

Crying or fussing child

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Rationale

Although it is common for children to cry or fuss, it is important to distinguish between benign and organic causes of crying or fussing in a child.

Causal Conditions

(list not exhaustive)

- Functional (e.g., hunger, irritability, lack of sleep)
- Colic
- Trauma (e.g., injury, physical and/or emotional abuse/trauma)
- Illness

Key Objectives

Given a crying or fussing child, the candidate will diagnose the cause, severity, and complications of the underlying issue and initiate an appropriate management plan. In particular, the candidate will differentiate pediatric emergencies from conditions requiring nonurgent treatment or reassurance.

Enabling Objectives

Given a child who is crying or fussing, the candidate will

- list and interpret critical clinical findings, including those derived from
 - a. a history of the child's previous behaviour, sleep pattern, oral intake, associated symptoms (e.g., fever, pain), and the child's social circumstances; and
 - b. a full physical examination aimed at determining whether the child is sick;
- list and interpret critical investigations, including investigations for any suspected underlying disease or trauma; and
- construct an effective initial management plan, including
 - a. counselling caregivers if the fussy or crying child does not have an organic disease;
 - b. determining if the child requires follow-up for additional investigation and management;
 - c. determining if the child needs a referral, either immediate or elective; and

d. ensuring the child's safety if abuse is suspected as a cause.