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# Infants

## Encounters and management in general practice

### Keywords

child, health, research; general practice



At a BEACH (Bettering the Evaluation and Care of Health) consultation, up to three patient reasons for attending the encounter (RFE) and up to four diagnoses/problems managed can be recorded by the general practitioner. When there are multiple RFE and problems managed at an encounter, there is no direct link between the two. However, there is a direct association between the problem and its management. Medications can be recorded as prescribed, supplied or advised for over-the-counter purchase.

We analysed 2123 encounters with infants aged less than 4 months – recorded between January 2010 and December 2011 – for RFE, problems managed and type of management provided. About 1% of BEACH encounters are with patients in this age group.

Male infants accounted for 54% of these encounters, a significantly higher proportion than males at all BEACH encounters. Over one-quarter of RFE and problems managed were immunisation, with check-ups accounting for another 18%. Respiratory symptoms were also a common RFE, and upper respiratory tract infection (URTI) was a common diagnosis. Oesophageal reflux was the fourth most common diagnosis (*Table 1, 2*).

### Management

Medication rates were high, with about 68% supplied by the GP, 9% advised for over-the-counter purchase and only 23% prescribed. About three-quarters of these medications were the vaccines recommended by the immunisation schedule for infants less than 4 months of age. The most commonly recorded medication groups are shown in *Table 3*.

High rates of advice and counselling for the carer were recorded at these encounters. Topics ranged from advice on the problem being managed to advice on mothercare, prevention, nutrition and medication. Reassurance and support were also given frequently. Procedures were recorded frequently and most of these were injections.

Pathology orders were low (5.8 per 100 encounters). Of those that were recorded, urine and faeces tests were the most common. Imaging orders were rare (2.6 per 100 encounters), with ultrasound of the hip being the most common. Referrals were also given at a low rate (6.8 per 100 encounters) with 65% of these to paediatricians. Other referrals were to health clinics/centres, surgeons and ophthalmologists.

**Table 1. Reasons for encounter**

Reason for encounter	% of RFE	Rate per 100 encounters
Immunisation	25.5	34.3
Check-up	18.2	24.5
Cough	6.7	9.0
Nasal congestion	3.9	5.2
Rash	3.9	5.2
Irritable infant	3.1	4.2
Common cold	2.6	3.4
Fever	2.4	3.2

**Table 2. Problems managed**

Problem/diagnosis	% of problems	Rate per 100 encounters
Immunisation	27.2	34.3
Check-up	17.6	22.1
Acute URTI	7.6	9.6
Oesophageal reflux	3.7	4.7
Bronchitis/ bronchiolitis	2.9	3.6
Dermatitis	2.5	3.2
Infectious conjunctivitis	2.2	2.8
Irritable infant	1.3	1.7

**Table 3. Medications prescribed, supplied or advised**

Medication group	% of medications	Rate per 100 problems
Vaccines	75.3	80.3
Topical steroid	3.1	3.3
Simple analgesics	2.9	3.1
Other skin products	2.5	2.7
Anti-infective eye	2.2	2.4
Broad spectrum penicillin	2.2	2.3
Topical nasal	1.9	2.1
Anti-ulcerants digestive	1.7	1.8

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