Our waiting rooms are full of anxious parents, with children sitting listlessly on a lap or running around doing aeroplane impressions. This is one of the reasons I like to walk out to collect my patients: that first glance helps me sort the ill child from the merely shy when they then spend the consultation with their head buried in their dad’s jacket.

Right now, it must be more frightening than usual being responsible for a young child, with so much in the news about the rise in hospital admissions for respiratory illnesses and about fatal invasive group A streptococcal infections.¹² This is also worrying for GPs, who know the impossibility of picking out the child with a sore throat whose health will suddenly deteriorate, from all the others who will make a rapid recovery with paracetamol alone.

As we can’t routinely review every feverish child to look for signs of worsening illness, we must rely on “safety netting,” a concept first clearly articulated by Roger Neighbour in 1987.³ Safety netting involves explaining to the patient what to look out for and when to come back, and it’s now deeply ingrained in GP training and other areas of medicine—but we’re probably still not as precise as we could be. After effective safety netting the patient or carer knows what the expected course of recovery should be and what features would be a cause for concern. “Come back if he doesn’t get better” is some help (it gives the parent permission to re-attend), but it’s not nearly as useful as: “I expect this sore throat to improve over the next five days, but we need to see your child again straight away if they develop a rash, are unable to eat and drink, or become unusually tired or irritable.”

We might perceive all parents attending our practice as being worried (that’s why they’re here), but their concern turns out to be a valuable metric in picking out the most unwell children.⁴⁵ When someone who has looked after a child through various childhood ailments and coughs and colds tells you that “this illness is different,” you need to listen.

But the safety net works only if you have easy access to your GP. The worry is that someone with inadequate training will look at a child’s notes and think that, because they were seen a few days ago and had a viral illness diagnosed, they don’t need to be seen again. Serious illness in children is thankfully rare, and usually all that’s needed is a quick examination, reassurance, and advice. However, a child’s condition can change rapidly and unpredictably, so we need to be sure that our systems are responsive enough for the safety net to do its job and prevent tragedies.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors