

## **Child Death Overview Panels for the boroughs of Hounslow, Kingston and Richmond Newsletter – June 2016**

### **Welcome**

In this fourth newsletter from the Child Death Overview Panel (CDOP) we feature information about both our work and related initiatives to share and promote learning arising from the review of deaths of children. On the second page you'll find some information on sepsis that you may wish to print and display.

### **Changes to the local CDOP arrangements**

The Independent Chairs of the Local Safeguarding Children Boards for Hounslow, Kingston and Richmond have decided to cease the joint operation of the CDOP across the three boroughs to improve the efficiency and focus of each panel. Hounslow will operate independently, and Kingston and Richmond will continue to share a panel. It is anticipated that the panels will continue to share and cooperate in terms of best practice and issues that affect both areas such as shared service providers

From 1<sup>st</sup> April 2016 the following contact details for each panel will apply:

**Kingston and Richmond** - Sarah Bennett, 020 8831 6257, sarah.bennett@richmond.gcsx.gov.uk

**Hounslow** - Joanna Leader, 020 8583 3068, joanna.leader@hounslow.gcsx.gov.uk

### **Local learning in focus: General Practice**

Recent child death reviews have highlighted the following to be important for all GPs both in routine surgery appointments and in the context of any work undertaken in urgent care centres and/or out of hours clinics:

- ❖ Importance of undertaking a full set of clinical observations including heart rate and saturations (and repeat observations prior to discharge, where indicated)
- ❖ The need for a thorough history
- ❖ Use of traffic light scoring in the febrile child
- ❖ Explicit safety-netting and checking that this has been understood by parents/carers (taking into account any issues such as language or cultural background which might impair a family's understanding or ability to access emergency services)
- ❖ Green vomit is a red flag symptom and babies or children with this symptom should be referred for surgical review

The following resources may be helpful to GPs and other primary healthcare professionals:

<https://www.spottingthesickchild.com/>

<https://www.nice.org.uk/guidance/cg160>

<http://elearning.rcgp.org.uk/mod/page/view.php?id=3927>

<https://www.meningitisnow.org/>

<http://www.headsmart.org.uk/>



## National learning in focus: Sepsis

Sepsis leads to shock, multiple organ failure and death especially if not recognised and treated promptly. The Sepsis Trust has published the below card for parents to explain sepsis and alert them to possible symptoms.

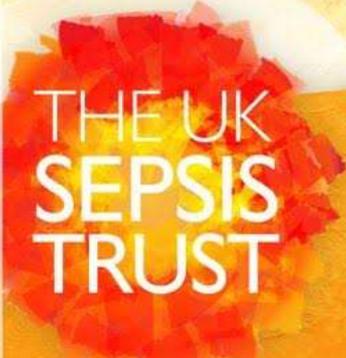
The Sepsis Trust website features a range of resources including online training and toolkits for different clinical settings – please visit <http://sepsistrust.org/>

### WHAT IS 'SEPSIS'?

DESIGN BY HUGO BEAUMONT

ALSO KNOWN AS SEPTICAEMIA OR BLOOD POISONING, SEPSIS IS WHEN YOUR BODY'S RESPONSE TO AN INFECTION GOES WRONG AND BEGINS TO INJURE ITS OWN TISSUES AND ORGANS.

IT AFFECTS ABOUT 10,000 CHILDREN EVERY YEAR IN THE U.K.



THE UK  
SEPSIS  
TRUST

### HOW DO I SPOT IT?

SEPSIS COULD HAPPEN AS A RESULT OF ANY INFECTION.

IF YOUR CHILD IS UNWELL WITH EITHER A FEVER OR A VERY LOW TEMPERATURE

(OR HAS HAD A FEVER IN THE LAST 24 HOURS) THEN THINK ABOUT SEPSIS.

THERE IS NO ONE SIGN FOR SEPSIS. THINGS TO LOOK OUT FOR...

#### ANY CHILD WHO:

1 FEELS ABNORMALLY COLD TO TOUCH

2 LOOKS MOTTLED, BLUISH,  
OR HAS VERY PALE SKIN

3 HAS A RASH THAT DOES NOT FADE  
WHEN YOU PRESS IT

4 IS BREATHING VERY FAST

5 HAS A 'FIT' OR CONVULSION

6 IS VERY LETHARGIC  
OR DIFFICULT TO WAKE UP  
MIGHT BE CRITICALLY ILL.

ONE OR MORE OF THESE? SEE A DOCTOR URGENTLY:  
CALL 999 AND SAY YOU'RE WORRIED ABOUT SEPSIS.

#### A CHILD UNDER 5 WHO:

1 IS NOT FEEDING

2 IS VOMITING REPEATEDLY

3 HASN'T HAD A WEE OR WET NAPPY FOR 12 HOURS  
MIGHT HAVE SEPSIS.

ONE OR MORE OF THESE?  
SPEAK TO A DOCTOR  
& SAY YOU'RE WORRIED ABOUT SEPSIS.