

The Suddenly Not-So-Well Well-Child Check: Staying Still to Listen Amidst the Chaos

I LOOK AT MY SCHEDULE FOR THE DAY. THERE ARE a doable 19 patients to start out. It's a balanced mix of physicals and follow-ups with plenty of open space for same-day sick visits. I'm feeling pretty good.

I run down some of the names of the kids I'll be seeing and smile. There's the teenager I've known since she was a little girl. She must be home on spring break from college. There's a newborn whose parents I just met in the hospital. He's a little jaundiced, which has his parents a bit worried but not me. I know he'll do fine. There's a toddler whose mom recently switched to my practice because she felt his physician wasn't worried enough about his colds. It's hard to be all things to all parents. I'm sure some of my patients think I don't worry enough either—maybe even the new parents of the jaundiced baby.

My morning is humming along nicely. I prescribe birth control pills for the college girl. I see a couple of kids with spring allergies and another with fifth disease. The yellow baby is much less yellow today and has gained weight to boot. His parents are relieved. We're on the same page now.

Then I start the physical of the toddler whose mom changed physicians. He's here with his mother and grandmother. My first question in a well-child check is always, "Do you have any particular concerns?" It helps me to pace the interview. If there are no concerns, I have my own laundry list of questions that may prompt one. If they do have a concern, we can focus the visit on that.

"I think he must have vertigo," the mom says, more as an observation than a concern. "He's always vomiting."

I look up from my laptop. My fingers stop clicking. "Always?" I ask, hoping for a no.

"Well, pretty much every morning."

And with that one comment, my whole morning changes. A routine 15-month-old visit has, with that one remark, turned into a major puzzle to be solved. It will take many more questions and a very careful neurological examination to sort this one out. I may need to read up, order a test, talk to a colleague. Then I'll have to spend time with the family outlining my suspicions, justifying my plan. I know I'll have to strike the right balance: too reassuring and they may blow off the MRI. Too alarmist and hysteria ensues.

I have to stay focused. Outside the examination room, my morning is going on without me. I hear the muffled sounds of a baby protesting loudly on the scale. I am aware of the friendly booming voice of my mother of 8, always in for one child or another. "Minnie's in the house," we joke, smiling when she comes in, her chattering brood making beelines around her for the toys.

For now I have to block all that out. My tight, neat schedule is out the window with that one line, "He vomits every morning."

"Is he irritable?" I ask.

The mom rolls her eyes. "A total grouch these days."

Uh oh.

"Does he vomit at other times as well?"

"Mostly in the car," she responds.

Okay. Might be just motion sickness.

"Sometimes when he gets up from a nap, too," she adds, placing increased intracranial pressure right back at the top of my differential.

By the end of the visit, I've crossed off all the easy stuff: stomach bug, food poisoning. Car sickness is still there, but the vomiting on awakening and irritability can't be ignored. Mom adds "shakiness" to the mix, ratcheting up the odds of a neurological disorder. I'm also thinking about autism spectrum disorder, given his speech delay and limited sociability.

Now I have to discuss my concerns with the family. Autism or a brain tumor. There's just no way to fast-track that. The rest of my morning will have to wait.

I begin slowly, explaining to the family why I suspect what I do and what I think the next steps should be. I pause frequently. I know families can only absorb so much and I'm asking this one to absorb quite a lot. I wait for a response.

"I knew there was something wrong," his grandmother says.

"What's autism?" Mom wants to know.

I spend more time with both of them. There is liberal use of tissues and one trip each to the parking lot for a cigarette to calm the nerves. We make a plan to talk by telephone later in the day, after I've had a chance to call my neurology colleague to see how quickly he can fit the child in.

I wade through the patients in my tiny waiting room.

"I'm running a little late," I tell them. It will be my mantra for the rest of the morning. Maybe even the rest of the day. I suspect I will not be eating lunch today. These are the families I've had to put out of my mind so I could focus on the one in front of me. The one with the day-halting symptom. I hope my families will understand. I hope they know that if I go into their room right now for a well-child check that's suddenly not so well, I'd do the same for them.

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