

The Atlantic Provinces Medical Peer Review



**MANAGEMENT OF SPECIFIC PAEDIATRIC DISEASE ENTITIES
1 - DIABETES**

Screening & Diagnosis:

- ✓ polydypsia; polyuria; weight loss or gain; infections; urinary incontinence
- ✓ family history
- ✓ physical exam: overall assessment; hydration; nutritional status; infectious focus; acanthosis nigricans
- ✓ investigations: blood sugar; urinalysis, CBC, anti-insulin AB; C1 Peptide; HgbA₁C
- ✓ differential diagnosis: Type I; Type II; MODY

Ongoing Management:

- ✓ insulin dosing; oral meds; blood sugars; HgA₁C
- ✓ diet & exercise; injection site issues; methods of insulin delivery
- ✓ psycho-social interface with other professionals. i.e. dietician, nurse educator, social worker
- ✓ monitoring of other endocrinopathies: thyroid; Addison's Disease; Celiac Disease

	N/A	E	S	D
There is evidence that adequate screening and investigation leads to an appropriate diagnosis				
There is evidence that ongoing management meets current standards, and that the patient is involved in the care as is suitable for his/her age				
Prescribed medications are documented, including dosage and duration, and followed up appropriately.				
There is good use of supporting professionals and/or agencies where appropriate.				

COMMENTS: _____

MANAGEMENT OF SPECIFIC PAEDIATRIC DISEASE ENTITIES # 2 - AUTISM
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History:

- ✓ rigid, ritualized behaviours; poor eye contact; disordered language development
- ✓ delayed or absent speech; poor socialization; focus on objects rather than people

Assessment:

- ✓ developmental assessment; psycho-social assessment; family assessment
- ✓ pre- and peri-natal assessment; +/- ADOS assessment
- ✓ auxiliary assessments: physiotherapy; occupational therapy; speech language assessment; developmental paediatric assessment (optional)
- ✓ standard physical exam with a focus on neurological assessment, particularly soft signs such as co-ordination issues
- ✓ genetic assessment with micro-array analysis

Ongoing Management:

- ✓ co-ordination of inputs from all involved professionals
- ✓ evidence of counselling for caregivers and child (if age appropriate)
- ✓ monitoring of developmental and behavioural progress
- ✓ assessment of need for pharmacological intervention (i.e. for anger or ADHD)
- ✓ support in obtaining access to community programs; liaison with school
- ✓ referral to an autism center

	N/A	E	S	D
There is evidence that adequate assessment and investigation leads to an appropriate diagnosis				
There is evidence that physician is an active participant in team approach to management of care; use of supporting agencies is appropriate				
Prescribed medications are documented, including dosage and duration, and followed up appropriately.				

COMMENTS: _____

MANAGEMENT OF SPECIFIC PAEDIATRIC DISEASE ENTITIES #3 - ASTHMA

History:

- ✓ prematurity; birth weight; intubation/CPAP; ER visits/hospitalization, both respiratory and non-respiratory related; oxygen therapy
- ✓ reflux/milk intolerance; bowel habits; allergies; family history

Assessment:

- ✓ HEENT (allergic shiners, crease, Dennie lines); cardio-resp exam
- ✓ skin (eczema, keratosis pilaris); clubbing
- ✓ chest X-ray (age appropriate) +/- allergy testing, sinus X-rays, adenoid, exercise PFT, methacholine challenge, sweat test

Ongoing Management:

- ✓ education re diet and environment (smoking, allergens); pathophysiology of asthma and allergies; good control vs poor control
- ✓ written action plan; periodic physical exam & symptom/medications review
- ✓ understanding of medications: device technique, role of each medication
- ✓ signs of worsening asthma and need to seek intervention (GP/ER visits)

	N/A	E	S	D
There is evidence that adequate assessment and investigation leads to an appropriate diagnosis				
There is evidence that patient is being consistently monitored and well-managed				
Prescribed medications and medication devices are documented, including dosage and duration, and followed up appropriately.				

COMMENTS: _____

MANAGEMENT OF SPECIFIC PAEDIATRIC DISEASE ENTITIES #4 - SEIZURE MANAGEMENT

History:

- ✓ adequate description of episode & events surrounding episode
- ✓ family history of epilepsy or seizures of any type
- ✓ birth history, recent health; focussed history for seizure (bed wetting, blood on pillow, auras); medications
- ✓ developmental & social history (lifestyle factors, school performance)

Assessment:

- ✓ general physical and developmental assessment including growth of head circumference
- ✓ neurological evaluation: cranial nerves including fundoscopy;
- ✓ reflexes (tone, power, co-ordination, sensation); gait;
- ✓ palpitation of fontanel in an infant; skin exam; Woods lamp
- ✓ EEG for recurrent non-febrile seizure
- ✓ MRI if on or more of the following are present: Cranio-facial dysmorphism, development delay, skin lesions (port-wine stain, hypy/hyper pigmentation) or focal seizures.

Management:

- ✓ counselling/education of patient and family
- ✓ follow-up planned if appropriate

	N/A	E	S	D
Patient/family history and description of episode(s) are thorough and well-documented.				
Physical examination and other investigations are detailed and appropriate				
There is evidence of education and follow-up where required				

COMMENTS: _____

MANAGEMENT OF SPECIFIC PAEDIATRIC DISEASE ENTITIES #5 - ADHD

History:

- ✓ major concerns: behaviour; poor attention/achievement; hyperactivity
- ✓ pre-natal, birth & early developmental history; developmental milestones; delayed speech; early or delayed motor development
- ✓ history of physical or mental hyperactivity, inattention, impulsivity, age-appropriate behaviour
- ✓ family & past medical history: significant head injury; history of psychiatric medications; dysfunctional family situation (parental separation, foster home, etc.)

Assessment:

- ✓ symptoms including tics, obsessive-compulsive behaviour, anxiety or phobias, aggression, rage, mood swings, hypomania, mania & depressive symptoms, self-inflicted injuries, hallucination, delusional psychosis
- ✓ observation of behaviour; direct conversation with child; physical exam
- ✓ differential diagnosis: ADHD with/without hyperactivity; co-morbid conditions, learning disability; mental retardation/autism
- ✓ scoring system, such as Connors. Complete psycho-educational assessment through the school assessment or at minimum a report from the guidance counselor or home room teacher.

Ongoing Management:

- ✓ discussion of diagnosis; explanation of basis for ADHD; pharmacological options (including potential benefits & side effects); reading material
- ✓ consideration of referral to community mental health services, private counselling, occupational therapy or psychological/psychiatric consult as appropriate
- ✓ treatment of co-morbid conditions; timely follow-up of patient and family
- ✓ care in prescribing (especially stimulants) and careful trial and monitoring of medications

	N/A	E	S	D
There is evidence that adequate assessment and investigation leads to an appropriate diagnosis				
There is evidence that adequate and appropriate follow-up and monitoring with patient and family takes place				
Prescribed medications are documented, including dosage and duration, and followed up appropriately.				

COMMENTS: _____
