

When children are ill,
parents and paediatricians
want the suffering to
end as soon as possible.
But sometimes medical
treatment does more harm
than good.

Sometimes less
medicine is better
for your child:
five examples



1

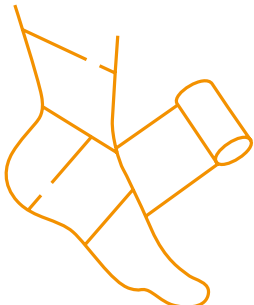
Sprained ankle

No x-rays for children and adolescents with a sprained or twisted ankle and a low clinical risk of fracture

Children and adolescents with a twisted or sprained ankle have a low risk of sustaining a fracture requiring treatment. If the examination reveals only swelling and tenderness in the vicinity of the outer malleolus and its soft tissues, including the ligaments, an x-ray should be avoided. No relevant fractures requiring a specific treatment for bone healing are missed by following this principle, and it can also avoid unnecessary exposure to radiation.

What you can do:

- Apply cold compresses and possibly a bandage.
- Immobilise the joint. Gradually increase mobilisation depending on the pain.
- Administer anti-inflammatory painkillers (e.g. ibuprofen).
- If no improvement occurs after 10–14 days, a further paediatric consultation is recommended.



2

Chronic fatigue and Lyme disease



No Borrelia serology if Lyme disease is not clinically suspected

Blood tests for Lyme disease are not helpful for chronic fatigue.

Chronic fatigue is a complex symptom that can result from various biological, psychological or environmental causes. Blood tests for Lyme disease can produce false-positive or ambiguous results since they cannot differentiate between a previous infection, an active infection or mere contact with the bacterium.

That's why it's vital, when assessing chronic fatigue, to take a comprehensive clinical approach and consider multiple possible factors. Laboratory tests for Lyme disease should be avoided unless other factors indicate an active infection.

What you can do:

- If severe fatigue persists, you can discuss this with your doctor in order to find possible physical and psychological causes and initiate corresponding treatment.



3

Febrile seizure

No routine tests for children who have recovered their normal state of consciousness after a simple febrile seizure

A febrile seizure is probably one of the most worrying situations for parents. However, it doesn't necessarily need to be viewed as a danger, but rather as a normal reaction of the body during an illness.

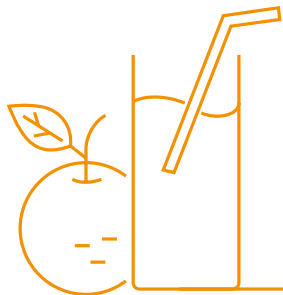
It has been estimated that around one in 20 children suffer at least one febrile seizure during childhood.

But the evidence has now shown that most of these attacks are without consequences for the child and that no link exists with epileptic fits or brain abnormalities.

There is no reason to subject children to protracted or stressful investigations after a simple febrile seizure.

What you can do:

- Ensure that your child is adequately rested and hydrated.
- Keep medication prescribed by the paediatrician ready to deal with any repeat of a febrile seizure (e.g. rectal diazepam, ...) and, if necessary, administer this after the seizure has persisted for 3 minutes.
- If the child's general condition deteriorates, a consultation with a paediatrician is recommended.



4

Tonsillitis

No blood tests for children with an acute sore throat



Infections of the throat (sore throat) and tonsils (tonsillitis) are common in children.

They are usually caused by viruses and heal on their own within a few days. Antibiotics are ineffective in viral infections. Even for the rarer condition of bacterial tonsillitis antibiotics usually have no effect on the acute infection, nor do they prevent complications.

But there are certain situations in which the paediatrician may consider an antibiotic treatment.

Bacterial tonsillitis, for example, will be diagnosed on the basis of the examination findings and a throat swab. Since laboratory tests are not helpful for the treatment decision, they are unnecessary.

What you can do:

- Offer your child foods with different textures or temperatures to see what best suits your child.
- Administer anti-inflammatory medicines (e.g. ibuprofen).
- If the child's general condition deteriorates, a consultation with a paediatrician is recommended.

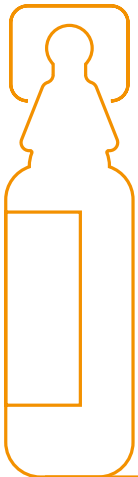


No routine chest x-rays for children with bronchiolitis

Bronchiolitis is a common lung infection in babies and toddlers caused by viruses. The illness starts with a runny nose. After a few days, the infection affects the small airways (inflammation and mucus production), and the children have difficulty breathing. They breathe faster and cough. The children are tired, irritable and no longer want to eat or drink. In most cases, the children can remain at home and recover within 7–10 days. In such cases, x-rays of the lungs should be avoided. The x-rays are unnecessary for the diagnosis and only have disadvantages for the children concerned: they lead to radiation exposure and additional unnecessary treatment with antibiotics. Lung x-rays are useful only in the rare cases of severe bronchiolitis.

What you can do:

- If nasal breathing is obstructed, the nostrils should be kept clear with saline solution or decongestant nose drops.
- Make sure that your child drinks enough.
- Give him or her medication to treat fever and pain (e.g. paracetamol).
- Raising the head of the bed slightly and elevating the upper body can also help the breathing.
- If the child's general condition deteriorates, a consultation with a paediatrician is recommended.



pädiatrie schweiz is committed to the well-being of children

Unnecessary treatments or investigations are not just a waste of resources, they are also often harmful to the children.

paediatrics Switzerland, the national association of Swiss paediatricians, is committed to «Smarter Medicine». This initiative follows the principle that a treatment should be administered only if it actually benefits the patients.

Sometimes being patient is better than treating.

- You can find more information about the five examples in this brochure at: paediatrieschweiz.ch/choosingwisely
- This website provides information in several languages as PDF files to download and print out.



smartermedicine
Choosing Wisely Switzerland

**pädiatrie
schweiz**

Die Fachorganisation der
Kinder- und Jugendmedizin

Rue de l'Hôpital 15
Postfach 516
1701 Freiburg

+41 26 350 33 44
sekretariat@paediatrieschweiz.ch
paediatrieschweiz.ch