

Patient Story

13/02/2023

Children's Community Orthoptic Service

Tracy Sanderson

Introduction

- Identifying significant health issues in a timely manner
- Robust care pathways to enable best patient care
- Delivery of local gold standard health care in community setting.
- Importance of careful history taking
- Importance of school health screening – and ensuring parental consent to allow this to occur.
- Achieving best possible care for patients
- Being vigilant

Background

- 5 year old boy had routine health check at school (Vision, hearing, weight and height).
- Vision in both eyes found to be 4 lines lower than the pass level.
- Urgent referral to orthoptics made – backed up by task sent on EMIS from school health to the orthoptist to identify patient, as per protocol.
- Appointment scheduled for patients to attend local community orthoptic clinic 6 days later.

Orthoptic Assessment

- Child attended for orthoptic assessment
- Reduced acuities confirmed and in addition poor binocular responses identified.
- Mother reports has been worried about child and his vision.
- Mother reports she had taken her child to opticians recently for a check due to her concerns and was told everything was normal.
- In view of clinical findings urgent appointment for examination with eye drops – (this allows the clinician to view the inside of the eye and to measure the eye for glasses in children).

Optometry review

- Child booked for dilated funduscopy and refraction at same local community clinic the same day.
- Significant long sightedness found and papilloedema – swelling of the optic nerve head at the back of both eyes. On further questioning mother admits that child has been lethargic recently and episodes of unexplained vomiting.
- Urgent referral to Manchester Royal Eye Hospital sent the same day (Friday afternoon).

Medical Intervention

- Orthoptist contacted by email from MREH on the Monday morning and advised that the patient be brought to A and E
- Orthoptist called and spoke to mother and advised to take patient to A and E the same day.
- Papilloedema confirmed and urgent MRI arranged – patient admitted.
- Raised intra cranial hypertension with enlarged ventricles confirmed on scan.

Outcome

- Diagnosis of benign intracranial hypertension.
- Patient started on medication
- Patient under long term monitoring and assessment with paediatric neurologists at Manchester Royal Infirmary.
- Patient remains under monitoring with ophthalmologists at MREH for fundoscopy checks and vision monitoring.

Lessons learned

- Significant health risk identified and treated before long term / irreversible complications arose.
- Unwell child, who could not explain how he was feeling now has required treatment and support in place.
- Good communication pathways between school health, community orthoptics and Manchester Royal Eye Hospital.
- Clinicians identifying red flags and ensuring timely appointments.
- Importance of community services and school health screening in identifying children with health risks.

Speech and Language Therapy Patient Story Presentation

Rachel Tynan (Specialist Speech and Language Therapist)

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Background

Please note; in order to protect the confidentiality of the child and family the story will refer to the child as 'child' throughout the slide deck.

Child was referred to the Speech and Language Therapy Service by his Community Nursery Nurse, due to concerns around his speech, language and communication. However, limited information was provided at the point of referral.

A case-history was then completed with Mum, who reported a concern level of 8/10, due to child's poor social communication skills. Mum reported child would babble, use 'mama' and 'dada' (not directed), used fleeting eye gaze, demonstrated limited understanding and engaged in repetitive play. Mum also child presented with sensory difficulties.

Initial Visit

My involvement with child first started in August 2022, through a home visit with his Mum and Step-Dad.

During the visit:

- Child would communicate his needs by screaming, which meant Mum would attempt to interpret his needs through guessing/offering items. If Mum did not interpret correctly, Child would scream loudly.
- Mum reported that Child would tolerate others playing alongside but did not like anyone to join in with his play.
- Child had no single words and his response to interactions were variable. Child demonstrated limited awareness of those around him, as his focus was on objects.
- Child was observed to follow his own agenda, demonstrating limited awareness or understanding of instructions.
 - Mum had attempted to use symbols, but reported Child was eating them.

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Intervention

After this visit, a report was written and targets were shared with both family and Nursery to support Child's interactions and communication. Targets were set around:

- Intensive interaction (tolerating adults joining play for 3 minutes using II)
 - Turn-taking
 - Functional communication (non-verbal)
 - Directing communication ('giving')
- Understanding single words through adult modelling

All you need to do is the
Sounds
Actions
Movement
Emotions



Review 1

A review was completed at Nursery in October 2022

Staff reported:

- Child was focussing for much longer on motivating activities.
- Child was not yet communicating his needs, would 'scream' if things did not work as he wanted, and used vocalisations rather than words (observed in the session).
 - Child coped well when peers played nearby and coped well with turn-taking.
- Child's targets were generally still appropriate, but could be adapted to reflect the progress he was making:
 - developing awareness of others when they used Intensive Interaction techniques
 - participating in turn-taking activities rather than coping with peers taking turns in play
- continuing to support communication but also using singing (which staff and parents had reports Child enjoys) to support Child's understanding.

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Feedback following 1st review

After emailing Child's updated report home and to Nursery, I received an email back from Mum:

'Hello Rachel! I'm glad you was able to go in and see him, I just thought I'd email and give you a bit of an update from home. Recently he has been using the shaking head gesture to say he doesn't want something, not all the time but he does sometimes. Also for the longest time he has been making the noise "eh ah eh ah" and we just thought it was one of his many sounds, but last week we realised he was actually singing old McDonald. It was on the tv and when she sang " Ee I ee I o " he repeated it, it's his favourite song at the moment. And last thing, we are pretty certain he is now associating his coat with going out, when I say "Child let's put your coat on before we go out" he will come over let me put it on and go stand at the gate waiting to go! I just thought I'd update you because I feel like this is really big for him'.

Review 2 (January 2023)

Staff reported:

- Child has been making lots of progress over the previous 3-4 weeks.
- Child would seek comfort from his Keyworker, and would approach peers to watch them.
- Child would use hand-on-hand guidance, and was beginning to use language to comment. However, Child was not yet communicating his needs.

During the session:

- Child demonstrated an increased awareness of those around him.
- Child engaged for 20 minutes when I used Intensive Interaction techniques. He would make eye contact and pause when I imitated his actions, and would then repeat actions.
- Child later approached me, and tolerated when I joined his activity of choice. However, he became upset when a peer tried to share the toys.

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Current targets

- Child will demonstrate 'Involvement' (Stage 6) during interactions on 3/5 occasions with adult support. He will actively join in the interaction and engage in conversational turn-taking
- Child will participate in turn-taking activities with adults or peers with support on 3/5 occasions.
- Child will be able to communicate with adults and peers using a range of different approaches on 3/5 occasions with adult support.
- Child will be able to understand and follow transitions/changes during his daily routine with visual support on 3/5 occasions.

Impact of intervention

Whilst Child's language and social communication are not yet at a level where he can communicate his needs effectively and interact with others, he is making steady progress towards achieving his targets, and is developing tolerance of others and understanding of familiar routines.

This shows how important it is to review progress both at home and in Nursery, and how consistent use of strategies across both settings can support a child's development across different areas of their speech, language and communication.

It also shows how gradual progress can be, and the positive impact this can have both on the patient themselves, and their families.

This case demonstrates the importance of acknowledging and celebrating every step forward for children with communication difficulties, which updated targets should reflect.

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lives in Manchester, with you

Long Covid Rehabilitation Team Patient Story Presentation

Annie Womack (Long Covid Occupational Therapist)

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Background

Hettie (*not the child's real name*) was referred to the Long Covid Rehabilitation Team from the Long Covid Hub at the Royal Manchester Children's Hospital, due to continuing concerns with:

- Poor appetite
- Struggling to focus
- Brain fog
- Memory problems
- Anxiety
- Fatigue
- Reduced school attendance

Initial assessments

Intervention started in January 2023

- Initial assessment completed
- School visit (observation)
- Clinic session with Hettie and parents.

Findings

From the initial assessments the following were identified:

- Hettie is on a reduced time table
 - She visibly fatigued during the school observation
 - Hettie is struggling to record schoolwork effectively
 - Specific smells and noises are difficult for her to tolerate
 - Settling to sleep is challenging
 - She is unable to find meaningful resting activities
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- School and home are onboard with supporting Hettie

Intervention

Key areas of intervention include:

- Pacing
- Recording work
- Mindfulness

Review

- Hettie is starting to identify an appropriate pattern of activity that she finds manageable.
- Hettie is completing her school work on her laptop and is being provided with printed hand outs of the work.
- Hettie is able to use the mindfulness activities effectively.

Continuing intervention plan

- Establishing her energy baseline
- Mindfulness activities
- Yoga
- Hand over to secondary school

Feedback

- The family have expressed how grateful they are for the intervention and the positive impact this has had on her recovery.
- They also appreciated the therapist working in line with Hettie's energy levels and pacing the activities.

Thank you