

Acute Bronchitis

Definition

Inflammation of the airways (trachea, bronchi, bronchioles) characterized by cough

Etiology

>90% viral (rhinovirus, coronavirus, RSV)

CXR will be ____ in acute bronchitis

Negative

Treatment for acute bacterial bronchitis

Second-generation cephalosporin (ie Cefitin)

When are antibiotics indicated in acute bronchitis

Elderly, underlying cardiopulmonary disease, cough >7-10 days, immunocompromised state

Acute epiglottitis

Definition

A severe, life-threatening infection of the epiglottis*

Most common ages

2-7 yo

What has decreased the incidence in children

Wide-spread administration of H. flu vaccine

Clinical findings

Patients sit upright with necks extended, higher fever, resp. distress, drooling

Lateral neck radiograph finding

Thumbprint sign

Treatment

Secure airway + broadspectrum 2nd or 3rd generation cephalosporin (cefotaxime or ceftriaxone) x 7-10 days

Buzzwords: Drooling, sniffing position, tripod, toxic, thumbprint sign

Croup

Definition

Viral laryngotracheo-bronchitis, affects kids 6mo-5yo

Most common cause

Parainfluenza virus types 1 & 2

Clinical findings

Harsh, barking, seal-like cough

PA neck film radiograph

Steeple sign

Treatment

Mild croup doesn't need treatment

Buzzwords: pediatric with barking cough, steeple sign, inspiratory stridor

Tuberculosis

Organism

Mycoplasma tuberculosis-acquired by inhaling organisms within aerosol droplets expelled from coughing

Inactive TB most commonly found in

Apices of lungs

Most common symptom

Cough

Histologic hallmark

Bx showing caveating granulomas

Tx for LTBI

INH x 9 months

Tx for active TB

INH/RIF/PZA/EMB x 2 months then INH/RIF x 4 months

Indurations greater than ____ should be treated aggressively

5mm

Buzzwords: Apical infiltrates, fever, chills, dry cough

Acute bronchiolitis

Definition

Inflammation of the bronchioles (<2mm diameter), primarily in kids/infants

Most common organism

RSV

Treatment

Hospitalization + ribavirin + supportive measures

Pneumonia

Definition

Inflammation in the alveoli of the lung caused by microorganisms

Most common cause of CAP

Strep pneumo.

Clinical Features

cough, sputum, SOB, pleuritic chest pain, sweats, rigors

Treatment-uncomplicated/outpatient

Doxycycline, erythromycin, macrolides (azithromycin), fluoroquinolones

Treatment-inpatient (want to cover Legionella)

Ceftriaxone/cefotaxime + azithromycin/or fluoroquinolone

Most common cause of atypical CAP

Mycoplasma pneumo.

Treatment-atypical CAP

erythromycin (Mycoplasma pneumo.) or tetracycline (Chlamydia)

Who is at highest risk for HAP?

ICU patients on mechanical ventilation

Organism in ICU with worst prognosis

Pseudomonas auroginosa

Most common opportunistic infection in patients with HIV

Pneumocystis jiroveci

Treatment-HIV-related pneumonia

Bactrim (trimethoprim/sulfa.)



Pneumonia (cont)

When is prophylaxis recommended for HIV-pneumonia

CD4 < 200

Clinical Scenario: >35yo with PNA. Rusty colored or yellow-green sputum. Acute onset F/C

Strep. pneumonia

Clinical Scenario: <35 yo, college students. Fever, cough, +/- sputum, chills, muscle aches, Bullous myringitis

Mycoplasma pneumonia

Clinical Scenario: PNA w/ Smokers, COPD

H. influenza

Clinical Scenario: PNA w/ DM, immunocompromised, EtOH. Currant color sputum.

Klebsiella

Clinical Scenario: PNA w/ Water, late summer, construction site. Diarrhea. Toxic looking

Legionella

Clinical Scenario: PNA from Nursing homes, chronic care facility. Purulent sputum

Staphylococcus aureus

Clinical Scenario: PNA & HIV+, AIDS, Immunocompromised. Sx out of proportion to exam. Diffuse interstitial & alveolar infiltrates

Pneumocystis jirovecii; TMP-SMX =
Drug of choice

Clinical Scenario: PNA & decreased mental status, poor dental hygiene, dentures, foul smelling sputum, bronchiectasis. Patchy infiltrates in dependant lung zones

Aspiration pneumonia

Buzzwords: Fever, cough, sputum.

Crackles, decreased breath sounds, dullness to percussion, +egophony, pectoriloquy. CXR – infiltrates or consolidation



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