[illegible]

e body size di erences are paralleled by maturation changes. [illegible] adage is that children are not simply “little adults”. e clinician must take into account the immature physiology of the infant or child when considering symptoms, prescribing medications, and diagnosing illnesses. Paediatric physiology directly impacts the pharmacokinetic properties of drugs that enter the body. e absorption, distribution, metabolism, and elimination of medications di er between developing children and grown adults. Despite completed studies and reviews, continual research is needed to better understand how these factors should a ect the decisions of healthcare providers when prescribing and administering medications to the paediatric population

Paediatric age is the degree of maturation of a child’s bones. As a person grows from fatal life through childhood, puberty, and nishes growth as a young adult, the bones of the skeleton change in size and shape. ese changes can be seen by X-ray techniques. e “bone age” of a child is the average age at which children reach various stages of bone maturation. A child’s current height and bone age can be used to predict adult height. For most people, their bone age is the same as their biological age but for some individuals, their bone age is a couple of years older or younger. ose with advanced bone ages typically hit a growth spurt early on but stop growing sooner, while those with delayed bone ages hit their growth spurt later than normal. Children who are below average height do not necessarily have a delayed bone age in fact their bone age could actually be advanced which if le untreated, will stunt their growth.

## Radiation safety issues

ere are risks from ionizing radiation that are comprehensively