

PÆDIATRIC

Well Adjusted™

Red Flags

THAT SHOULD NOT BE IGNORED



If you note any of the following symptoms in children, assist the parents with extended care where appropriate or advise them to seek appropriate emergency care right away.



Red Flag — a term that refers to a life-threatening condition or potentially serious condition requiring extended attention.

Practitioners may be able to provide extended care if appropriately trained.

RED FLAGS OF POTENTIALLY SERIOUS ILLNESS IN THE PÆDIATRIC CLIENT WHO NEEDS EXTENDED MONITORING:

- A constant cough making it hard for the child to breath between coughs
- Constant vomiting or diarrhoea as this may lead to dehydration
- Fever associated with difficulty breathing, lethargy, being overly fussy and hard to console, or refusing to eat.
- Recurrent fevers
- Pallor
- Head trauma
- Loss of developmental milestones
- Gait disturbance
- Slurred speech
- New onset strabismus
- Seizures
- Positive neurological signs such as Babinski, Hoffmans, Absent reflexes, Motor weakness
- Suspicion of child abuse
- Personality change
- Unexplained weight loss
- Parents suspect chemical substance abuse
- Scoliosis greater than 20 degrees

RED FLAGS SUGGESTIVE OF IMMEDIATE MEDICAL REFERRAL FOR THE PÆDIATRIC CLIENT:

CHILDREN OF ANY AGE

- Petechial or purpuric rash that does not briefly go away when you press on it
- Breathing difficulty or fast breathing which may be accompanied by nasal flaring
- Sudden onset of persisting acute abdominal symptoms
- Persistent vomiting
- Bile stained vomiting
- Dark green vomiting, a sign of an intestinal blockage
- Fever of 40 deg. Celsius (104 deg F) or higher particularly if spiking

- Hot, swollen, tender joints, especially if the child refuses to bear weight
- Head trauma associated with change in vital signs or convulsions
- Convulsions particularly if no prior history and no associated head trauma
- Cold, pale white distal extremities or oral cyanosis
- Child with Sickle Cell Disease - developing a fever, chest pain, altered mental status or other neurological findings
- Child with Diabetes - developing altered mental status, signs of dehydration abdominal pain or fruity breath
- Bone fracture or dislocation
- Other Orthopaedic emergencies such as Slipped Femoral Epiphysis or Perthes disease
- Faecal blood
- Bloody diarrhoea
- Suicidal tendencies



RED FLAGS SUGGESTIVE OF IMMEDIATE MEDICAL REFERRAL FOR THE PÆDIATRIC CLIENT:

INFANTS AND VERY YOUNG CHILDREN ONLY

- Being lethargic or an inability to rouse the child
- Bulging or sunken fontanelle
- Fever >38 C (100.4 F)
- Signs of dehydration and/or decreased fluid intake of 50% or greater over a period of 24 hours
- Acute weight loss exceeding 5% of body weight
- Persistent inconsolable high pitched crying or a weak cry with drowsiness
- Head trauma associated with change in vital signs or convulsions

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Hawk C, Schneider M, Ferrance RF, Hewitt E, Van Loon M, Tanis L. Best Practices Recommendeds for Chiropractic care in Infants, Children, and Adolescents: Results of a Consensus Process. J Manipulative Physiol Ther 2009;32:639-647.

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www.WellAdjustedBabies.com/Free-HealthPro-Resources