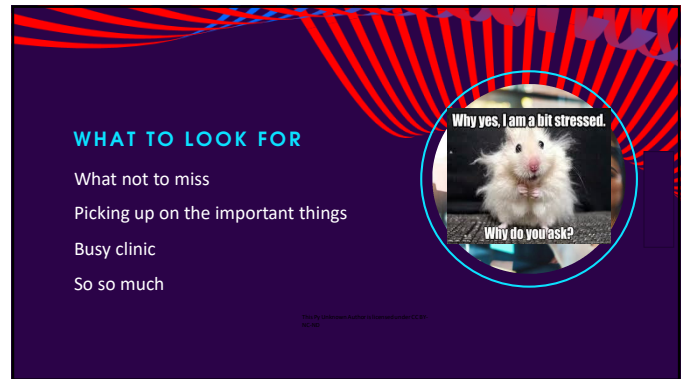




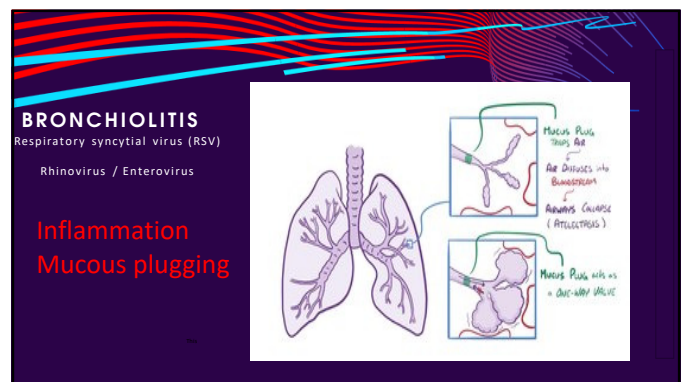
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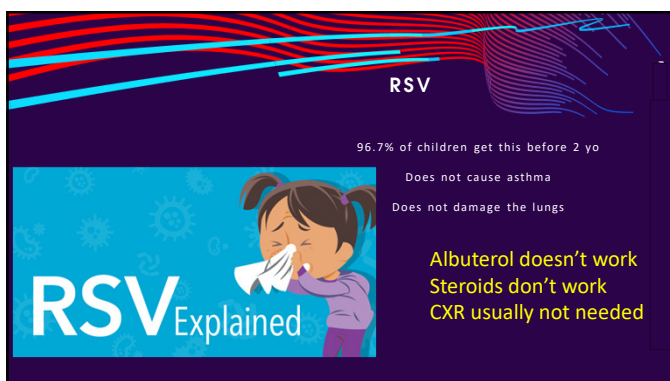
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6

2 YEAR OLD PRESENTS WITH HER MOTHER WITH A "BARKY COUGH" AND NOISE WHILE BREATHING IN. NORMAL VITAL SIGNS IN THE OFFICE



What does she have

??????

7

CROUP

Upper airway (stridor)

Hoarse voice/ laryngitis/ sore throat

fever

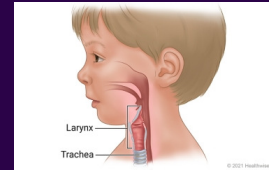
3% of kids

Males > Females

Typically < 3yo

Parainfluenza virus (1,2,3)

Also RSV and Rhinovirus



8

CROUP TREATMENT

Home treatment: vaporizer, steamy bathroom, out to the cool night air for a little bit

Other treatments: Decadron (0.6 mg/kg) one time oral dose (IV med used orally), racemic epinephrine if stridor at rest



9

MOTHER RUSHES HER 6 YEAR OLD INTO THE CLINIC IN THE SPRING WITH SEVERE RESP DISTRESS AND WHEEZING

Vitals:

Temp = 98.6

Resp rate = 45 (prolonged expiratory phase)

Heart rate = 125

O2 sats = 90%



10

ASTHMA

Genetic: parental family history

One parent 25% chance

Both parents 50% chance

Emergent Treatment:
Beta agonist therapy (albuterol or Xopenex)
Hit them hard with treatments up front
Steroids- prednisone or Decadron 5 days
ER management - Mag Sulfate
Oxygen if needed



11

20 MONTH OLD PRESENTS WITH A 3 DAY HISTORY OF FEVER. THIS AFTERNOON SHE WAS 101 DEGREES F. PARENTS GAVE A LUKE WARM BATH AND ONE HOUR LATER SHE WAS REALLY HOT AND HER EYES ROLLED BACK AND SHE WAS SHAKING FOR ABOUT 1 MINUTE.



in the office she looks tired but otherwise stable and she has an ear infection on her exam.

12

SIMPLE FEBRILE SEIZURE


- Up to 10% of children
- 6 months to 5 years
- No brain damage
- No need for work up (EEG or Imaging)
- 2 times as likely to have another one
- Treatment Tylenol or Ibuprofen
- No antiepileptic meds needed

Febrile Seizures

SIMPLE Generalized

< 15 minutes
1 sz in 24 hours

>38°C



COMPLEX

> 15 minutes
> 1 sz in 24 hours

6 m.o. – 5 y.o.

EXCLUSIONS

The following conditions exclude a possible diagnosis of febrile seizures:

- CNS infection or inflammation
- Systemic metabolic abnormalities
- History of nonfebrile seizures

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THINGS THAT MAY LOOK LIKE SEIZURES BUT ARE NOT

- Breath holding spell**- toddlers especially.
May actually have a convulsion
- Syncope** - especially adolescents, vasovagal is common
-always concerning with exertion
- Pseudoseizure**- mental health issues, smelling salts to diagnose while "having a spell"





14

15 YEAR OLD MALE IN GREAT SHAPE IN BASKETBALL PRACTICE STARTED TO COMPLAIN OF CHEST PAIN AND FELT SHORT OF BREATH. EARLIER IN THE WEEK HE HAD A FEVER, SORE THROAT, HEADACHE AND SOME FATIGUE BUT NO COUGH.

What would you do to work this up???

Is this an emergency???



15

TROPONIN ECG CXR ECHO VIRAL TESTING

Treatment=
Rest, ibuprofen, time, follow troponins

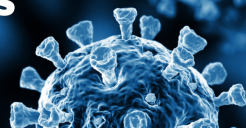
16

COVID MYOCARDITIS

May need to covid test

Myocarditis can have other etiologies like influenza

Coronavirus (COVID-19)



17

4 MONTH OLD MALE, EXCLUSIVELY BREAST-FEEDING. HE HAS ALWAYS HAD SPIT UPS BUT NOW 2 DAYS OF INCREASED IRRITABILITY, NOW HAS VOMITING AFTER EACH FEEDING.

Vitals stable and afebrile

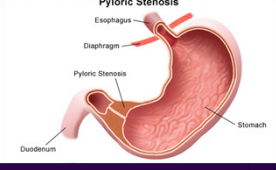
Labs show K+ = 3.1, Na+ = 137,
Chloride = 97, CO2 = 16



18

PYLORIC STENOSIS

3 out of 1000 babies
20% chance of it, if a parent had it
More likely in firstborn males




Work up: pyloric ultrasound, electrolytes (may do an upper GI)

Hypokalemic, hypochloremic metabolic alkalosis

Treatment: Electrolyte correction, surgical (pyloromyotomy)

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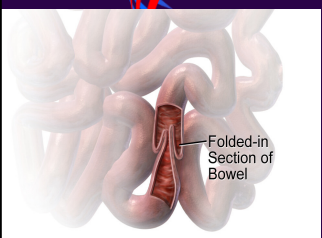
18 MONTH OLD WITH A 2 DAY HISTORY OF POOR FEEDING, BUT NO VOMITING. NOW OCCASIONALLY DRAWING UP HER LEGS, CRIES AND SCREAMS THEN SEEMS TO BE FINE. LOOSE STOOLS BUT NO BLOOD IN THEM.



Okay is that just a stomach flu or reflux???

20

INTUSSUSCEPTION



Intussusception of the Bowel

Presents between 6 and 36 months
60% are younger than 12 mo
"Colicky abdominal pain"
Hematochezia is a late finding "Current jelly stools"

Work up: ultrasound
Air enema, contrast enema (not the best) both diagnostic and therapeutic
If unsuccessful, surgical consult

After treatment, repeat ultrasound in 24 hours

21

7 YEAR OLD FEMALE ON A ROAD TRIP WITH HER PARENTS, BOUGHT SOME ROAD SIDE APPLE CIDER AT A STAND, NOW 1 DAY LATER SHE HAS ABDOMINAL PAIN, BLOODY DIARRHEA AND HASN'T PEED TODAY

This could be serious stuff.....

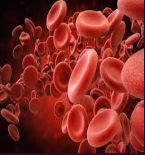
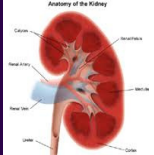
22

HEMOLYTIC UREMIC SYNDROME (HUS)

E. Coli O157:H7

Infection with anemia, thrombocytopenia and kidney failure. Requires hospitalization

No specific treatment
Poor prognosis (60-70% mortality rate)
If anuric needs peritoneal dialysis


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OOPS I SWALLOWED SOMETHING WRONG

Foreign body ingestion

If in resp distress consult right away
Coin is most common
Xray for sure if no resp distress
Follow the Poop
If found in the Poop no need to repeat Xray, otherwise
Xray every 24 hours

• Accidental ingestions/poisons or drugs
Call poison control



24

WORRISOME GI PRESENTATIONS

Infants: Billious vomiting

Get a plain Xray of the abdomen

Malrotation, Duodenal atresia, obstruction



Any age: Bloody diarrhea (first look for anal fissure)

Toxic appearing, high fever think Shigella

Salmonella usually not as ill

Right Lower Quadrant abdominal Pain: Anorexia most common feature

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THANK YOU



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ALL SORTS OF STUFF TO WORRY ABOUT

Sepsis: what age are they and how do they look (toxic appearing?)

- Less than 1 month old- needs a full septic work up (LP and Cath urine, Blood Cx)
- 1-2 months old work up and look at CRP and Procalcitonin
- >2 months use your judgement

Importance of viral testing in sick looking babies and children

Meningitis: Most common is viral (adenovirus and parechovirus)

Nuchal rigidity

SVT: Heart rate > 220 mostly, not a real emergency. WPM

Vasovagal maneuvers, Adenosine, Cardioversion, beta blockers

Basically send them to the ER, don't panic....

Kawasaki Disease: Vasculitis with 5 days of fever, conjunctivitis, lymphadenopathy, mucosal involvement, rash

Needs hospitalization will need an echo, IVIG and aspirin etc...

Anaphylaxis: Epi pen/ Epi and go to the ER

0.15 mg for Epi Jr. and 0.3 mg for older kids/ adult

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