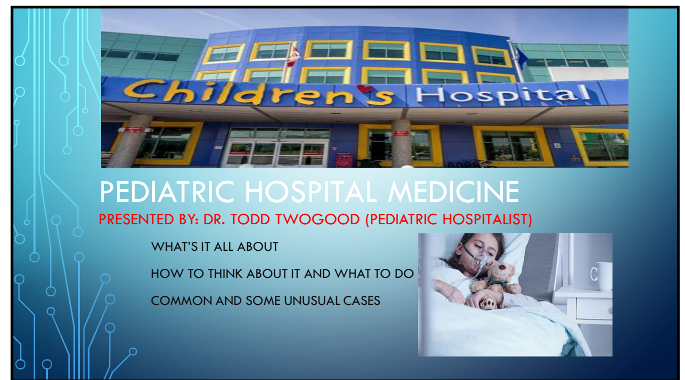


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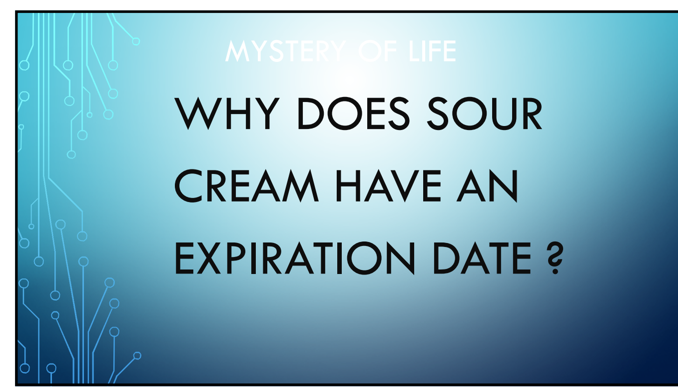


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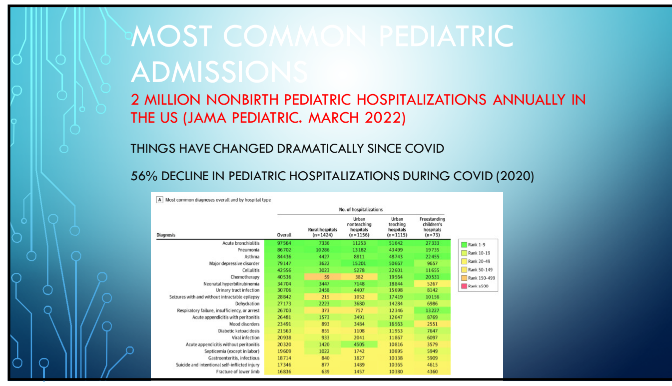


A Most common diagnoses overall and by hospital type

| Diagnosis | No. of hospitalizations: Overall | Rural hospitals (n=1424) | Urban nonteaching hospitals (n=1156) | Urban teaching hospitals (n=1115) | Freestanding children's hospitals (n=73) |
|---|---|---|---|---|---|
| Acute bronchiolitis | 97564 | 7336 | 11253 | 51642 | 27333 |
| Pneumonia | 86702 | 10286 | 13182 | 43499 | 19735 |
| Asthma | 84436 | 4427 | 8811 | 48743 | 22455 |
| Major depressive disorder | 79147 | 3622 | 15201 | 50667 | 9657 |
| Cellulitis | 42556 | 3023 | 5278 | 22601 | 11655 |
| Chemotherapy | 40536 | 59 | 382 | 19564 | 20531 |
| Neonatal hyperbilirubinemia | 34704 | 3447 | 7148 | 18844 | 5267 |
| Urinary tract infection | 30706 | 2458 | 4407 | 15698 | 8142 |
| Seizures with and without intractable epilepsy | 28842 | 215 | 1052 | 17419 | 10156 |
| Dehydration | 27173 | 2223 | 3680 | 14284 | 6986 |
| Respiratory failure, insufficiency, or arrest | 26703 | 373 | 757 | 12346 | 13227 |
| Acute appendicitis with peritonitis | 26481 | 1573 | 3491 | 12647 | 8769 |
| Mood disorders | 23491 | 893 | 3484 | 16563 | 2551 |
| Diabetic ketoacidosis | 21563 | 855 | 1108 | 11953 | 7647 |
| Viral infection | 20938 | 933 | 2041 | 11867 | 6097 |
| Acute appendicitis without peritonitis | 20320 | 1420 | 4505 | 10816 | 3579 |
| Septicemia (except in labor) | 19609 | 1022 | 1742 | 10895 | 5949 |
| Gastroenteritis, infectious | 18714 | 840 | 1827 | 10138 | 5909 |
| Suicide and intentional self-inflicted injury | 17346 | 877 | 1489 | 10365 | 4615 |
| Fracture of lower limb | 16836 | 639 | 1457 | 10380 | 4360 |

3

## PEDIATRIC CONSIEDRATIONS

- UNIQUE EPIDEMIOLOGY OF CHILD-SPECIFIC CONDITIONS
- PATHOPHYSIOLOGY AND DIFFERENTIAL DX DIFFERS BASED ON AGE
- WEIGHT AND AGE BASED DOSING
- CHALLENGING MEDICAL HISTORIES AND EXAMS
- FAMILY CENTERED MANAGEMENT
- VULNERABLE POPULATION (ABUSE RISK)
- NORMALCY BIAS- MOST OF THE TIME THEY ARE FINE BUT SOMETIMES THEY HARBOR LIFE-THREATENING CONDITIONS

4

5

## EXAM TRICKS

- OBSERVE WHAT YOU CAN FROM A DISTANCE (FRONT DOOR ASSESSMENT)
- UTILIZE PARENTS (ON PARENTS LAP, A HUG TO HOLD)
- DISTRACTION
- EXAMINATION GAMES (FOLLOW THE TOY, GOOF AROUND, SMILE A BUNCH)
- TIME AND PATIENCE, SEVERAL REASSESSMENTS CAN TELL A LOT (IS THAT BELLY TENDER OR DOES THAT TODDLER JUST NOT LIKE STRANGERS)
- IN GENERAL SIT DOWN WHEN YOU CAN

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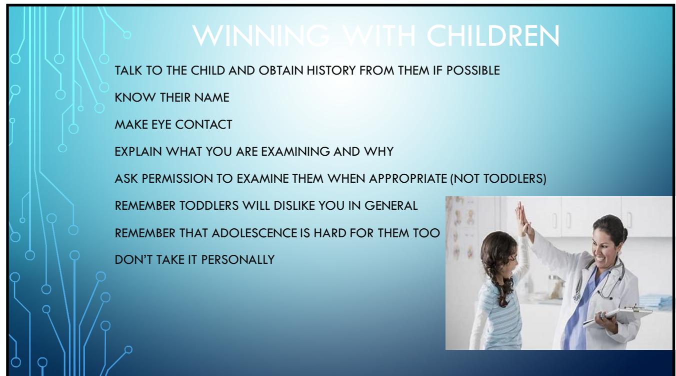


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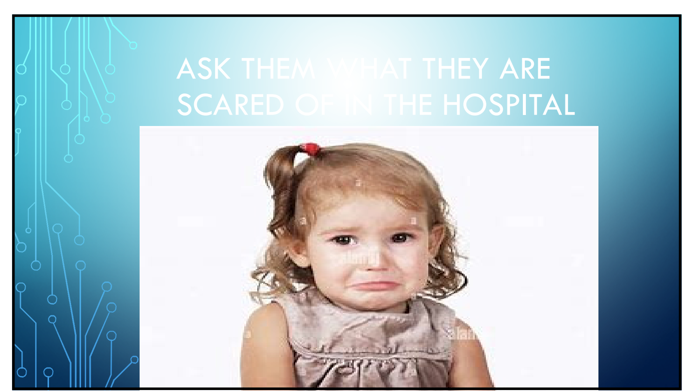


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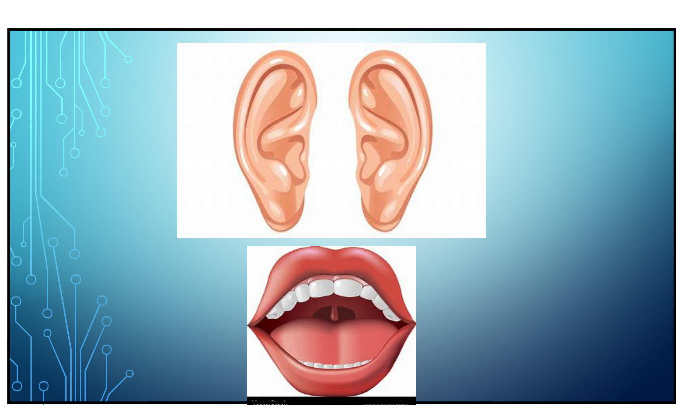

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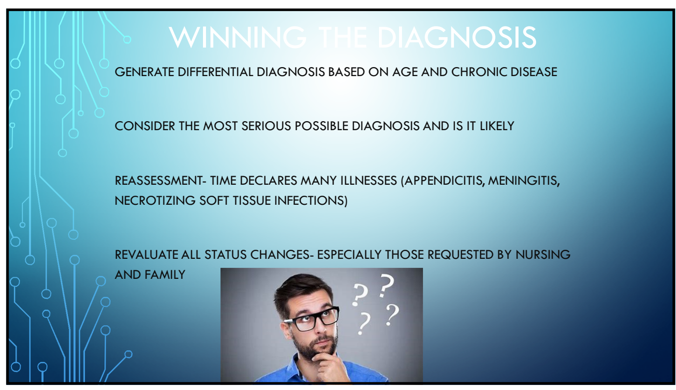


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## THE DOCTOR'S DILEMMA

THERE IS SOMETHING PARADOXICALLY REASSURING ABOUT SHOCK, CYANOSIS, SEPSIS, FEVER AND THE ACUTE ABDOMEN: WE HAVE A PATHWAY AND A PLAN

IN PEDS, HOWEVER, OFTEN THE MOST NERVE-WRACKING PRESENTATIONS ARE THOSE WHERE THERE IS NO CLEAR PATH, NO CLEAR PLAN, AND YET THE CHILD MAY BE IN DANGER (SCARY)

THESE ARE MOST CHALLENGING

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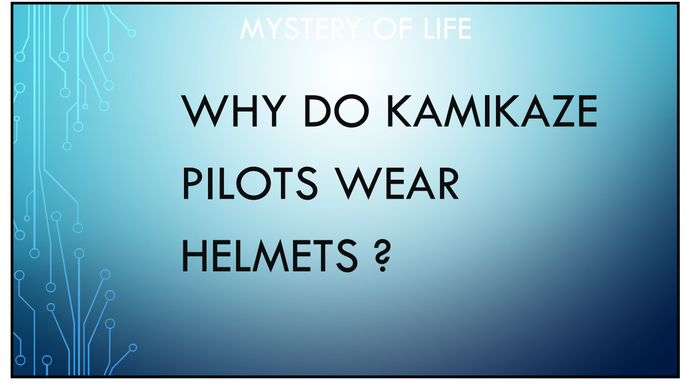


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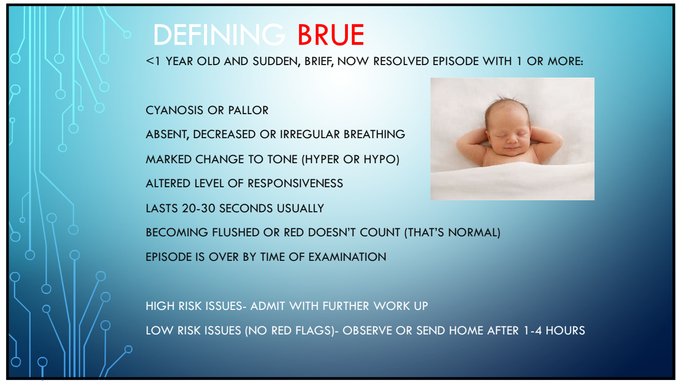


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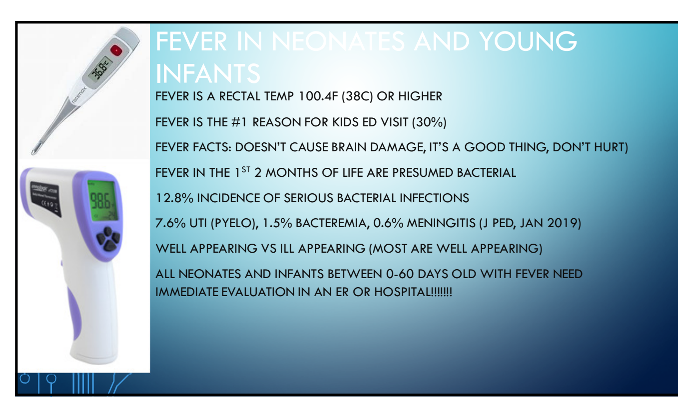


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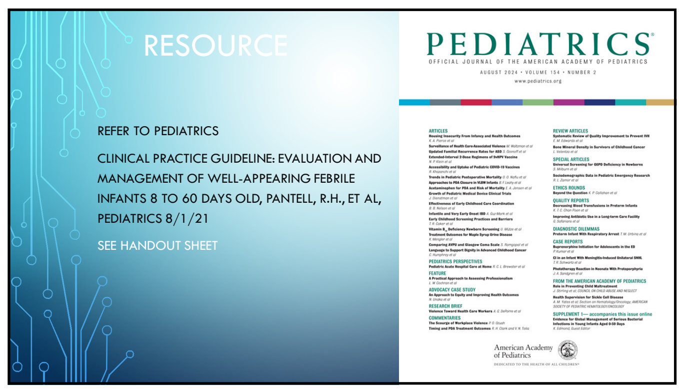


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## HYPERBILIRUBINEMIA (JAUNDICE)

- PHYSIOLOGIC DAYS 2-7, BREAST MILK JAUNDICE AFTER THAT
- EXPLAIN TO PARENTS
- TRANSCUTANEOUS OR SERUM TOTAL AND DIRECT AT 24 HOURS OF LIFE
- UNCONJUGATED USUALLY HIGH, IF CONJUGATED IS HIGH BILIRUBIN CAN'T GET OUT OF THE LIVER AND THIS IS PATHOLOGIC (BILIARY ATRESIA)
- RISK FACTORS: ABO INCOMPATIBILITY, POSITIVE DAT, PREMATURITY, SIBLING WITH JAUNDICE
- SIMPLE: AAP UPDATED IN 2022 BILITOOL. USE THE APP: PEDITOOLS.ORG
- TREATMENT: PHOTOTHERAPY, DOUBLE BANK WITH A BILIBLANKET. CHECK CBC AND RETIC. PHOTOTHERAPY CONVERTS UNCONJUGATED BILI TO WATER-SOLUBLE ISOMER ELIMINATED WITHOUT CONJUGATION
- SUNLIGHT DOES NOT WORK
- ALL THIS TO AVOID KERNICTERUS

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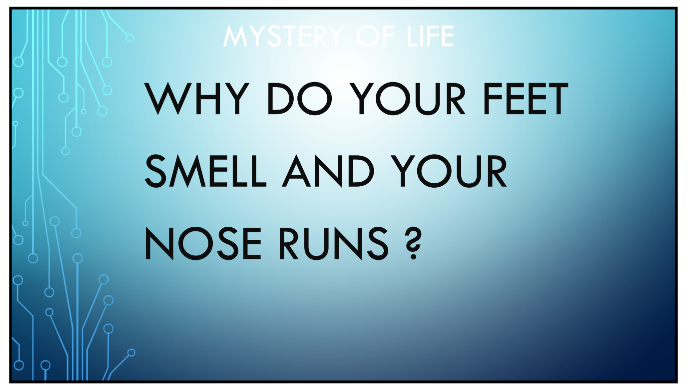


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## RESPIRATORY INFECTIONS

- BRONCHIOLITIS (THE NUMBER ONE REASON FOR PEDIATRIC ADMISSIONS)
- GENERALLY NO NEED FOR CXR, LABS, ALBUTEROL, STEROIDS ETC.
- RHINOVIRUS AND RSV WITH SOME HUMAN METAPNEUMOVIRUS
- CROUP: EASY DIAGNOSIS, GIVE 0.6MG/KG DECADRON
- IF NEEDING MORE THAN TWO RACEMIC EPI TREATMENTS FOR STRIDOR ADMIT
- BE CAREFUL DIFFERENTIAL DX: BACTERIAL TRACHEITIS (THEY ARE TOXIC AND SICK), RETROPHARYNGEAL ABSCESS (THEY LAY DOWN FOR COMFORT), FOREIGN BODY ASPIRATION, EPIGLOTTITIS (RARE)
- MULTIPLE VIRUSES CAN CAUSE IT

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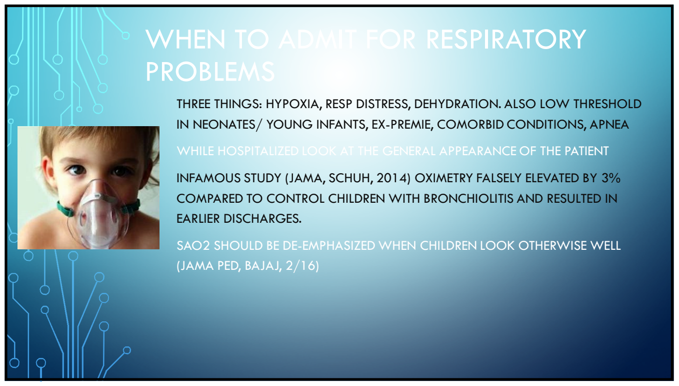


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## PNEUMONIA

- USUALLY VIRAL (NEJM, JAIN, 2/15) RSV (28%), RHINOVIRUS (27%), BACTERIAL ONLY 15% OF THE TIME: MYCOPLASMA (8%), STREP PNEUMO (4%) BUT WATCH OUT FOR GROUP A STREP (BAD PNEUMONIA WITH PLEURAL EFFUSIONS) AND MRSA (SURVEILLANCE SWAB)
- TREATMENT DILEMMA: IF YOU SEE IT, YES TREAT IT
- WHAT WILL YOU SEE: OBSCURED CARDIAC MARGINS, BIG WHITE CLOUDS
- TREAT WITH WHAT? AMOXICILLIN OR AMPICILLIN NOT CEFTRIAXONE
- ADD IN ZITHROMAX FOR PATIENTS AT OR OVER 9 YEARS OLD

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## MYSTERY OF LIFE

MOST LEMON JUICES ARE MADE WITH ARTIFICIAL INGREDIENTS AND COLOR, SO WHY DO MOST DISH SOAPS SAY “MADE WITH REAL LEMONS” ?

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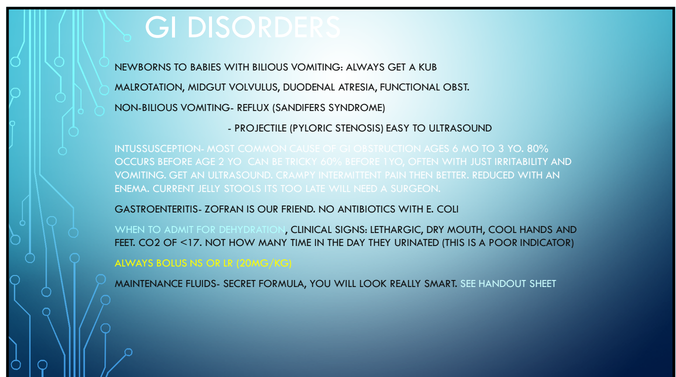


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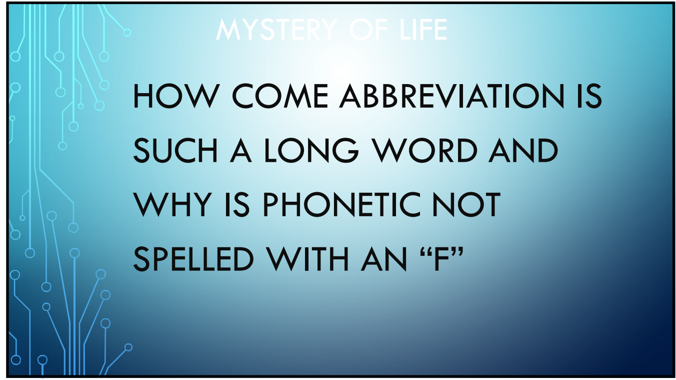


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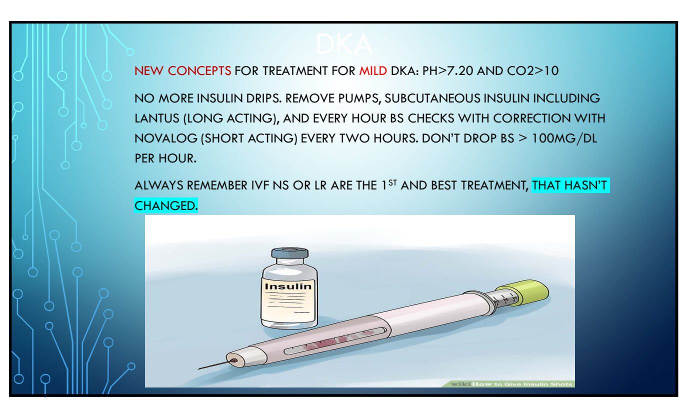


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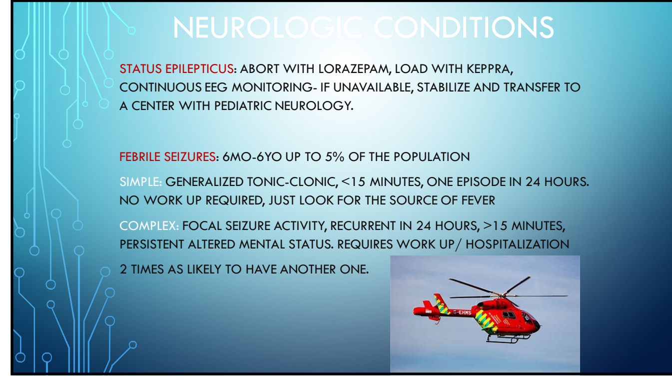


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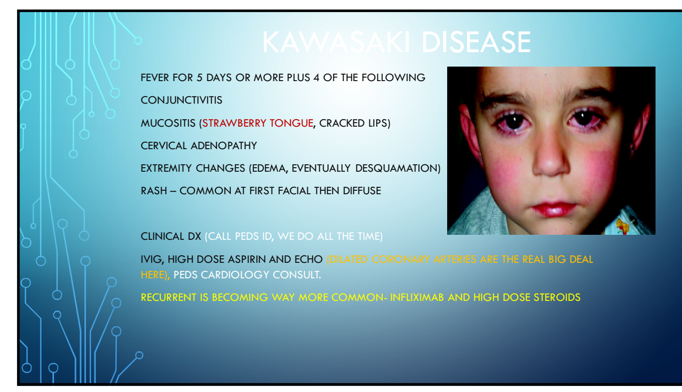


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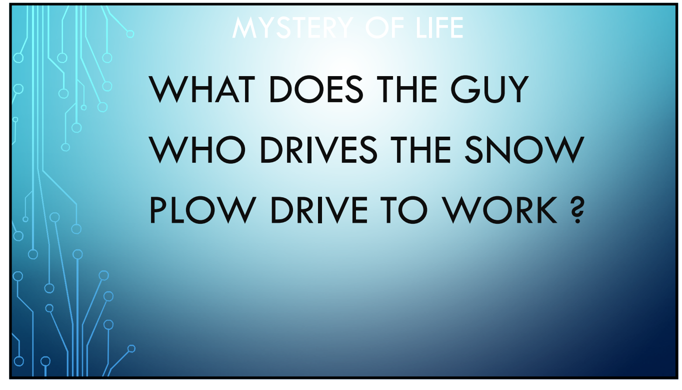


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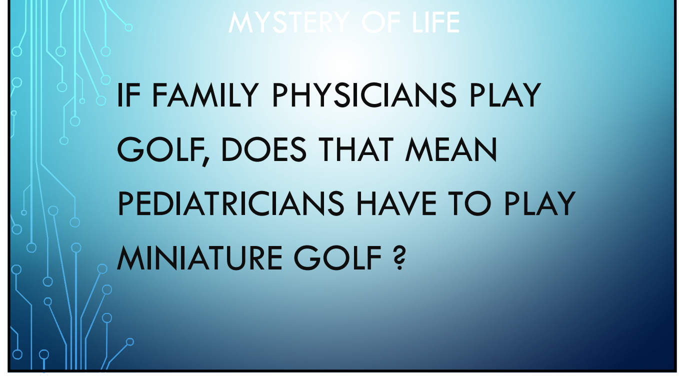


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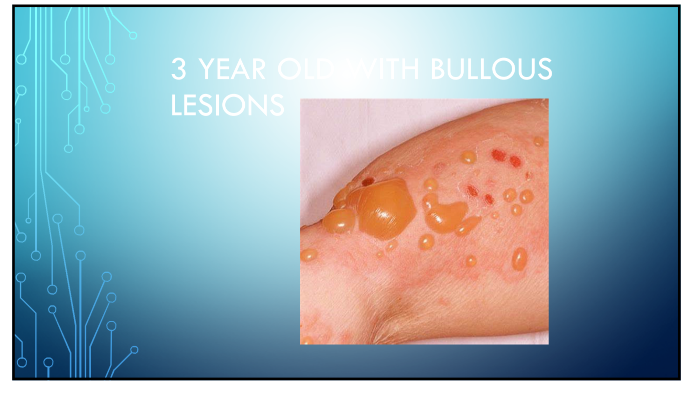


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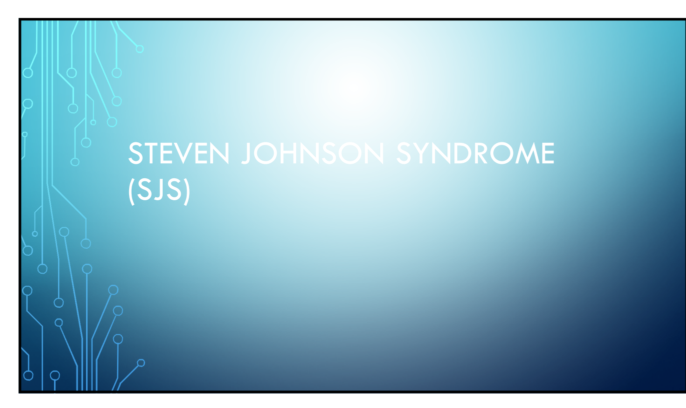


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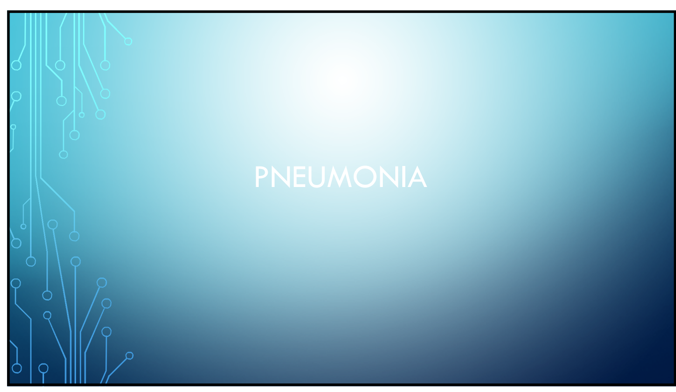


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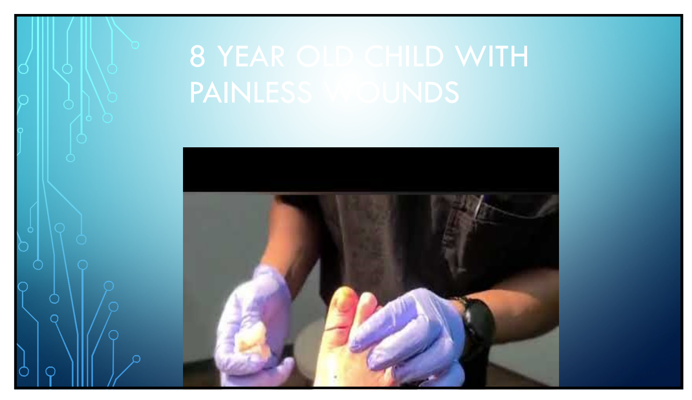


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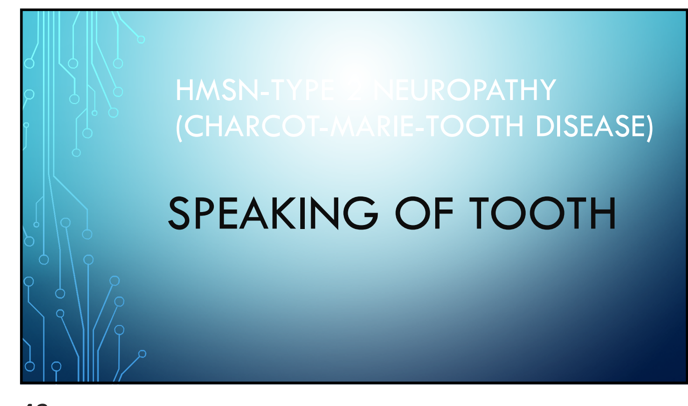


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