

**Pediatrics · Educational evidence summary**

Anticholinergic burden during care transitions in pediatrics

This pediatric review addresses anticholinergic burden during care transitions in pediatrics.

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The handoff must preserve meaning, not just names

When a child moves between hospital, home, school, specialty services, or adult care, a medication list can lose the context that made it interpretable. A familiar ingredient name may remain while the concentration, route, actual use, or reason for a change disappears. An anticholinergic summary is only as useful as the history it carries across that transition.

This guide focuses on information continuity. It does not prescribe a transition regimen or recommend changing treatment based on a burden category. The aim is to prevent a correct source lookup from being applied to an outdated or ambiguous medication record.

Separate the lists being compared

Identify whether each list describes pre-admission use, inpatient orders, actual administration, discharge instructions, or reported use after returning home. Those are different states. A medicine used once during admission should not automatically become continuing exposure, and a home product should not disappear merely because it was not supplied in hospital.

NICE medicines-optimisation guidance emphasizes communicating medication information and changes across care transfers. [NICE NG5](#) In a pediatric context, the practical record should also identify who administers the medicine and which current instructions they are following.

Verify product details at the point of transfer

Carry the exact ingredient or ingredients, preparation, concentration or strength, route, and instructions. If the supplied product changes, the clinical team or pharmacist should reconcile the implications rather than assume equivalence from the name alone. An anticholinergic category cannot validate an administration or dose conversion.

Preserve any uncertainty until it is resolved. A field completed with a usual-product assumption may be more dangerous to interpretation than a clearly marked question. The evidence summary should not create certainty that the medication reconciliation has not established.



Explain why a medicine changed

Record whether a medicine was started, stopped, temporarily held, or proposed for later review, and the reason documented by the treating team. These states should not be collapsed. A proposed discontinuation is not evidence that the child is no longer receiving the product.

The reason matters to the next clinician. A change made for an acute situation may need different follow-up from a planned long-term adjustment. A burden total alone cannot communicate that difference or explain the treatment benefit that must be preserved.

Transfer source evidence with its version

If an anticholinergic review was performed, carry the contributor rows, source name and version, missing observations, and relevant qualifiers. A bare category can be difficult to reconstruct when another service uses a different source or a later version.

Keep the clinical medication timeline separate from changes in evidence representation. A revised source or corrected identity may alter the displayed summary even if the child's treatment is unchanged. The handoff should make that distinction visible so later outcome changes are not attributed to a nonexistent intervention.

Retain the child's clinical baseline and goals

Describe the concern that prompted review and the treatment goals relevant to follow-up. A child's usual communication or function may be known well in one setting and poorly in another. A concrete baseline helps the receiving team interpret later observations without assuming that every difference is a new medication effect.

If caregivers report symptoms, identify what was observed and over what period. Parent report, school observation, and a formal assessment are different sources of information. Keeping them distinct can help reconcile apparently conflicting accounts after a transition.

Name unresolved questions and their owners

An unclear occasional-use pattern, unknown concentration, or uncertain adjunct indication should appear as a specific follow-up item. Identify the service responsible for clarification. A long list of warnings without ownership can be less useful than one clearly assigned question that changes interpretation.

For a young person moving to adult services, distinguish a change in care setting from new validation of an evidence method. A birthday or service transfer does not retroactively make all prior exposure data comparable to an adult cohort. The relevant population and outcome limits remain part of the evidence.

A handoff check

- The current regimen is distinguished from historical and proposed orders.



- Product details and actual-use uncertainty are explicit.
- Reasons for changes and intended benefits are preserved.
- Source versions, missingness, and qualifications accompany the evidence summary.
- Each unresolved issue has a named clinical owner and follow-up purpose.

Limits

Accurate communication cannot establish that a medicine caused a symptom or that a burden target is valid for a child. It can prevent avoidable errors in the exposure history and make the next assessment more reliable. That is the useful contribution of an evidence-aware pediatric handoff.

References

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Explore the evidence

[Ask UnifiedACB](#) about a medication or source, browse the [Medication Library](#), or read the [methodology](#).

Disclosure

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Educational evidence summary. This content does not provide patient-specific medical advice and does not replace clinical judgment, medication reconciliation, or prescribing guidance.