

Verbal communication scripts for clinicians

The following is a guide to a consultation with a crying/unsettled baby and concerned parents who are asking for acid suppression therapy (AST) medications, or are already on these medications.

Under each scenario, we have included a quick guide to the flow of the consultation, with suggestions for language to use and what to avoid, based on advice we received from parents in this study.

Alongside this guide you can also follow the links to our videos of the 3 clinical scenarios.

Scenario 1 - What NOT to do!

Quick link to the video: http://storage.rdbk.com.au/webcast/SCV090819_Roleplay01.mp4

Billy comes to see you with his 8 week old baby Ella. He says she screams all day and seems to be in pain. Her examination is normal and her weight gain is good. He asks for a Losec script. What do you say?

1. Gather information (*do try this*):

- Get the parent to explain the history of the problem, and timing of symptoms
- Listen to their concerns
- “Are you enjoying being a mum/dad?” (Check for postnatal depression & supports)
- Gauge other service use – GP, MCHN, pharmacist and any recommendations made
- Gauge other management strategies they have tried, and outcomes of these
- Gauge parent expectations about the medication, and why they think it might work
- Perform a physical examination of the baby, and discuss with parent as you go

2. Education (*do try this*):

- Discuss reflux versus *reflux disease* and the role of AST medications (*parent handout*)
- Go through PURPLE crying chart / normal crying curve
- Discuss lack of benefits, and potential harms of AST medications in infants
- **Use** language such as: “Your baby is physically healthy, but a high crier”
- **Use** language such as: “This is a very challenging time for parents and can be distressing”
- **Avoid** language such as: “Your baby is normal” or “This is normal”

3. Next steps (*what not to do*):

- ***In this video – what not to do! – the clinician gives in and provides the medication. See the next video for ways to discuss alternative strategies with parents before providing medication***

Scenario 2 - What TO do!

Quick link to the video: http://storage.rdbk.com.au/webcast/SCV090819_Roleplay02.mp4

Billy comes to see you with his 8 week old baby Ella. He says she screams all day and seems to be in pain. Her examination is normal and her weight gain is good. He asks for a Losec script. What do you say?

1. Gather information:

- Get the parent to explain the history of the problem, and timing of symptoms
- Listen to their concerns
- Gauge family history of food allergy, eczema, asthma
- “Are you enjoying being a mum/dad?” (Check for postnatal depression & supports)
- Gauge other service use – GP, MCHN, pharmacist and any recommendations made
- Gauge other management strategies they have tried, and outcomes of these
- Gauge parent expectations about the medication, and why they think it might work
- Perform a physical examination of the baby, and discuss with parent as you go

2. Education:

- Discuss reflux versus *reflux disease* and the role of AST medications (*parent handout*)
- Go through PURPLE crying chart / normal crying curve
- Discuss lack of benefits, and potential harms of AST medications in infants
- **Use** language such as: “Your baby is physically healthy, but a high crier”
- **Use** language such as: “This is a very challenging time for parents and can be distressing”
- **Avoid** language such as: “Your baby is normal” or “This is normal”

3. Next steps:

- Discuss other management strategies, and recognising tired signs for unsettled babies, and the importance of parent self-care (*parent handout*)
- Reassure the parent: “You’re doing a really great job”; “Do you feel like you need additional support?” “This will get better”
- Reassure the parent: “I don’t see any signs of reflux *disease*” “Your baby is a high crier”
- Suggest keeping a sleep/cry diary (*in parent handout*)
- Arrange a follow-up appointment

Scenario 3 – Weaning off AST medications

Quick link to the video: http://storage.rdbk.com.au/webcast/SCV090819_Roleplay03.mp4

Billy comes to see you with his 4 month old baby Ella. He says she has been doing really well since starting the AST medication. Her examination is normal, her weight gain is good, and she is sleeping well. He has been using the medication for 2 months (since Ella was 8 weeks old), and is very hesitant to stop the medication. What do you say?

1. Gather information:

- Get the parent to explain the history of the problem, and timing of symptoms
- Listen to their concerns
- “Are you enjoying being a mum/dad?” (Check for postnatal depression & supports)
- Gauge parent expectations about the medication prior to starting, and what they were hoping it would address
- Perform a physical examination of the baby, and discuss with parent as you go

2. Education:

- Go through PURPLE crying chart / normal crying curve
- Discuss lack of benefits, and potential harms of AST medications in infants (*parent handout*)
- **Use** language such as: “Your baby is developing and getting older” “Her muscles and stomach are maturing”
- **Use** language such as: “It might be time to see if she can manage without the medication”
- **Avoid** language such as: “You never should have been given this medication”

3. Next steps:

- Suggest a trial of weaning off the medication slowly, not just stopping
- Discuss any concerns; reassure parent that reducing medication now lessens the risk of harms
- Discuss a plan for 2-3 weeks of reducing the medication (*parent handout*)
- Suggest keeping a sleep/cry diary over this time to monitor any changes (*parent handout*)
- Reassure the parent: “You’re doing a really great job”; “Do you feel like you need additional support?”
- Emphasise the importance of parent self-care
- Arrange a follow-up appointment