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I am very pleased to introduce yet another issue with an interesting and varied collection of articles. The focus this time is on digital healthcare, sustainability and on how to empower clinicians, patients and families in shared decision-making. It is so heartening to see that paediatricians are invested in globally relevant and broader issues outside the immediate clinical sphere.

Healthcare is increasingly delivered digitally and improvement in digital health education is universally needed for efficacy and prevention of health inequalities. However, there is a significant gap in the education and training of healthcare staff, as addressed in the article, 'Digital Health Education: the need for a digitally ready workforce' by Tamsin Brown and Mike Bewick (*see page 214*). This is my editor's choice of the month, as this a relevant issue particularly with workforce paucity and to adequately cater to an increasingly digital-savvy generation of stakeholders.

As a neonatologist, I am often involved in difficult conversations with families during challenging and stressful situations. During these times, it is vital to provide clear and consistent information with empathy. This allows for open

communication and facilitates joint decision-making. Melanie Yeoh *et al* provides a systematic and practical approach for parental consultation on the outcomes of the extreme preterm <27 weeks' gestation (*see page 163*). In another article, Annie Swanepoel provides a framework for empathetic communication which is tailored to the psychological parental journey during no-hope situations (*see page 167*).

Paracetamol is the most widely used over-the-counter analgesic in the world. It is involved in a large proportion of accidental and deliberate paediatric overdosing. In the UK, paracetamol and its antidote N-acetylcysteine are the most queried subjects on the online TOXBASE, TOXBASE app and in telephone enquiries.¹ We have two articles in this issue which address the management of paracetamol overdose. Kavinda Dayasiri and Sahana Rao focusses on pathophysiology and management of acute paracetamol poisoning (*see page 181*). International normalised ratio (INR) is used to monitor progress in paracetamol overdose and decision to continue N-acetyl cysteine. The article highlights the caveat of N-acetyl cysteine induced elevation of INR and how to contextualise this factor during paracetamol overdose management. Another article in this issue by Nikitha Rajaraman and colleagues provides a practical guide focusing on the management of paracetamol overdose in children following completion of initial N-acetylcysteine regime (*see page 200*).

Climate change is widening health inequalities, with great impact on children. Paediatricians are at the forefront to highlight these issues and influence changes. They play a pivotal role in changing practice so that clinical care is environmentally sustainable. Rosie Spooner and colleagues introduce us to the principles of sustainable healthcare and gives examples of how this is already applied in the healthcare sector. This article provides insight to some of the measures that paediatricians can consider within their professional role to promote sustainability (*see page 218*).

Louise Anthony and David James summarises the Paediatric Research in Emergency Departments International Collaborative (PREDICT) guideline for mild to moderate paediatric head injury – a national consensus in Australia and New Zealand. They also compare this with the UK National Institute for Health and Care Excellence Clinical Guidelines (NICE CG176), which is a useful reflection (*see page 184*).

There are many other worthy articles in this issue which, due to space constraints, I am unable to highlight in Epistle. I hope you enjoy this issue and thanks as usual to everyone who has made it happen, including our fantastic editorial team who balance their editorial commitments with busy clinical jobs.

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REFERENCE

- 1 NPIS. National poison information service report 2021-22.