

AGE CLASSIFICATIONS

NEONATE	0-28 Days
INFANT	1 mo - 12 mo
CHILD	1 - 12 years
ADOLESCENT	13 - 18 years

REFER TO URGENT CARE IF

- < 3 mo temp 100.4F
- 3-6 mo temp 101F
- >6 mo temp 103F
- Cough/cold that worsens or does not improve in several days
- Unusual, severe, or persistent pain that doesn't alleviate after hours
- Blood in urine or stool
- Inability to sleep or drink
- Severe rash or rash with fever
- Dirty or deep abrasions (requires sutures)
- Limping or unable to move extremity
- Seizure

BACTERIAL MENINGITIS

AGE	COMMON PATHOGEN	EMPIRIC TX
<1 mo	<i>Streptococcus agalactiae</i> , <i>E. coli</i> , <i>L. monocytogenes</i> , <i>Klebsiella</i>	Amp + Cefotaxime or Amp + Aminoglycoside (Gentamicin)
1 - 23 mo	<i>Streptococcus pneumoniae</i> , <i>Neisseria meningitidis</i> , <i>S. agalactiae</i> , <i>H. influenzae</i> , <i>E. coli</i>	Vanc + 3rd gen cephalosporin (Ceftriaxone or Cefotaxime)
2+ years	<i>Streptococcus pneumoniae</i> , <i>Neisseria meningitidis</i>	Vanc + 3rd gen cephalosporin (Ceftriaxone or Cefotaxime)

RESPIRATORY SYNCYTIAL VIRUS

PX: Palivizumab (*Synagis*)

Should receive if:

- Premature infant born at < 29 week gestation
- Premature infant born < 23 wk gestation w/ chronic lung disease and < 12 mo
- Infants < 12 mo with certain heart conditions

Dosing: Monthly at 15 mg/kg IM (thigh for infants)

- Infants should **NOT** receive >5 monthly doses during RSV season (late fall to early spring)

CROUP

Non-drug Tx: cool mist or stream, adequate hydration

Drug Tx:

Mild-Severe: Systemic steroids (dexamethasone 0.6 mg/kg) (mainstay)

Mod-Severe: Systemic steroid + nebulized racemic epinephrine PRN or L=epinephrine

NOCTURNAL ENURESIS

Non-drug Tx: Positive reinforcement, normal daytime voiding pattern, normal hydration pattern, alarm therapy

Drug Tx: Desmopressin (DDAVP)

Contra: Hyponatremia

OTC PEDS

INTESTINAL GAS	Simethicone Mylicon drops Gas-X infant drops
NASAL DRYNESS OR CONGESTION	NaCl intranasal saline soln Little Remedies Saline Nasal Drops Ocean for Kids
FEVER	APAP Children's Tylenol Ibuprofen Motrin Advil
CONSTIPATION	PEG Miralax Glycerin supp. Babylax Pedia-Lax

AVOID IN PEDS (CONTRAINDICATED)

Ceftriaxone in neonates (1-28 days)

Promethazine < 2 year

Tramadol < 12 yo

Codeine < 12 yo

Codeine < 18 yo after tonsillectomy or adenoidectomy

Not generally recommended:

- Quinolones
- Tetracyclines < 8 yo
- OTC cough and cold < 6 yo



VACCINE PREVENTABLE CHILDHOOD DISEASES

MEASLES	- Koplik spots in mouth - Airborne transmission
MUMPS	- Swollen salivary glands
RUBELLA	- Can cause birth defects if contracted by pregnant woman
POLIO	- Severe nerve damage
PERTUSSIS	- Cough, bluish skin (cyanosis) Whooping cough
CHICKENPOX	- Long-term implications include shingles (herpes zoster) Varicella w/ risk of ophthalmic involvement an post-herpetic neuralgia



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Not published yet.
Last updated 14th September, 2018.
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