

Cheatography

HNE - Börn Cheat Sheet

by doramarin via cheatography.com/162386/cs/41378/

Mat á starfsemi

Heibrigðismat

Augu

Uppbygging og symmetry

Visual acuity screening test

Extrocular movements to all quadrants

Corneal light reflex, cover-uncover test og visual fields

Ophthalmoscope; red reflex bilaterally

Aborma ; eye drainage, cloudiness of lities lens, or abnormal eye movement.

Eyru

Staðsetning og symmetry of the external ear.

Auditory screening test

Otoscope; evaluate the ear canal and tympanic membrane.

Ask about ear pain, drainage, and discomfort.

Nef

Symmetry and placement of the nose.

Are the nares bilaterally patent?

Are there lesions or drainage?

Are several smells identified?

Are signs of sinus infection present

Munnur og háls

Are oral mucous membranes intact?

How many primary/secondary/loose teeth are present?

Are there visible caries? Are there broken or chipped teeth?

Evaluate the soft and hard palate for intactness.

Describe the throat and size/appearance of tonsils.

Palpate cervical lymph nodes, noting size and tenderness."

Frávik í augum barna:

Periorbital cellulitis:

Sjóntrulun/skekkja: Disorders of refraction

Frávik í augum barna: (cont)

Hyperopia Farsightedness; a refractive error where distant objects are seen more clearly than close objects, often due to the eyeball being too short or the cornea having too little curvature.

Myopia Nearsightedness; a common refractive error where close objects are seen clearly, but distant objects are blurry.

Astigmatism A refractive error in the eye where the cornea or lens has an irregular shape, causing blurred or distorted vision at various distances.

Muscular or anatomic abnormalities:

Strabismus A condition in which the eyes are misaligned and do not point in the same direction. One eye may turn inward, outward, upward, or downward.

Amblyopia Commonly known as "lazy eye," amblyopia is a vision development disorder where one eye does not achieve normal visual acuity, even with the use of corrective lenses.

Cataracts Clouding of the eye's natural lens, leading to blurred vision. Cataracts are often associated with aging but can also result from injury or other medical conditions.

Frávik í augum barna: (cont)

Glaucoma A group of eye conditions that damage the optic nerve, often due to increased intraocular pressure. Glaucoma can lead to vision loss and blindness if not treated.

Retinoblastoma A rare childhood cancer that develops in the retina, the light-sensitive tissue at the back of the eye. It can occur in one or both eyes and may lead to vision loss or loss of the eye if not treated.

Litblinda:

Retinopathy of prematurity (ROP):

Sjónskeröing/blinda:

Augnskaði:

Vökvanikið líffæri mikið augum. Getur komið sýking. Þvo augun. Sjónskekjur algengar.

Frávik í eyru

Eyrnabólga

Miðeyrabólga

Algengi Börn eru í aukinni hættu fyrir sýkingu vegna þess að kokhlustin er meira lárétt/flö

Sýklar Bakteriur og veirur

Meðferð Eftirlit, biða og sjá í 2-3 ef vægt. Ef barnið er ekki betra, hefja persóna sýklalyfjameðferð

Ytra eyrnabólga

Orsök Hlustin er mjög stutt hjá ungum börnum

Meðferð Gefa eynadropu (sýklalyf/bólgy-eyðandi). Getur þurft að skola eyra með saltvatni.

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Frávik í eyru (cont)		Frávik í eyru (cont)		Nef og háls (cont)			
Toga ytra eyra niður og aftur hjá börnum < 3ja ára	Toga ytra eyra upp og aftur hjá börnum > 3ja ára	Vill leika eitt		Forvarnir	Rakt loft heima sérstakla yfir vetrartímann. Ekki bora í nef. Ekki setja hluti í nef		
Fræðsla	Fræðsla um orsakir og forvarnir	Skert heym	Meðferð	Meðferð	Kvíðastilling, draga úr nefblæðingi, varúðarrástðafanir		
Skert heym		Meðferð fer eftir tegund og alvarleika		Nefkoksþólg			
Orsakir	Tíðar sýkingar geta valdið heyrnarskaða. Meðfætt	Varanleg skerðing á heym: þverfaglegt teymi		Meðferð	Saltvatnsdropar á 3ja – 4ra klst fresti fyrir ungbörn. Gefa áður en að barnið drekkur. Nefúði fyrir eldri börn - ekki lengur en 4 - 5 daga		
Kembileit	Sjúkrahús. Langvinnar eyrnabólgur.	Heyrnartap: Alvarlegt		Stoðmeðferð	Drekka, handþvottur, parasetamól, hvíld		
Eftirlit	Fylgjast með atferli sem gefur tilkynna skerta heym	Cochlear implant (burfa að vera amk 12 mánn)		Hálsbólga			
Afterli sem gefur tilkynna skerta heym hjá ungbörnum		Heyrnartæki		Meðferð	Einkennameðferð		
Vaknar aðeins við snertingu		Samskiptatækni (táknmál, varalestur)		Drekka vel, skola háls með saltvatni, parasetamól, hvíld, rakt loft, tyggjó, handþvottur			
Hrekkur ekki við hátt hljóð		Nef og háls		Hálskirtlataka			
Vaknar ekki við hávaða		Blóðnasir (epistaxis)	Dry air or low humidity. Nosepicking	Fræðsla til foreldra	Hætta á blæðingu er mest fyrsta sólarhringinn og 7-10 daga eftir skurðaðgerð þegar örvefur er að myndast		
Snýr ekki höfði að hljóð áreiti við 3-4 mánaða aldur		Nefkoksbólga (nasopharyngitis)	Caused by various viruses, with rhinoviruses being the most common	Aukaverkanir:	Parasetamól, kildir drykkir, ekki súrir drykkir, hvíld, rólegheit		
Staðsetur ekki hljóð við 6-10 mánaða aldur		Kokbólga (pharyngitis)	Can be caused by viral or bacterial infections. Common viral causes include rhinovirus, influenza virus, and adenovirus. Bacterial causes may include Streptococcus pyogenes (group A streptococcus), which can lead to strep throat				
Staðsetur ekki hljóð við 6-10 mánaða aldur		Hálskirtlabólga (tonsillitis)	Tonsillitis often results from viral or bacterial infections. Viral causes include adenovirus and Epstein-Barr virus. Bacterial tonsillitis is commonly caused by Streptococcus pyogenes (group A streptococcus), which can lead to strep throat				
Afterli sem gefur tilkynna skerta heym hjá smá- og forskólabörnum		Blóðnasir					
Talar illskiljanlega eða ekki		Algengi	Algengt hjá börnum á skólabörnum, sérstaklega drengjum				
Virðist þroskahamlaður							
Virðist tilfinningalega vanþroska, öskrar óviðeigandi							
Bregst ekki við þegar sími/dyrabjalla hringir							
Hefur meiri áhuga á hlutum en fólk							
Tjáir sig með hreyfingum							
Afterli sem gefur tilkynna skerta heym hjá skólabörnum og unglungum							
Biður um að setningar séu endurteknar							
Svarar spurningum óviðeigandi nema þegar horfir á viðmælanda							
Tekur illa eftir og dreymir dagdrauma							
Gengur illa í skóla eða skrópar							
Er með talerfiðleika							
Situr nálægt TV eða hækkar í TV og útvarpi							

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HÚÐ og vefir BARNA

Sýrustig húðarinnar The acidity of children's skin is noted to be alkaline during the first week of life.

During the first week of life, a newborn's skin is alkaline. This is primarily because the acid mantle, which is a thin, protective layer on the skin's surface, takes time to develop. The acid mantle is crucial for protecting the skin from bacteria and other environmental factors. The alkaline nature of the skin in the initial days may make it more susceptible to irritation and microbial colonization.

Bunnur epidermis The epidermis in children is described as thin, making them more susceptible to blister formation.

The thinness of the epidermis in children, especially in newborns, makes their skin more fragile. The formation of blisters can occur more easily due to the delicate nature of the epidermal layer. Newborn skin is also more permeable than adult skin, which can affect the absorption of substances.

Aðskilin húðlög

In newborns, the layers of the skin are not as well-integrated as in adults. The dermis and epidermis may not be fully connected, and this separation could affect the overall structural integrity of the skin.

Meiri millif- urmuvökvi This could affect the hydration and protective functions of the skin.

Children, especially infants, have a higher ratio of intercellular fluid compared to adults. This means there is more fluid between the skin cells. This increased intercellular fluid can contribute to the softness and pliability of children's skin, but it may also impact barrier function and dehydration susceptibility.

HÚÐ og vefir BARNA (cont)

Slímhúð IgA nær sama gildi og hjá fullorðnum við 2-5 ár aldur
Immunoglobulin A (IgA) is an antibody that plays a crucial role in mucosal immunity. The note that IgA levels in mucosa reach adult levels by 2-5 years indicates a maturation of the immune system in mucosal surfaces during early childhood. This maturation is essential for effective defense against pathogens.

Fituki- rtlar Virkir fyrst eftir fæðingu, óvirkir til 8-10 ára

Sebaceous glands produce sebum, an oily substance that lubricates the skin and helps in maintaining its integrity. The inactivity of sebaceous glands until 8-10 years means that children may have drier skin compared to adults, and considerations for skin hydration become crucial, especially in the early years.

Apocrine kirtlar: fara að svitna t.d. Undir höndum.

The activation of apocrine glands around 8-10 years indicates the onset of sweating in areas like the hands. Sweating is a critical mechanism for thermoregulation, helping the body cool down. The delayed activation suggests that children may have a different thermoregulatory mechanism until a certain age.

General Implications:

Skin Vulnerability in Infancy:

Separation of Skin Layers:

Immunological Maturation:

Delayed Sebaceous Gland Activity:

Onset of Sweating in Late Childhood:

Breytingar á húð og vefjum (cont)

Epidermis og dermis tengjast lauslega, mikill millifrumu-vökví, núningur eykur hættu á blöðrumyndun

Minna magn melanin litarefnis í húð við fæðingu – húðin ljós

Unglingur

Húðin þykknar

Epidermis og dermis tengjast þétt – veitir viðnám fyrir sýkingum núningi og ertingu

Eccrine svitakirtlar með fulla starfsemi, eftir kynþroska svitna drengir > stúlkur

Apocrine svitakirtlar þroskast við kynþroska

Melanin það sama og hjá fullorðnum, veitir vörn gegn útfjólubláum geislum

Húðvandamál barna

Húðbólga - dermatitis

Breytingar á húð og vefjum

Nýburi

Húðin er mjög þunn, lítil fita undir húð

Eccrine svitakirtlar mynda svita sem svörum við hita- og tilfinningaráreitum

Apocrine svitakirtlar eru litlir og óstarfhæfir

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