

Media Release

RACP lists low-value paediatric practices

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The Royal Australasian College of Physicians (RACP) has released a list of five low-value paediatric practices – with mums and dads encouraged to keep each in mind next time they take their child to the doctor.

The list of recommendations is:

- 1) Do not routinely prescribe oral antibiotics to children with fever without an identified bacterial infection.
- 2) Do not routinely undertake chest radiography for the diagnosis of bronchiolitis in children or routinely prescribe salbutamol or systemic corticosteroids to treat bronchiolitis in children.
- 3) Do not routinely order chest radiography for the diagnosis of asthma in children.
- 4) Do not routinely treat gastroesophageal reflux disease (GORD) in infants with acid suppression therapy.
- 5) Do not routinely order abdominal radiography for the diagnosis of non-specific abdominal pain in children.

The list has been released as part of the RACP Evolve program, an initiative that seeks to drive high value patient care by identifying and reducing low-value clinical practices.

RACP Paediatrics & Child Health Division President Dr Sarah Dalton said the information will empower both doctors and parents.

“Evolve is about identifying practices – whether it be medical tests, procedures or interventions – that should have their value questioned in certain circumstances. The current list includes paediatric practices that are often overused or limited in their effectiveness,” explained Dr Dalton.

“As paediatricians we need to focus on applying the latest evidence, research and experience to our work. We hope by releasing this list publicly mums and dads will feel empowered to discuss and make informed decisions on their child’s diagnosis and treatment.”

Dr Dalton said X-rays were a recurring theme featuring three times on the top-five list.

“The most common low-value X-rays we are seeing ordered for children relate to the diagnosis of bronchiolitis, asthma and non-specific abdominal pain.

“To help ensure children don’t undergo unnecessary X-rays, there should be clear criteria that are aligned with the condition’s diagnosis and management.

“Parents can definitely be a part of this process – they should feel empowered to have a conversation with the treating doctor about the purpose, and potential risks and benefits.”

Dr Dalton added there are a number of easy to access resources available so parents can have informed conversations on their child’s tests, treatments and procedures.

“Fortunately there are now smartphone apps available, including ‘DIP 4 KIDS’, that are proving to be valuable resource for both parents and the medical community.”

Recommendation	Evidence
Do not routinely prescribe oral antibiotics to children with fever without an identified bacterial infection.	The vast majority of children presenting with fever do not have a bacterial infection and therefore will not benefit from being prescribed oral antibiotics. For instance, one study of febrile infants found an overall bacteraemia frequency of well below one per cent.
Do not routinely undertake chest radiography for the diagnosis of bronchiolitis in children or routinely prescribe salbutamol or systemic corticosteroids to treat bronchiolitis in children.	Chest X-rays for patients with acute lower respiratory tract infections rarely affect clinical treatments and outcomes. Chest X-ray films do not discriminate well between bronchiolitis and other forms of lower respiratory tract infection and in mild cases do not offer information that is likely to affect treatment.
Do not routinely order chest radiography for the diagnosis of asthma in children.	There is extensive evidence that the majority of X-rays ordered for children admitted for asthma and wheezing disorders do not provide clinically relevant information and therefore do not contribute to their diagnosis and management.
Do not routinely treat gastroesophageal reflux disease (GORD) in infants with acid suppression therapy.	Gastroesophageal reflux is common in preterm infants, infants and children. Uncomplicated gastroesophageal reflux typically does not require medical therapy. Proton pump inhibitors (PPI) are sometimes prescribed in cases of GORD to achieve a pronounced and long-lasting reduction of gastric acid production. However, numerous randomised controlled trials have concluded that PPIs are no more effective than placebo in treating GORD in infants.
Do not routinely order abdominal radiography for the diagnosis of non-specific abdominal pain in children.	Retrospective studies of medical records of children and adults admitted for constipation and other forms of non-specific abdominal pain conclude that in only a very small minority (under five per cent) of cases do abdominal x-rays make a difference in patient treatment. A recent study also showed that abdominal X-rays were performed more frequently in misdiagnosed children.

Ends

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The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.