

Third of UK paediatricians report seeing 'delayed presentations' in emergency care in lockdown

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One in three UK paediatricians report dealing with emergency 'delayed presentations'—children who would have been expected to present much earlier for diagnosis/treatment of their condition—during the COVID-19 pandemic lockdown, reveal the results of a snapshot survey, published online in the *Archives of Disease in Childhood*.

Children with diabetes were most often involved, but also those with life threatening sepsis ([blood poisoning](#)) and cancer, the survey responses indicate.

Amid reports of falling attendances at emergency care departments during the pandemic lockdown in the UK, and serious concerns about the implications for [children](#)'s health, the British Paediatric Surveillance Unit (BPSU) carried out a snapshot poll of senior paediatricians in the UK in late April this year.

The 4075 consultants surveyed represent more than 90% of all those working in the UK and Ireland.

The doctors were asked whether, in the preceding 14 days, they had seen any children, who, in their opinion, turned up later for treatment/diagnosis than would have been expected before the COVID-19 pandemic, referred to as 'delayed presentations.'

In all, 2433 of the consultants replied, giving a 60% response rate. Almost a third (241 out of 752; 32%) of those working in emergency care and paediatric admissions said they had dealt with delayed presentations. Some 8% (57) of the respondents reported dealing with more than 3.

The numbers of children suspected of having turned up later than expected for treatment/diagnosis varied considerably, ranging from 14% of reports in Wales to 47% of those in the Midlands.

The free text responses indicated that a child with diabetes was by far the most common delayed presentation, but sepsis (blood poisoning) and cancer also featured prominently.

Delayed presentation was thought to be a contributory factor in the deaths of nine children.

Nearly 1 in 5 (18%; 178 out of 997) senior paediatricians working on hospital wards and in outpatient clinics also reported late presentations.

These included problems arising during labour for mothers and their babies and early discharge after birth because of COVID-19 concerns before feeding had been established, prompting return visits due to feeding problems and dehydration.

The responses revealed that community paediatricians and cancer doctors were especially concerned by the fall in referrals for [child protection](#) and suspected cancer.

"A 60% response rate in 7 days highlights the importance given to the survey by paediatricians in the UK and Ireland and the widespread professional concern about delayed presentations," write the authors.

"Elsewhere, others have raised concerns about declining immunisation rates, and the [mental health](#) and wellbeing of children during lockdown," they add.

They acknowledge that the survey responses were subjective and based on opinion and that there were no baseline data for comparison.

Nevertheless, they point out: "Our findings highlight an urgent need to improve public health messaging for parents, which until recently instructed everyone to stay at home. Children attending primary care and hospitals remain at very low risk of SARS-CoV-2 [the virus that causes COVID-19] infection."

They emphasise: "Parents should continue to access medical care if they are concerned and must not delay getting emergency treatment if their child appears seriously ill. Otherwise, the unintended consequences of the lockdown will do more harm and claim more children's lives than COVID-19."

Professor Russell Viner, President of the Royal College of Paediatrics and Child Health, which co-owns Archives of Disease in Childhood with BMJ, said: "We know a lot more than we did three months ago about the impact of COVID-19 on children and young people. One of the few consistent points of good news is that children are unlikely to become unwell, even if exposed to the virus. The impact for children is what we call 'collateral damage,' including long absences from school and delays or interruptions to vital services. We know that parents adhered very strongly to the 'stay at home advice' and we need to say clearly that this doesn't apply if you're child is very sick.

"Should we experience a second wave or regional outbreaks, it is vital that we get the message out to parents that we want to see unwell children at the earliest possible stage. Contact your GP, call 111, or in

serious cases come and see us at A&E. The NHS is here for you now and for the duration of this difficult period."

More information: Delayed access to care and late presentations in children during the COVID-19 pandemic: a snapshot survey of 4,075 paediatricians in the United Kingdom and Ireland, [DOI: 10.1136/archdischild-2020-319848](https://doi.org/10.1136/archdischild-2020-319848)

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