

Milestones

6 months	Sit by self. Babbles. Reaches/self feeds
12 months	First word. Walks.
24 months	2-word sentences. Kicks ball. Potty training starts.

Peds Extra

Normal weight	2500-4200 grams
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Immunization Schedule

Birth	Hep B (B for Birth)
2 months	Everything else. Rota, DTAP, HiB, pneumococcal, polio.
12 months	Live vaccines. MMR, varicella. Also Hep A

APGAR

	0 points	1 point	2 points
Activity	Absent	Flexed limbs	Active
Pulse	Absent	<100 bpm	>100bpm
Grimace	Floppy	Minimal	Prompt
Appearance	Blue/Pale	Pink/Blue ext.	Pink
Respiration	None	Slow	Vigorous Cry

TTP vs ITP vs DIC

TTP	Schistocytes. Hemolytic Anemia. Fever. Neuro changes. AKI/proteinuria/hematuria. Abd pain(elevated lipase/amylase)
ITP	Thrombocytopenia only. IgG.
DIC	Evidence of bleeding AND clotting.

Cord syndrome

Anterior Cord Syndrome	Bilateral loss of motor + pain/temp. Keep vib/proprioception.
Central Cord Syndrome	Deficits in Upper ext > Lower ext

Cord syndrome (cont)

Posterior Cord Syndrome	Bilateral vibration and Proprioception loss
Brown-Sequard Syndrome	Ipsilateral vib/proprio + motor loss. Contralateral pain/temp loss.

GI

Eosinophilic Esophagitis	Concentric esophageal rings. Dilatation + PPI.
Achalasia	Solids +liquid dysphagia. Manometry to confirm. Tx: Botox -> myotomy.
GERD Mgmt	4 week PPI trial -fails-> EGD - fails-> 24h Acid study to eval for surgery.

H Pylori	Dx: Serology/urea breath test. Confirm with stool antigen.
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PUD vs DUD	PUD usu lose wt. DUD gain, because pain improves c food.
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Zollinger-Ellison Syndrome	Secretin test to confirm. Present with recurrent PUD, lots of ulcers w/o cause.
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Conjugated bili vs unconjugated	Unconjugated is pre-liver bili (hemolysis). Post-liver bili is like biliary obstruction.
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Pancreas imaging is CT.	Not U/S.
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Viral Hepatitis	ALT super high. ALT>AST by x20
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EtOH Hepatitis	AST > ALT
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NASH	ALT > AST by x2
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Hep B e Ag	+ means Active
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GI (cont)

Hep C	Test if born b/t 1945-65
Crohn's	String sign. Cobblestoning. Fistula (b/c transmural). SB CA risk. 5-ASA ->Azothiaprine. Low B-12 possible.

Ulcerative Colitis	Perforation/toxic megacolon. Colon CA risk. Tx: 5-ASA.
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Lynch Syndrome	CEO= Colorectal, endometrial, ovarian CA.
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Anal fissure	Posterior midline most common.,
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Colon CA Screening	50 for all. 45 blacks. -10 yrs first relative or norm. +8 yrs from IBD dx.
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Murmurs

ASD	Fixed split S2
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PDA	Continuous machine-like
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Mitral valve prolapse	Mid systolic click
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Mitral stenosis	Opening snap. Loud S1. (Stenosis-Snap-S1). Otherwise, low pitched/rumbling and very quiet.
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Mitral Regurg	Radiate to back.
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Aortic stenosis	Ejection click
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Valsalva	Decrease murmurs except HCM/MVP.
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Aortic Regurg	Any pulse with a name. Wide pulse pressures.
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CHADSVASc

Risk Factors	Score
CHF	1
HTN	1
Age >=75	2
Age >=65	1
DM	1
Stroke/TIA/thrombo-embolism	2
Vascular Dz	1
Sex - Female	1

Stroke

Anterior Cerebral Artery	Leg deficits > arm. Poor response to sudden sounds. Lack of concern.
MCA	Arm deficits > lg. Bilateral hemiopsia. Aphasia.
Vertebrobasilar	Bilateral symmetrical deficits. Ataxia/vertigo.
PCA	EOM loss. Visual hallucination.
tPA	<4.5 hrs
Extra: Carotid occlusion	Gaze deviates toward infarcted hemisphere.

Arrhythmia

SVT	Adenosine. Cardiovert-unstable.
Afib	BB/CCB. Cardiovert-unstable. <150 bpm; differs from SVT.
V tach	Amiodarone. Cardiovert-unstable.
Torsades	Mg. Cardiovert-unstable.
Afib Tx	If <48h old - Cardiovert. If >48h, TTE to see if valvular then anticoagulate -> TEE -> Cardiovert -> More anticoagulation.

Ortho

MUGR	Monteggia's - prox Ulnar fx. Galeazzi's - distal Radial fx.
Colles - CD	Dorsal angulation
Smith's	Volar angulation

Ortho (cont)

Boutonniers and Swan fx	At PIP
Sag sign	PCL tear
Knee effusion after 6 hours	Meniscal tear > ACL. ACL has it early.
Patellofemoral Syndrome	Adolescent female. Pain c walking stairs and going seated to standing.
Legg Calve-Perthes	<12 yo hip avascular necrosis.
Slipped Capital Femoral Epiphysis	Teenager. Fat.
SALTR	Separated. Above. Lower. Through/three. Rammed.

Extra Neuro

Tx of Tourettes	Pimozide -> Haldol.
Acute Tx of MS	Steroids
Tx of myasthenia gravis	Pyridostigmine/anticholinesterate inhibs
CN	On Old Olympus Tower Tops A Fin and German Viewed Some Hops

GCS

TABLE 38-2

Glasgow Coma Scale

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
No response	1	
Total score:	Best response	15
	Comatose client	8 or less
	Totally unresponsive	3

Cancer Markers/Mutations + extra

Polycythemia Vera	JAK2 mutation. Itchy after showers.
Primary thrombocythemia.	Tx: hydroxyurea
CML	WBC > 150 + thrombocytosis + anemia
CLL	Smudge cells. Most common leukemia. B-cell most common.
AML	Auer rods. Kids. Better prognosis than ALL.
ALL	Pancytopenia with circulation blasts.
Multiple myeloma	Bence-Jones. Osteolytic bone lesions. New AKI + compression fx. 3 No's: No fever. No ALP incr. No splenomegaly.
Hodgkins Lymphoma	Reed-Sternberg. Assoc with EBV.
Primary biliary cholangitis	+AMA
Autoimmune Hepatitis	+ASMA (anti-smooth muscle)
Autoimmune Pancreatitis	Elevated IgG4
Pancreatic CA	CA 19-9
Liver CA	AFP
Colon CA	CEA
Celiac Sprue	Anti-endomysial. Anti-tTG. Total IgA. Biopsy for Dx.
Hemochromatosis = transferritin >65%	
Tx of Wilson's dz - penicillamine	

Heme

Thalassemia	Target cells
Sideroblastic anemia	Basophilic stippling.
Folate deficiency	Howell-Jolly bodies.
B12 Def.	+Schillings test.
G6PD	Heinz bodies.
Hereditary spherocytosis	Osmotic fragility test.

ENT/Ophtho

BPPV	Lasts 1 minute or less
Labrinthitis	Lasts days to a week. Hx of viral infection. Tx: Steroids.
Meniere's Dz	Triad: Episodic vertigo + SNHL + Tinnitus. Tx: Diuretics + life style changes/Sx control.
Otosclerosis	FHx of hearing loss. Bilateral but asymmetrical. Refer.
Acoustic Neuroma/Vestibular Schwannoma	Unilateral SNHL +/- Tinnitus. Tx: Surg.
Iritis/Uveitis	Cell/Flare (WBC in ant chamber) or hypopion (wbc meniscus)
Hordeolum/Stye	Painful and red. Meibomian gland infect.
Chalazion	Painless, not red. If friable, consider CA.
Cataracts	Halo around lights. Worse at night. Tx: glasses -> Surg.

ENT/Ophtho (cont)

Macular degen	Central vision loss. Drusen (yellow spots on macula). Scotoma.
Retinal Detachment	Pulling the shade
Hypertensive e retinopathy	AV nicking
Retinal artery occlusion	Cherry red on macula
Retinal vein occlusion	Diabetic. Cotton wool spots. Blurry when waking up.
Papilledema	Increased ICP. Loss of venous pulsations. No vision changes.
Hyphema	Sleep sitting up (avoid staining). Eye shield and refer.
Optic neuritis	Acute red/green color loss. Painful EOM. Loss of vision. Assoc with MS.
Marcus Gunn	+Swining flashlight test.
Glaucoma	Acute - Anhydrase inhib (ex. acetazolamide). Chronic - topical BB.
Overall perm blindness in US - Macular degen. <65 yo perm blindness - DM Black blindness - Glaucoma	



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