When to Suspect Lyme Disease in Children

Pediatric Nurses are in a Unique Position to See the "Red Flags"

by Ginger Savely, FNP-C

In a pediatric setting, the nurse often spends as much or more time with the child than does the physician. Time is invaluable for a correct diagnosis – particularly for children who are not apt historians and frequently omit important information. Children who have been sick a long time may not recognize pain and other symptoms as abnormal. With more time, a provider can pick up on subtle cues that could be crucial for the correct diagnosis.

While taking vital signs and gathering preliminary information from the parent, the nurse is in a unique position to pick up on "red flags" for tick-borne diseases. Many doctors fail to include these diseases in their differential assessment, and the vigilant nurse can be the critical link to a correct diagnosis.

> *Kindness is the language which the deaf can hear and the blind can see.*
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> ~Mark Twain

The nurse should put up her Lyme radar when a child is a frequent visitor to the office, has many and varied complaints, or has symptoms that have eluded diagnosis by other health care providers. A child that "comes down with everything that goes around" may have immune suppression suggesting chronic infection. Children with tick-borne diseases also have a history of symptoms that do not neatly fit into any diagnostic category. A few of these are: low energy in the absence of anemia; frequent urination in the absence of a urinary infection; visual problems with a normal ophthalmologic exam; clumsiness; frequent "growing pains" and insomnia unresponsive to the usual treatments.

The symptoms of Lyme disease in children are subtle and can be easily missed or confused with other illnesses. These children often present with a history of such diagnoses as juvenile rheumatoid arthritis (JRA), hypercholesterolemia, migraines, Crohn's disease, gastritis, maturation delay, attention deficit/hyperactivity disorder (ADHD) and learning disabilities. The nurse should always be suspect of a previous diagnosis of JRA, especially if the child has also been diagnosed with ADHD or migraines.

The parent may report that the child is moody and unpredictable and that he has frequent headaches and stomach aches. Sudden change of behavior should be noted—the quiet child has become loud and aggressive, the active child has become passive, the happy child has