

Standard Treatment Guidelines for Pediatrics under Clinical Establishment Act 2010

The Clinical Establishment (Registration and Regulation) Act was enacted by the Union government to ensure that uniform and acceptable standard of health care is meted to the citizens in the private sector [1]. Till date, only 5 States and 4 Union territories have implemented it. As a part of providing standard treatment by private hospitals, treatment guidelines have been formulated for most broad specialties and super specialties. The standard treatment policy is intended to provide a ring of protection for both patients and doctors [2]. For the patients, it assures the delivery of a rational, safe, standard and uniform treatment. For the doctors who follow standard guidelines, it offers protection against medico-legal issues arising out of non-standard treatment. For Pediatrics and Pediatric surgery, the standard treatment guidelines (published at www.clinicalestablishments.nic.in) cover only a limited number of conditions [3]. There is no mention of management of common ailments like respiratory infection, diarrhea, malaria, typhoid, hepatitis, HIV, tuberculosis, envenomations and chronic diseases like asthma, diabetes and epilepsy. Similarly, developmental disorders like cerebral palsy, attention deficit hyperactivity disorder and autism have not found a place. Delivery room management of perinatal asphyxia,

neonatal sepsis and screening for metabolic diseases have also been ignored.

We assume that the standard guidelines available through the website are only a sample and not an exhaustive list of common pediatric and pediatric surgical conditions. There is a haste in implementing the above program in various states. Standard guidelines need to be elaborate, focusing on common clinical conditions, and conditions associated with serious morbidity and mortality if not identified or treated appropriately. We urge the Academy to share the common pediatric protocols, that are already in place, with the appropriate authorities, so that the same can also be incorporated in the website.

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REFERENCES

1. Kumar R. Healthcare and medical education reforms in India: What lies ahead? *J Family Med Prim Care*. 2013;2:123-7.
2. Phadke A. The Indian Medical Association and the Clinical Establishment Act, 2010: irrational opposition to regulation. *Indian J Med Ethics*. 2010;7:229-32.
3. Ministry of Health and Family Welfare, Government of India. Protocol for Dengue Fever in Children. Available from: <http://clinicalestablishments.nic.in/WriteReadData/853.pdf>. Accessed April 21, 2014.

Benign Infantile Seizures with Mild Gastroenteritis

Benign infantile seizures with mild gastroenteritis, first described from Japan in 1982 [1], have been commonly reported from Asia [1-3]. More recently, many cases are also being reported from non-Asian countries, albeit infrequently [4,5]. Typically, previously healthy infants aged 6 months to 3 years, present with generalized, afebrile, isolated or cluster seizures. The laboratory examination, including blood glucose, serum electro-

lytes, and CSF, as well as the interictal EEG and neuroimaging are normal [4,5]. Subsequent recovery from the episode is complete [4].

An 11-month-old girl presented with a 15-minute generalized tonic seizure, associated with mild gastroenteritis of 2 days duration. There was no dehydration, and seizures subsided without any anti-convulsant treatment. Her serum glucose, electrolytes and ionic calcium, and hemogram were within normal range. The stool microscopy did not show pus cells, and bacterial culture did not reveal any organisms. Studies for Rotavirus were not done. Interictal EEG and MRI were non-contributory. Development quotient done after three