


# Paediatricians


What are they good for?



# Paediatric tasks

1. Surveillance and Screening
  2. Diagnosis
  3. Referral
  4. Medical
  5. Advocacy
  6. Multidisciplinary Team
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# Screening and Surveillance

- Should occur in many environments
  - Important in general practice
  - Critical in child health nursing
  - Essential in general paediatrics
  - Teach and promote the PEDS
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# Diagnosis


- Formal assessment of developmental delay
  - History
  - Full examination
  - Standardised tools
  - Investigations
  - Multidisciplinary team

# Diagnosis

## ➤ Problems

- Teams available to take referrals
- Slow service at times (resources)
- Difficulty getting clear feedback from allied health to referrers or parents
- Paucity of psychologists


# Referrals for Intervention

- Tailored to child and family's needs
    - Medical
    - Social
    - Community
  - Need a key referral point
    - Prevent duplication
    - Feedback
- 

# Referrals

- Need to be aware of existence of services
- Hotch-potch or eligibility
- Geographic problems
- Length of intervention variable

# Medical Follow-up

- Child and family centred approach
  - Medical surveillance
    - Complications of underlying cause
    - Complications from disability
  - Emotional and psychological issues
    - Surveillance
    - Treatment
    - Referral
- 

# Advocacy

## ➤ Range of family styles

- Sheepdogs
- Sheep

## ➤ Sheepdogs

- Medical guidance to direct bark!
- Reining in when necessary

## ➤ Sheep

- Encouragement and facilitation
- Guide to system
- Protection from unrealistic sales pitches!

# Advocacy

## ➤ Liaison on behalf of kids and families

- Centrelink
- Education system
- Respite
- Early intervention
- Child protection
- Gateway- possibility of coordination of care?
- NGOs

# Multidisciplinary Team

- Big job- need a team!
- Time consuming- need a team!
- Different expertise- need a team!
- Paediatricians should be part of team- even if not always present

# PR

Uneventful birth and early neonatal course

Life threatening cardiomyopathy at 4 weeks  
with multi-system organ failure

Abnormal eye movements and jerky arm  
movements noted during follow up in 1<sup>st</sup>  
year

GM, FM delays noted

# PR

## Diagnosis:

Calvary team- saw social work, physio, OT

Ophthalmology

Workup commenced- odd shape

Physio raised one possible diagnosis

Genetic consults eventually confirmed suspicion  
of Alstrom's syndrome

# PR

## Medical:

Diagnosis allowed 'road map' to be planned  
with mother

Interventions based on impending blindness  
and deafness

Medical

Educational

Housing



# PR

## Advocacy:

### Schooling

Place (failed)

Assistance- VIS, aide  
(won)

High school- TBC

### Housing

Location

Suitability for vision  
impaired

Security of tenure

### Financial

Allowances

Parking

Fundraising

### Parental Encouragement

Hand held record

Education on condition

Advocacy for child

# PR

## Multidisciplinary team 2010

Mum

Paed

Teacher

VIS

Other medical- ENT, Ortho, Ophthalmology, genetics

Discharged from Physio, OT Speech

Never psychology involvement

# Issues

MD teams leaving 'the last one standing'

- EI then what?

Importance of 'training' parents

Transition to adult services



# Questions?



# Paediatricians

-what are they good for?

- Screening
- Diagnosis
- Referral source and medical base
- Advocacy
- Being part of a MD team
  
- Hanging around
  - for the family and for a long time!