Nottinghamshire SAFEGUARDING CHILDREN Board

LEARNING & IMPROVEMENT BULLETIN **CHILD DEATH OVERVIEW PANEL (CDOP)**

Learning from child deaths – abdominal pain and weight loss in children

INTRODUCTION:

This learning bulletin gives a case example of the very sad death of a child, known in this bulletin as Gabby, and the learning that the General Practice went through. Nottinghamshire Child Death Overview Panel (CDOP) hope you have the time to read this.

BRIEF SUMMARY OF THE CASE:

Gabby was a healthy 12 year old with no significant previous health issues other than asthma. Gabby presented several times over a 7 week period to her General Practitioners (GPs) with epigastric discomfort, some weight loss and occasional vomiting. Her mother had also been in touch with school nurses as she was concerned regarding her weight loss although reported to be a picky eater. The school nursing team had been involved in a support plan which included the plotting of Gabby's weight with a referral to the dietician due to a noticeable drop in weight to the 0.4th centile.

On the day prior to Gabby's death she was reported to have been fine at school, being active and completing physical education with no complaints. She later played at home but complained of stomach ache late evening. Gabby went to bed as normal, but a couple of hours later she vomited. Her mother describes this as "*very black like coco cola".* Gabby went on to vomit 3-4 times during the night. At approximately 6.20 a.m., Gabby was weak and required help to the toilet then went back to bed. Slightly later, Gabby was heard gasping and found to be pale and struggling to breath. Subsequently she had a respiratory arrest. Paramedics were called and during resuscitation Gabby continued to vomit black liquid. She was transferred to the Emergency Department (ED), however did not survive resuscitation.

The post-mortem identified the cause of death as:

1a. Intestinal perforation with peritonitis and sepsis

2a. Crohn's disease

The Coroner decided not to convene an inquest.

CHILD's NEEDS

Since 2011 there had been some behavioural difficulties and consideration made re a diagnosis of ADHD for which she was open to the Community Paediatric Service, however the diagnosis of ADHD was not confirmed. There had been a history of bullying in primary school which reflected in Gabby's mood and occasions where she would wet or soil herself. Referrals had been made to CAMHS (an appointment was received) and to Nottinghamshire Independent Domestic Abuse Services (NIDAS) for specific support around the previous history of domestic violence (biological father). A period of transitional work was undertaken over the summer which resolved many of the issues.

Since attending secondary school Gabby was reported to be engaging well, her attendance was good and she was reported to be enjoying school; the soiling and wetting had ceased.

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FAMILY AND ENVIRONMENT

When Gabby lived with her mother and father (biological) the family did reside outside of the UK for some time due to her father being in the British Forces. There was reported domestic violence involving her mother and father.

PARENTING

Mother was very caring and protective and ensured Gabby accessed relevant health and medical appointments and sought support and help for her as necessary.

SERVICE PROVISION

Services were in place and accessed appropriately by Gabby. Referrals and investigations were completed in relation to the presenting problems with the exception of an absence of a urine and weight check from when the young person had presented at GPs. This was identified at the Initial child death rapid response case discussion and was subject of an internal GP Serious Incident investigation.

The General Practice has made some changes as a result of the investigation by introducing suggested investigations when a child presents with abdominal pain which includes ESR and stool sampling. These support best practice and would not have identified positive results that would have prevented this child's death as she lacked clinical signs which would suggest that she had Crohn's disease (other than possibly the identification of weight loss and sudden collapse).

CDOP OUTCOMES

Gabby's death was categorised by the Nottinghamshire CDOP as an 'acute medical or surgical condition' (for example: Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy).

The panel did not identify any potentially modifiable factors in relation to this death and in particular for this case it was noted that it would have been difficult to spot the symptoms of Crohn's, as Gabby's presentation was atypical.

Referral by the GP to the community paediatrician sooner would not necessarily have identified the cause of Gabby's symptoms, as the blood tests that were carried out a few days before Gabby's death by Community Paediatrician were all normal. Gabby's weight was not documented when she was seen by the GP even though she was noted to be very thin at time of death.

LEARNING POINTS

The GP Serious Incident Investigation found that no intervention would have altered the outcome of this case; however there were some learning points identified which support best practice. The five key learning points to be shared with GPs are:-

1. A urinalysis should **always** be performed for a child with abdominal pain.

2. There should be a low threshold for weighing and plotting the measurement on a centile chart in children and young people with unexplained symptoms especially those who attend repeatedly. This is objective measure of well- being. There is an easy to use centile chart on SystmOne in the clinical tools section.
3. When doing Blood Tests for abdominal pain in children over 5, GPs should include the following investigations:

   - FBC: Full Blood Count
   - U&E: Urea & Electrolytes
   - LFT: Liver Function Test
   - ESR: Erythrocyte Sedimentation Rate
   - CRP: C-reactive Protein
   - Random Glucose
   - Coeliac Screen

   (There is now a paediatric tab which has a prompt to suggest the above investigations - ICE - under the chronic disease tab.)
4. A stool sample for MC&S and faecal calprotectin should be sent (since this incident this has been included in the list on the tab mentioned above).
5. When a result has been actioned, the pathology result screen should be updated with the action undertaken) to avoid later confusion if a parent rings in to clarify what is needed.

The learning points have already been implemented into the practice where Gabby was registered. This bulletin aims to share this good practice across all Nottinghamshire, including Bassetlaw and Nottingham City GPs