Paediatrician) works alongside the team and runs a joint clinic throughout the year. While the service is based at Kowhai Building, Community Village at PNH, home visiting throughout the DHB's region is undertaken. The service runs programmes for constipation, nocturnal enuresis and bladder dysfunction and manages the children who meet the criteria for funded continence products.

In addition the service is available as a resource to the community for the provision of information and advice. If you would like the nurses to talk to your group or practice about continence matters, please contact the team. The service accepts referrals direct from the community for nocturnal enuresis and continence products; however referrals for constipation and bladder dysfunction should be directed to the **Paediatric Clinic**. Contact the team on (06) 350 9164 or (06) 360 9161 or email robbie.lane@midcentraldhb.govt.nz

CONTINENCE MATTERS

TOILET TRAINING

Achieving continence is a developmental milestone that children reach at varying ages. A small number of children may experience ongoing problems and require more input and support to complete this training. Constipation is linked to a delay in toilet training so should be ruled out. These websites provide information about continence that you may wish to share with parents:

- The tricky bits tips for under-fives <http://community.skip.org.nz/resources/resource-bank/index.html>
- Toms toilet triumph - YouTube
- www.continencevictoria.org.au/one-step-at-a-time-toilet-tips
- www.continence.org.nz
- www.kidshealth.org.nz
- Tips for Toileting by Jo Adkins & Sue Larkey [A guide for parents and professionals toilet training children with an autism spectrum disorder]. www.suelarkey.co.nz

DAYTIME WETTING

After achieving toileting training, children may experience urinary storage and voiding problems. These can be seen in urinary urgency, frequency and incontinence. This does not include the 'busy' child who leaves it to the last minute to rush to the toilet. An assessment should be made of the child's health to rule out urinary tract infections or underlying constipation. (Yes, constipation again!) In our clinics we see children from six years of age who have been referred by paediatricians. We encourage a 'time and volume' chart to be completed over

one or two days that notes the volume of urine voided and how often, and we undertake uroflowmetry (flow and force of the urine stream as the child pees into a commode) and a residual bladder scan. Education, adequate water intake, regular scheduled toileting (often double voiding) and lots of positive reinforcement forms our management plan. In some circumstances anticholinergics (oxybutynin or solifenican) may be indicated to relax the detrusor muscle.

BEDWETTING

Our nocturnal enuresis programme, "Dry Bed Superstars" has been running since 2009 and is a 12 week alarm based programme for children aged seven years and over. Hundreds of MDHB kids have successfully completed the programme already. We accept community referrals to this programme and referral forms can be obtained from our office. You won't be surprised to hear that constipation can cause bedwetting, so constipation and any daytime urinary issues should be treated prior to a referral. Referrals for this service are accepted from the community and referral forms are available at our office, or medical centres.



Peggy Purl
in your
community.



This peggy square blanket was made with love.

ATTENTION ALL KNITTERS

Brought to you by MDHB, Kind Hearts Trust, & SuperGrans Manawatu.

To know more contact: Leigh Rosanoski,
Co-ordinator, leigh@kindheartsmovement
Facebook: kindheartsmovement



INVITATION TO THE FREE CHILD HEALTH FORUM 2017

Wednesday
29 March 2017
5.00pm-7.30pm

Convention Centre, Main Street,
Palmerston North

RSVP cpd@centralpho.org.nz or phone
(06) 354 9107 by Friday 17 March 2017.

Presented by MDHB and facilitated by
Child Health Service Community Team.
Participants from health, education
and social services are welcome.

To be added to the database to receive
the programme, please email:
sherry.brown@midcentraldhb.govt.nz

"Dry Bed
Super Star"



IMMUNISATION UPDATE

It is an exciting yet busy new year with the National Immunisation Schedule rolling out. The HPV changes took effect on 1 January 2017 and the rest of the changes will be taking place on 1 July 2017. Please ensure you recall all patients eligible for the HPV vaccine, it would be a good idea to start with the patients that are turning 27 soon as they will be eligible for all three vaccines as long as they start before their 27th birthday.

INFLUENZA VACCINE

It is nearly that time of year again so please start thinking about how you are going to approach the flu season and recalls. Children aged six months to less than nine years of age who are receiving the influenza vaccine for the first time should receive two doses four weeks apart, as they may be immunologically naïve and so get a better response from a two dose priming regime. Children who have received a previous influenza vaccine need only one dose. Influenza vaccine is free for those who need it most:

- People with certain medical conditions
- People 65 and over
- Pregnant women (any trimester).

Any concerns or questions please do not hesitate to call or email me on: Shelley Daysh (Immunisation Coordinator) Mobile: 027 555 8977 Phone: (06) 354 9107 Fax: (06) 354 6107 Email: shelley.daysh@centralpho.org.nz



PASIFIKA MATERNAL CHILD HEALTH SERVICE COORDINATOR



The Pacific service continues to operate within the MidCentral region, and acts as an advocate for Pacific mothers who have difficulties in navigating health services for their children and family. The service provides home visits, do health assessments and also make referrals to other specialist services that are available and accessible to the families. We strive at all times to provide vital information that will empower mothers and assist them to make choices that result in positive health outcomes for them and their communities. Pasifika mothers can be referred to our service by their families, other health service providers, or they can self-refer for support and follow-up.

Based at the Central PHO on 575 Main Street, the Coordinator can be contacted at phone: (06) 354 9107 (office) Mobile: 027 274 8109 or Email: harieta.erasito@centralpho.org.nz

OBESITY IN PRESCHOOL CHILDREN

The 'Obesity in Preschool Children' Pathway has been developed as part of MidCentral's response to the growing obesity epidemic and the newly introduced 'Raising Healthy Kids' health target. It will enable children identified as obese in the B4SC to be referred to the services they (and their family) need to support healthy eating and activity.

The pathway will help to ensure that B4SC Nurses, GP teams and other healthcare providers are aware of, and confident in, referring children to appropriate services for weight intervention, management and lifestyle programmes. It will support the right referral to be made at the right place and help to reduce the burden associated with childhood obesity in MDHB. The pathway contains the following (but is not limited to):

- Information and referral form for MidCentral's 'Boost' Multi-Disciplinary Team (NB: the 'Boost' MDT will provide a multi-disciplinary approach to the clinical oversight of referrals. The 'Boost' MDT does not see the child, but recommends the appropriate interventions for the child and the family).
- Referral information for other support options.
- Guidance to support the identification of obese and overweight preschool children.
- Links to evidence-based tools to support the monitoring, assessment and management of obese and overweight preschool children.

CHRISTMAS CHEER

The Child Health Community Team team had been the recipient of 150 presents to distribute to children and families in our community. The gifts were donated by the IRD, a local Church group – Fairworxx ministry, and also by some individual members of our community. Our team identified children and families within our service who generally don't have the means or ability to give any presents to their children. Christmas time can be very challenging in many aspects for these families. We worked alongside the Pasifika and Maori Health Teams at Central PHO who also identified families who were in need. The generosity from the wider community was overwhelming and it was an amazing experience for us as a team to be able to deliver these gifts to families.



"Oh my goodness, she is so lucky. I will put it under the Christmas tree she will be so excited."
"We don't have a Christmas tree", said Dad; 15 year old asked if he could open it now "thank you, thank you" he says with the biggest smile on his face!

Every child should have an Asthma Action Plan

ASTHMA CHECKPOINT

Is your asthma under control?

Here are four key questions to ask.

- **Attendance at school/preschool**
- **Waking at night with cough or wheeze**
- **Ability to exercise**
- **Amount of beta agonist used.**

Ask your health professional for an asthma action plan.

app.mapofmedicine.com

– Management of Chronic Asthma in Children 1–16 yrs
– Acute Exacerbation of Asthma in Children 1–16 yrs

SORE THROAT MANAGEMENT – PREVENTION OF RHEUMATIC FEVER

This pathway is based on the National Heart Foundation Sore Throat Management Guidelines (2014). Key clinical messages are:

- Patients presenting with a sore throat AND who are at high risk of rheumatic fever should have a throat swab taken and be treated for Group A streptococcal (GAS) infection until proven otherwise.
- Patients with mild symptoms and at low risk of rheumatic fever do not need empiric treatment for GAS infection – consider analgesia instead.
- All swab results, both positive and negative, must be followed up with the patient.
- It is the responsibility of the ordering physician/health provider to ensure follow-up is undertaken for all swab results.
- Educate and encourage patients/whānau to complete the full course of antibiotics as prescribed to ensure effective eradication of GAS throat infection.

FORGOTTEN YOUR PASSWORD OR NEED TO REGISTER FOR MAP OF MEDICINE?

Email clinicalpathways@midcentraldhb.govt.nz with your title (Mrs, Mr, Ms etc), name, role and organisation and we will send you through your username and password along with a user guide.