

NORMAL LITTLE BUGGER STUFF

1. Sleep
  - a. When is a baby going to sleep all night? **6 months**
    - 1) total sleep =14 hrs
    - 2) longest sleep period 10-11 hrs
    - 3) # of naps = 2
    - 4) no longer need to be fed @ night
  - b. Sleep position? "Back to Sleep" → prevents SIDS
2. Feeding
  - a. Don't give solid food until > 4 mo (need good head support)
3. Crying:
  - a. Colic
    - 1) Periods of unexplained crying and irritability
    - 2) 10-20% of children
    - 3) "Rule of 3's"
      - a) 3 hours of crying (@ same time of day; usu afternoon or evening)
      - b) 3 days a week
      - c) begins in 1<sup>st</sup> 3 weeks of life
      - d) improves by 3 mo of age
  - b. Normal crying
    - 1) @ 2 wk → 1 \_ hrs / d
    - 2) @ 6 wk → 2 \_ hrs / d
    - 3) @ 8 wk → PEAKS
    - 4) @ 12 wk → 1 hr / d
  - c. Differentials
    - 1) Idiopathic
    - 2) Colic
    - 3) Heat / cold
    - 4) Lying position
    - 5) Illness
      - a) Surgical abdomen
      - b) Infections (OM, UTI, Meningitis)
      - c) GI (constipation, gas, GERD, intussusception)
      - d) Trauma / Abuse
      - e) Testicular torsion
4. Temper Tantrums
  - a. Ignore them
  - b. Separate from situation or other children
5. Short stature
  - a. Constitutional short stature
    - 1) NOT A DISEASE! Normal variation...
    - 2) Characteristics:
      - a) Fhx of delayed puberty
      - b) Delayed dentition in pt
      - c) Delayed bone age c normal growth rate
      - d) Most will have catch-up growth → nl final height
    - 3) W/u:
      - a) Plot on growth curve
      - b) Look @ parents
      - c) Bone age study
  - b. Familial short stature
    - 1) Height below nl on growth chart
    - 2) Bone age accurate
6. Development

PROTECTING THE LITTLE BUGGERS

7. Vaccines
  - a. Contraindications & Precautions
    - 1) Contraindic to Live: Allergy, ImmSupp, Uterine Preg
    - 2) Contraindic to Inactiv: Allergy, Encephalitis
    - 3) Precaution to either: Illness
  - b. ImmComp pts:
    - 1) NO - OPV, VZV
    - 2) OK - DPT, MMR?
  - c. Pertussis contraindications: Previous vaccine → T>103° F, adverse rxn, collapse synd, encephalopathy after 1<sup>st</sup> 7 days, seizure
    - 1) zlf fever < 103 → DaPT
8. Abuse
  - a. Si/Sx of Shaken Baby Syndrome:
    - 1) retinal hemorrhage
    - 2) subdural hematoma
    - 3) burns: donut butt, stocking & gloves, cigs
  - b. Ecchymosis DDx
    - 1) Over buttocks
      - a) Henoch-Schonlein purpura (Anaphylactoid purpura)
        - (i) Peaks in winter months
        - (ii) May follow viral / bacterial infection
9. Safety
  - a. Carseat
    - 1) Face back of car (since infant head control is weak & head is large for body)
    - 2) 1 yo or > 20 lbs → Face forward
    - 3) 4 yo or 40 lbs → Booster seat
    - 4) 6 yo → Booster seat
    - 5) 8 yo → legally don't need booster seat
10. Poisoning
  - a. Most common lethal ingestion
    - 1) Fe (#1 cause of OD death)
    - 2) TCA
    - 3) Cardiac meds
  - b. Ipecac
    - 1) Use with large pills
    - 2) DO NOT use with
      - a) Corrosive substance, hydrocarbon
      - b) Pinpt pupils
      - c) Comatose pt
      - d) Absent BS
      - e) Shock
      - f) \_ ICP
      - g) \_ BP
      - h) CNS depressants
      - i) TCA → since it induces \_ LOC in 20 min
    - 3) May be used @ home w/in 1 hour of ingestion
    - 4) Causes emesis in 20 min
    - 5) 30% of toxin remain in gut even if given w/in \_ hr of ingestion
    - 6) Dose
      - a) 6 mo → 5 mL
      - b) 1 y → 15 mL
      - c) > 1 y → 30 mL
  - c. Gastric Lavage
  - d. Activated charcoal
    - 1) 1 gm per kg
    - 2) does not work for Fe, Lithium, CN, etoh, acids and alkali
  - e. Radiopaque substances on KUB – "CHIPPED"
    - 1) Chloral hydrate, Ca++ carbonate
    - 2) Heavy metals

- 3) Iron
- 4) Phenothiazines
- 5) Play-doh, KCl
- 6) Enteric coated pills
- 7) Dental amalgam
- f. Metabolic Acidosis – “MUDPILES”
  - 1) Methanol, CO, Metformin
  - 2) Uremia
  - 3) DKA
  - 4) Paraldehyde, Phenformin
  - 5) Isoniazid, Iron
  - 6) Lactate, Lithium
  - 7) Ethylene glycol, ethanol
  - 8) Salicylates, starvation, seizures

### ABNORMAL LITTLE BUGGER STUFF

11. Encopresis / Enuresis
  - a. Encopresis
    - 1) Fecal incontinence or soiling of formed or semi-formed stool in underwear by a child > 4 yo
    - 2) No urge to defecate; lose sensation of having to poop
      - a) Chronic constipation → rectal wall stretched / vault enlarges → experience signifc anorectal pain →
        - (i) defecate small amt of stool to obtain relief → dirty when awake / clean when asleep OR
        - (ii) involuntary leakage of liquid stool around hard stool mass
    - 3) Tx
      - a) Mineral oil
      - b) No behavior mod or psychotherapy needed
  - b. Enuresis
    - 1) Ages
      - a) Start potty training by **2 yo**
      - b) Most are continent of urine in daytime by **3-4 yo**
      - c) 10-15% @ 6 yo
      - d) 5% @ 16 yo
      - e) 3% @ 12 yo
    - 2) DDx: UTI, DM, DI, Pyelo, glomerulonephritis
      - a) Delayed maturation (unable to sense bladder)
    - 3) Workup: UA, UCx
    - 4) Treatment: NOT recommended before 6 yo
      - a) Imipramine – TCA via anti-Musc actns
      - b) DDAVP
12. Psych
  - a. Anorexia
    - 1) 1-5% of teen girls
    - 2) Very skinny
    - 3) Si / Sx
      - a) Perfectionist behavior
      - b) Low self-esteem
      - c) H/o being mildly overweight
  - b. Autism
    - 1) No / diff communic by 18 mo
    - 2) Uncuddly
    - 3) Delayed or absent smiling
    - 4) Hrs of solitary smiling
    - 5) Ritualistic / repetitive routines

### NEONATOLOGY QUESTIONS

13. Respiratory Distress Syndrome
  - a. Aka hyaline membrane dz
  - b. Pathophys:
    - 1) Surfactant deficiency → \_ lung compliance
    - 2) Diffuse atelectasis with V/Q mismatch
  - c. Popln: > 70% of 28-30w gest neonates have RDS
  - d. Si/Sx: Tachypnea, retractions, nasal flaring, grunting (\_FRC), cyanosis
  - e. DDx:
    - 1) TTN
    - 2) Pneumonia
    - 3) Aspiration syndromes (mec, blood, amniotic fluid)
    - 4) BPD
    - 5) Atelectasis
    - 6) PTX, pneumoperitoneum, pneumopericardium, p eumomediastinum
    - 7) TE Fistula
    - 8) Laryngomalacia
    - 9) Vascular ring
    - 10) Tracheomalacia
14. Fetal EtOH Syndrome
  - a. Binge drinking in mom
  - b. Sx
    - 1) FTT
    - 2) Smaller than avg
    - 3) \_ : \_ IQ (63), ADD
    - 4) HEENT: microcephaly, short nose, smooth philtrum, thin-smooth upper lip
    - 5) Small nails
15. Teratogens
  - a. Aminopterin – craniofacial, limb
  - b. Phenytoin – facial (small nose, upper lip bowed, strabismus), dysplastic nails *Phenny-looking cupid c roaming eyes*
  - c. Warfarin – bony defects, hypoplastic nasal bridge *Broken bones/bridges in war*
  - d. Accutane – craniofacial (triangular facies), heart defects
  - e. Methyl mercury – microcephaly, deafness, blindness, \_ IQ *“ToMMY, the deaf, dumb, blind boy”*
  - f. Trimethadione – craniofacial, growth retardation
16. Down’s Syndrome
  - a. Epid:
    - 1) 1/700
    - 2) 2/3 of moms <35 yo; \_ risk with moms > 35 yo
  - b. Si/Sx:
    - 1) HEENT: Hypertelorism, brushfield spots, epicanthal folds, protruding tongue, no neck,
    - 2) Abd: umbilical hernias,
    - 3) Ext:: simian crease, wide spacing b/w first and second toes
    - 4) Congenital hypothyroidism
    - 5) Atlantoaxial instability
    - 6) \_ risk for URI, obesity, alzheimers!, AML
    - 7) 1/3 have heart probs:
      - a) Endocardial cushion defects!: ASD 1/6, VSD 1/10
      - b) PDA 1/50
      - c) Tetralogy of Fallot 1/100
17. Turner’s Syndrome
  - a. 45 XO
  - b. 1/8000

- c. Sx:
- 1) Short, webbed neck
  - 2) Puffy hands & feet
  - 3) Wide spaced nipples
  - 4) Gonadal dysgenesis
  - 5) Multiple pigmented nevi
  - 6) Spatial, perceptual difficulties → probs with math
- d. Assoc sx:
- 1) Coarct of aorta
  - 2) Horseshoe kidney
18. Marfan's Syndrome
- a. AD
  - b. Fibrillin gene disorder
  - c. Dissection of aorta
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- RESPIRATORY ILLNESSES**
19. LUNG INFECTIONS
- a. VIRAL (most are viral) – insidious onset
    - 1) Pneumonia – RSV, parainfluenza, adeno, influenza
    - 2) Bronchiolitis – RSV
    - 3) Asthma
    - 4) Sinusitis
    - 5) Croup – parainfluenza, RSV (<3 yo)
    - 6) Otitis media
      - a) Often followed in 1-2 w by effusion and no erythema
    - 7) Pharyngitis
  - b. BACTERIAL – acute onset
    - 1) <3 mo: GBS, Chlamydia, S. aureus, G- orgs
- \* **S. aureus** in < 3 mo → fever, abd dist, resp distress, toxic, unilateral involvmt
- 2) 3 mo–5 y: S pneumo, H influenza, M catarrhalis, S aureus, GAS
  - 3) > 5 y: Mycoplasma pneumo (>12), Chlamydia pneumo
20. PNEUMONIA revisited
- a. Terminology
    - Pneumonia: lung inflamm + consolidatn of alveolar spaces
    - Pneumonitis: lung inflamm ± consolidation
    - Lobar : localized to 1+ lobes that are consolidated
    - Bronchopneumonia: lung inflamm centered in bronchioles; mucopurulent exudates, patchy consolidation, multiple lobes
    - Interstitial: inflamm of interstitium (alv walls, sacs, ducts, bronchioles); viral or chronic
  - b. Bugs
    - 1) Neonate & 4-16 w
      - a) V: **RSV**, CMV, Herpes virus, entero, flu, parainfluenza
      - b) B: **GBS**, S aureus, H. flu, s pneumo, C trach (afeb)
    - 2) < 5y
      - a) V: **RSV**, adeno, influ
      - b) B: **S. pneumo**, **H. flu**, **GAS**, S aureus
    - 3) > 5 y
      - a) V: influ, VZB
      - b) B: **M pneumo**, **C pneumo**, **Legionella**, S pneumo
  - c. Sx: Tachypnea, cough, malaise, pleuritic chest pain, retractions
    - 1) Viral – \_ fever, streaky infiltrates, WBC normal
    - 2) Bact - \_ F/C, dyspnea, lung consolidation c \_ breath sounds; X-R: lobar consolidation, pleural effusion; \_ WBC
  - d. Based on CXR → lobar consolidation & pleural effusion

- 1) Immunized → *S. pneumo* (peaks @ 4 yo; tx: E-mycin, PCN, cephalosporin, vanco), *S. aureus*
  - 2) Not imm → *H. flu*, type B (Tx: Amax / Augmentin)
- e. **Mycoplasma pneumonia**
- 1) Walking atypical pneumonia
  - 2) W/u:
    - a) Cold agglutinins
    - b) Complement fixation test
    - c) Sputum culture (2-3 w) → fried eggs
    - d) Mycoplasma DNA probe
  - 3) Tx:
    - a) Self-limited
    - b) E-mycin, TCN (don't give if < 7 y)
- f. **Chlamydia pneumonitis** (not a TORCH bug)
- 1) Afebrile pneumonia usu seen in infants b/w 4-12 w
  - 2) Tachypnea, cough, apnea + conjunctivitis, rales, wheezing
- 3) **Staccato cough**
- 4) Tx: Erythromycin / azithro
- g. **RSV**
- 1) Bronchiolitis in < 2 yo
  - 2) Si/sx:
    - a) Temperature instability
    - b) Respiratory distress, Apnea
    - c) Nasal discharge
    - d) Poor feeding
  - 3) Tx:
    - a) Symptomatic relief
    - b) O2 prn
    - c) Aerosol ribavirin only if severe (controversial cuz of sefx)
    - d) \_agonist aerosols
    - e) Palivizumab??
21. **PERTUSSIS**, aka "whooping cough"
- a. \_ risk in < 5 yo; 50% in <6 mo
  - b. sx:
    - 1) paroxysmal cough → post-tussive vomiting
    - 2) facial petechiae, redness, venous engorgement, cyanosis
  - c. Tx
    - 1) E-mycin / azithro → admit
    - 2) warm mist O2
    - 3) suction
    - 4) parenteral fluids
22. **OTITIS MEDIA**
- a. Suppurative infxn of middle ear
  - b. 6 mo – 2 yo
  - c. Bugs:
    - 1) S. pneumo
    - 2) H. flu, non-type
    - 3) M. catarrhalis
  - d. Sx:
    - 1) Fever
    - 2) Irritable, pulling ear
    - 3) 4-7 d after nasopharyngitis
    - 4) N/V
    - 5) Diarrhea
  - e. PEx: bulging, immobile, erythematous, loss of landmarks
  - f. Tx: amoxicillin, or augmentin, or bactrim
- g. If 3 wks later → still have effusion  
Tx: decongestant; don't put back on ABx!!!

h. Complication: **ORBITAL CELLULITIS**

- 1) Si/sx:
  - a) \_ fever
  - b) orbital pain,
  - c) \_ vision, limited EOM
  - d) proptosis
- 2) Periorbital cellulitis sx:
  - a) < 2 yo
  - b) fever
  - c) lid swelling
  - d) toxic
- 3) w/u:
  - a) CT of orbit
  - b) BCs
  - c) ESR
  - d) CBC
- 4) Tx:
  - a) Broad-spec parenteral abx (oxacillin and/or ceftriaxone) x 3-4 w minimum
  - b) Drain infected sinus or orbital abscess if complicated

**23. SINUSITIS**

- a. Bugs
  - 1) S. pneumo
  - 2) H. flu, non-type
  - 3) M. catarrhalis
- b. Si/Sx:
  - 1) Persistent mucopurulent rhinorrhea
  - 2) BAD BREATH!
  - 3) Cough @ night
  - 4) Nasal stuffiness
  - 5) HA
  - 6) Facial swelling, TTP
- c. Tx:
  - 1) Amox / Augmentin
  - 2) Drainage prn complicated sinusitis

**24. SORE THROAT**

- a. Group A, \_-hemolytic strep
  - 1) Scarlet fever: rash 24-48 h after pharyngitis
  - 2) Tx: PCN
- b. EBV
  - 1) Si/sx:
    - a) pharyngitis (enlarged tonsils, exudates),
    - b) exanthem (pharyngeal petechiae)
    - c) fever
    - d) LAD @ posterior cervical
    - e) Splenomegaly (50%)
    - f) Eyelid edema, maculopapular rash, urticarial rash
  - 2) Don't treat with AMPICILLIN!!! → 80-100% get rash
  - 3) Tx: bed rest

**25. ALLERGIC RHINITIS / CONJUNCTIVITIS**

- a. 5-10% of kids
- b. Type I allergic response
- c. Sx:
  - 1) sneezing, nasal congestion, rhinorrhea,
  - 2) itchy nose, eyes, soft palate
  - 3) "allergic shiners" – lower eyelids dark 2° venous stasis
- d. FHx: asthma or atopic dermatitis
- e. Tx: Env't control
- f. Antihistamines (H1 antags)
- g. DO NOT use decongestants → rebound edema

**26. ASTHMA**

- a. > 5 yo
- b. Sx:
  - 1) Wheeze
  - 2) Dyspnea, tachypnea
  - 3) Cough: persistent, night, exercise-induced
  - 4) Post-tussive emesis
  - 5) CP
- c. Tx:
  - 1) Acute → short-acting steroids
  - 2) ....
  - 3) Cromolyn sodium

**SYSTEMIC stuff... aka no idea where else to put it****27. Fever**

- a. < 6 mo → r/o sepsis!
- b. W/u: *full septic w/u no matter dx*
  - 1) Blood: CBC, BCx
  - 2) Urine: UA, UCx, UGS
  - 3) CSF: LP
  - 4) Resp: CXR

**28. ROSEOLA / HHV 6**

- a. 6 mo – 4 yo
- b. Fall, spring
- c. Si/Sx: 3-5 d of high fever in nl child → fever breaks → rash for 1-2 d on neck & trunk
- d. Fever before rash! (DDx: "Mr. HE" – measles, roseola, hand-ft-mouth, ery...???)
- e. Tx: symptomatic relief, antipyretics

**29. MEASLES**

- a. Si/Sx:
  - 1) fever, HA, malaise
  - 2) sore throat, cough, coryza, conjunctivitis,
  - 3) LAD
  - 4) pink maculopapular exanthem (face → trunk → extremities)
  - 5) photophobia
  - 6) KOPLIK SPOTS (opposite lower molars)
- b. Tx: Supportive, VITA, Tylenol
- c. Prev: MMR

**30. Lymphadenopathy**

- a. Staph / strep: tx augmentin; no I&D
- b. ImmComp; HIV

**31. Meningococcemia → EMERGENCY!**

- a. *N. meningitides*
- b. < 1 yo
- c. Si/sx:
  - 1) Petechiae, purpuric rash on lower extremities, buttocks
  - 2) \_ BP / Septic shock from endotoxin
  - 3) DIC
  - 4) Oliguria, renal failure
  - 5) Coma
- d. Fulminant meningococcemia
  - 1) Aka Waterhouse-Freidrichson Syndrome
  - 2) Bilateral hemorrhagic adrenals
- e. DDx:
  - 1) Generalized vasculitis
  - 2) Septicemia due to another org
  - 3) HSP
  - 4) RMSF
  - 5) Atypical measles

- f. Tx: Give penicillin G IV immediately

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**CV**

32. Murmurs
- PDA: continuous, harsh, machine-like
  - Transposition: NO murmur or SEM (@ ULSB)
  - VSD: holosystolic murmur
  - ASD: systolic ejection

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**NEURO**

33. SEIZURES (see sz sheet)

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**MSk**

**34. LIMP**

- DDx
  - Septic arthritis**
    - Surgical emergency! → or bone/articular surfaces destroyed permanently
    - Si/sx:
      - Pain, involuntary guarding, muscle spasms,
      - visible erythema,
      - toxic, febrile,
      - \_ appetite
    - Bugs
      - Gonococcal → ceftriaxone
      - Staph/strep (child) → ox/naftillin
  - Toxic synovitis**
    - 3-10 yo, male
    - Si/sx:
      - pain in hip
      - limited ROM
      - \_ intensity vs septic arthritis
      - low fever
    - tx: bed rest, crutches
    - IF < 5 yo → pain, limited ROM, usu @ hip jt; no constitutional sx!
  - SCFE

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**GI**

**35. INTUSSUSCEPTION**

- 6-18 mo old
- Lymphoid hyperplasia with telescoping of proximal seg into distal
- RF: CF, HSP
- DDx: colic, perf, Hirschsprung, necrotic bowel
- Si/sx:
  - ACUTE onset of colicky pain c knees drawn up
  - Crying, irritability, lethargy
  - vomiting
  - fever
  - currant jelly stool
  - sausage-shaped mass in upper abd
- Tx:

- Air/barium enema to diagnose/reduce (works in 75%)
- Surgical resection if severe

**36. ROTAVIRUS**

- Winter mos
- Sx:
  - Vomiting 3-4 d
  - Diarrhea 7-10 d
  - Dehydration
- W/u: rotazyme testing
- Tx; supportive fluids/lytes

**37. APPY**

- <16 yo
- DDx: ectopic pregnancy, ov cyst, ov torsion, PID
- Sx:
  - Periumbilical dull crampy pain x 1-2 d → moves to McBurney's pt/RLQ
  - Fever
  - Voluntary guarding (invol of perf d)
- Tx: cut the sucker out.

**38. SALMONELLA TYPHI**

- Rose spots on abd
- Mimics appy
- Tx:
  - Only for \_ risk pts
  - Cipro (if > 12) or ceftriaxone

**39. DIARRHEA**

- Acute GastroEnteritis: supportive tx
- Giardia
  - Sx: Anorexia, nausea, flatulence, abd dist, wt loss
  - Tx: quinacrine, metro

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**SKIN**

**40. Erythema multiforme**

- Looks like???
- Resolves in 1-3 wks → some hyperpigmentation

**41. Atopic dermatitis / Eczema**

- Tx:
  - Advice
    - Avoid soap, detergents, chemicals
    - Wear loose fitting clothes
    - Cut nails so can't scratch
    - Limited bathing, ewww...
  - Use lubricants
  - Topical steroids

**42. Impetigo**

- Looks like
  - small fluid filled vesicles that rupture easily
  - Honey colored thick crust
  - Weeping lesions
- Tx:
  - 1<sup>st</sup> gen ceph → cephalixin
  - erythromycin

**43. Cellulitis**

- Looks like
  - Painful, erythematous, indurated infxn

- 2) Regional LAD  
b. Tx: PCN

GU / Renal**44. STD**

- a. Gonorrhea M sx  
1) 2-14 d incubation  
2) mild discomfort in urethra, dysuria  
3) d/c: purulent, yellow-green  
4) \_ freq, \_ urgency
- b. Chlamydia M sx  
1) 7-28 d incubation  
2) acute onset  
3) mild dysuria  
4) d/c: clear to mucopurulent
- c. Tx:  
1) Ceftriaxone x 1 shot  
2) Doxycycline x 7 d bid

**45. HEMATURIA / PROTEINURIA (see Dr. Anand's lecture)**a. **Post Strep GN**b. **Nephrotic Syndrome**

- 1) What is it?  
a) Proteinuria  
b) Hypoalbuminemia  
c) Edema  
d) Hyperlipidemia
- 2) Si/Sx:  
a) H/o URI  
b) Edema  
(i) Puffy eyes  
(ii) Ascites  
(iii) Pleural effusion  
(iv) Scrotal/labial edema
- c) No fever
- 3) W/u:  
a) Urine dipstick  
b) Blood chemistry  
c) R/o PSGN → ASO???
- d) R/o SLE → SLE
- 4) Tx:  
a) corticosteroids  
b) if no response → renal bx

ALLERGY – RHEUMATOLOGY – IMMUNOLOGY – HEMATOLOGY**46. KAWASAKI'S DISEASE**

- a. Etiology: unknown  
b. Popln: 5 yo, M>F  
c. Si/sx:  
1) ACUTE (10 d)  
a) Conjunctivitis  
b) Fever > 5 d  
c) Rash  
d) Puffy hands and soles  
e) Change in oral mucosa → puffy, hard, cracked lips  
f) Cervical LAD  
g) Aseptic meningitis

- h) Myocarditis  
2) SUBACUTE (11-21 d)  
a) Arthritis  
b) Skin desquamation @ jcn of nail and fingertips  
3) CONVALESCENT (>21d)  
a) Coronary artery aneurysms (20-25%)  
b) Arthritis  
c) Thrombocytosis  
d) MI, CP

d. DDx: measles, scarlet fever, SSSS, TSS, RMSF

e. W/u:

- 1) CBC → \_ WBC, mild anemia  
2) Plt \_  
3) ESR \_  
4) UA: sterile pyuria, proteinuria  
5) EKG – prolonged PR, QT  
6) Echo: coronary aneurysms
- f. Tx:  
1) \_ dose of **aspirin**  
2) IV **gamma-globulin** (\_ risk of aneurysm formation)  
3) NOOOOOO corticosteroids!

**47. Henoch-Schonlein purpura (Anaphylactoid purpura)**

a. Epid:

- 1) #1 vasculitis in children  
2) Peaks in winter months  
3) May follow non-specific viral / bacterial URI  
4) 4-10 yo

b. DDx: thrombocytopenia, vasculitis, ARF, SLE, meningococemia, acute/chronic GN

c. Si/Sx

- 1) GI pain: Cramping, intermittent, vomiting, bloody diarrhea  
2) Periarticular pain, tender c mvmt / arthritis (ankle, hand, knee)  
3) Purpura  
a) Palpable non-thrombocytopenic purpura, circular  
b) Appears over buttocks, lower extremities  
4) scrotal, scalp swelling 2° edema  
5) Renal: Glomerulonephritis with asymptomatic hematuria

d. Tx

- 1) Supportive  
2) PO Corticosteroids

**48. Anemia**

a. Fe Deficiency

- 1) Etiol  
a) \_ intake of whole cow's milk → inadequate Fe Intake  
b) small amts of GI blood loss  
c) menstruating adolescent

2) Epid: 24 mo most common

3) W/u

- a) \_ serum Fe  
b) \_ serum binding protein / TIBC  
c) \_ ferritin  
d) \_ marrow iron  
e) \_ marrow sideroblasts

4) tx: 4-6 mg/kg/d of Fe div TID

b. Pb poisoning

- 1) Etiol: inhibit heme synth  
2) Smear: hypochromic, microcytic anemia, basophilic stippling  
3) Tx: chelation therapy with DMSA

MISC WARD STUFF

49. FEN

- a. Maintenance IV
  - 1) 100-50-20 mL/kg/d, or 4-2-1 mL/kg<sup>p</sup>
  - 2) electrolytes
    - a) Na 4 meq/kg/d
      - (i) 0.9 NS → 154 meq Na
      - (ii) \_ NS → 77 meq Na
    - b) K 2 meq/kg/d
    - c) Cl 50-200 mg/kg/d