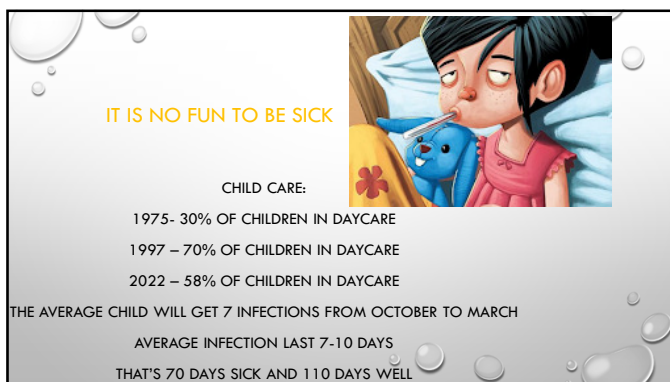


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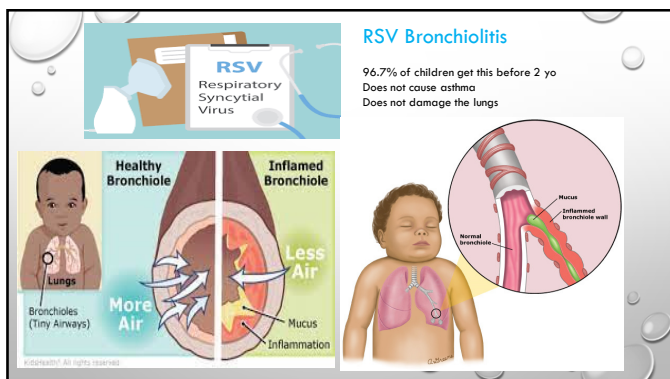
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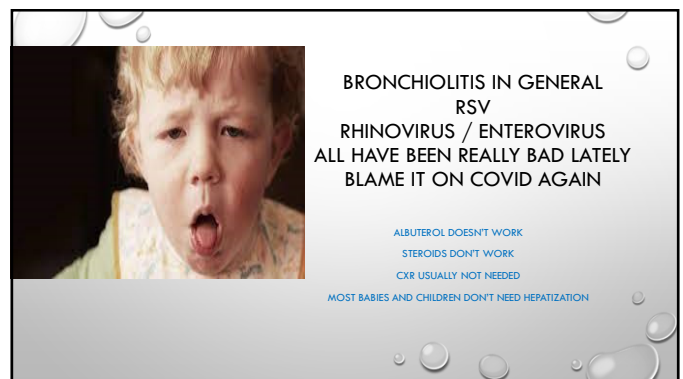
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6

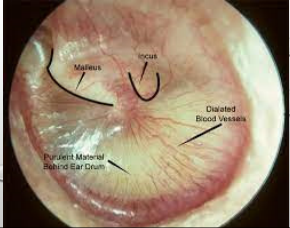
OTITIS MEDIA
IT'S ALL ABOUT MIDDLE EAR EFFUSIONS

ANTIBIOTICS (STILL HIGH DOSE AMOX 80 MG/KG/DAY BID)
MAYBE LESS DAYS WITH OTITIS MEDIA
EDUCATE PARENTS

Infant Adult

Eustachian tube


So common



7

OTITIS WITH PE TUBES

TOPICAL IS WAY BETTER THEN ORAL ANTIBIOTICS
300 TIMES MORE POTENT
YOU DON'T NEED ORAL ANTIBIOTICS
STOP TREATMENT WHEN THE DRAINAGE STOPS



8

CONJUNCTIVITIS (PINK EYE)

GOOP = BACTERIA
NO GOOP = NO BACTERIA

ANTIBIOTIC DROPS NEEDED, USE UNTIL SYMPTOMS CLEAR AND THEN 1 MORE DAY


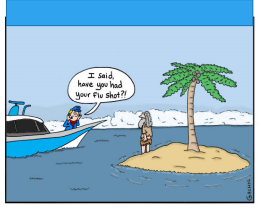
DON'T USE STEROIDS FOR BACTERIAL CONJUNCTIVITIS



9

INFLUENZA

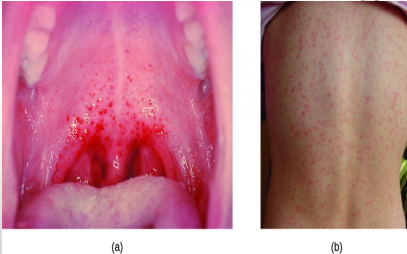
REALLY RED EYES – SCLERAL INJECTION, NO GOOP
FEVER, COUGH, BODY ACHES, HEADACHE, SORE THROAT, STOMACH STUFF.
DON'T ALWAYS NEED A TEST
BUT YOU DO NEED A FLU SHOT
TAMIFLU IS NOT WORTH IT UNLESS HOSPITALIZED AND ILL OR CHRONIC CONDITIONS

10

STREP THROAT

90% OF ALL SORE THROATS ARE NOT STREP
MUST HAVE A STREP TEST
NOT AMOX OR PCN ANYMORE
CO-PATHOGENICITY
CEPHALEXIN OR EVEN ZITHROMAX
CLINDAMYCIN FOR CHRONIC STREP CARRIER STATE



(a) (b)

11

MOST COMMON BACTERIAL PEDIATRIC INFECTIONS

Most common bacteria
Streptococcus pneumoniae
Hemophilus influenza (non typable)
Moraxella Catarrhalis


Skin and Soft Tissues
Staphylococcus Aureus
Streptococcus

OTITIS MEDIA
SINUSITIS
PNEUMONIA
SKIN INFECTIONS / ABSCESS
LYMPHADENITIS



12

ANTIBIOTICS



AMOXICILLIN

HAS TO BE HIGH DOSE 80MG/KG/DAY
DIVIDED BID

HALF LIFE 1.5 HOURS


STILL FIRST LINE ANTIBIOTICS


NOT FOR STREP THROAT

CEFALEXIN

STREP BID OTHER INFECTIONS INCLUDING
SKIN INFECTIONS TID

HALF LIFE IS 55 MINUTES





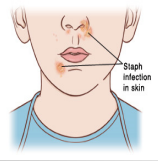
AUGMENTIN

2ND LINE FOR SEVERAL INFECTIONS

CAUSES DIARRHEA (RECOMMEND A
PROBIOTIC)

13

METHICILLIN RESISTANT STAPH AUREUS (MRSA)



Staph infection in skin

SO COMMON (30-50% OF COMMUNITIES)

ABSCESS FORMATION

INCISION AND DRAINAGE

ANTIBIOTICS (VANCOMYCIN, CLINDAMYCIN, BACTRIM)



Photo Credit: Gregory Moran, M.D.

DECOLONIZE

BACTROBAN 2% IN THE NOSE BID FOR 5 DAYS

CHLORHEXIDINE BATH OF 1/2 BLEACH BATH DAILY FOR 5 DAYS

IF NOT RESOLVED REPEAT IT WITHIN 6 MONTHS

14

INFECTIOUS MONONUCLEOSIS (MONO)

EPSTEIN BARR VIRUS (EBV)

FATIGUE, POSTERIOR LYMPHADENOPATHY, SORE THROAT,
SPLENOMEGALY


89% GET IT BEFORE AGE 12 YEARS OLD

MOST COMMON IS AGE 5-7 YEARS OLD

LONGER DURATION WITH INCREASED AGE

IGG AND IGM TITERS

DON'T USE STEROIDS (IT CAN CAUSE B CELL LATENCY)



15

HERPES VIRUS TYPE 1



Herpes simplex virus

VESICULAR, IF YOU SEE VESICLES IT HAS TO BE HERPES

COMMON IN TODDLERS

80% HAVE HAD IT BY 18 MONTHS OLD

SO COLD SORES REALLY DON'T SPREAD

COLD SORES TREATMENT ACYCLOVIR OR VALACYCLOVIR AND PREPARATION H (REALLY)

CAN CAUSE SOME PRETTY SERIOUS INFECTIONS AS WELL (ENCEPHALITIS AND TEMPORAL LOBE
MENINGITIS)

16

ANIMALS AND INFECTIOUS DISEASE



DOGS

< 5 DAYS – PASTEURELLA

> 5 DAYS – STAPH AUREUS

TREATMENT WITH AUGMENTIN

FIND ABOUT RABIES

DON'T CLOSE ALWAYS CLOSE DEEP
LACERATIONS WITH DOG BITES
ESPECIALLY ON THE FACE

CATS

BARTONELLA

"CAT SCRATCH FEVER"

AXILLARY LYMPH NODES

DIAGNOSIS BY IFA

TREATMENT IS SUPPORTIVE CARE

ALSO PASTEURELLA SO MAYBE
AUGMENTIN



RABBITS

TULAREMIA


LARGE ULCERATED LYMPH NODE

TREATMENT IS STREPTOMYCIN
OF DOXYCYCLINE

UNTREATED CAN GO TO THE LUNGS AND
SPINAL CORD

17

MORE ANIMALS



TURTLES

SALMONELLA

DIARRHEA, MAY BE BLOODY

NO SPECIFIC TREATMENT

CHICKENS/ TURKEY

CAMPYLOBACTER


DIARRHEA

NAUSEA AND VOMITING

STOMACH CRAMPS

FROTHY STOOLS

NO SPECIFIC TREATMENT




**BATS, RACCOONS,
SKUNKS AND FOXES**

RABIES

NEED A SERIES OF 4 SHOTS OVER 2
WEEKS GIVEN ON DAYS 0, 3, 7, AND 14

18



PANDAS

PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH STREP

SUDDEN ONSET

CAUSED BY STREP, MAYBE ALSO INFLUENZA

MOODY, ANXIOUS, AGGRESSIVE, OCD

BODY MOVEMENTS OUT OF CONTROL

FULL RECOVERY WITH ANTIBIOTICS, STEROIDS AND NSAIDS

THOUGHT THAT THE STREP DISGUISE THEMSELVES AS BRAIN CELLS

19


TIC BORNE DISEASE

ROCKY MOUNTAIN SPOTTED FEVER

FEVER, HEADACHE, MUSCLE ACHES, RASH

THROMBOCYTOPENIA, HYPONATREMIA, ELEVATED LFTS

TREAT RIGHT AWAY WITH DOXYCYCLINE EVEN BEFORE THE IFA IS RESULTED



LYME'S DISEASE

BORRELIA BURGDORFERI

FEVER, HEADACHE, FATIGUE, JOINT PAIN

ERYTHEMA MIGRANS

DOXYCYCLINE AS WELL

20

IMMUNE DEFICIENCIES

LOOK FOR WEIRD STUFF

- TOO FREQUENT
- TOO SEVERE
- TOO CONSISTENT
- TOO STRANGE

3 helpful clues

Family history

Sepsis requiring IV antibiotics

Failure To Thrive

Work up

Quantitative Immune Globulins

With IgG subclasses

T and B cell Subsets (flow cytometry)

CH50- complement total

Most common Immune deficiencies

IgA – 30%

IgG and subclasses – 25%

Common Variable Immune Def.- 15%

Treatment

Aggressive treatment of antibiotics

IVIG

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INTERESTING MEDICAL CONDITIONS


Benign Paroxysmal Vertigo

"it's really nothing to worry about" "we really don't why" "you are dizzy"

pneumonultramicroscopic silico volcano coniosis

22

THANK YOU



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O1 Owner, 12/16/2022