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	*Streptococcus agalactiae*, *E. coli*, *L. monocytogenes*, *Klebsiella*	Amp + Cefotaxime or Amp + Aminoglycoside (Gentamicin)
1 - 23 mo	*Streptococcus pneumoniae*, *Neisseria meningitidis*, *S. agalactiae*, *H. influenzae*, *E. coli*	Vanc + 3rd gen cephalosporin (Ceftriaxone or Cefotaxime)
2+ years	*Streptococcus pneumoniae*, *Neisseria meningitidis*	Vanc + 3rd gen cephalosporin (Ceftriaxone or Cefotaxime)

RESPIRATORY SYNCYTIAL VIRUS

PX: Palivizumab `(Synagis)`

Should receive if:

- Premature infant born at < 29 week gestation{{nl}} - 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

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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 `Whooping cough`	- Cough, bluish skin (cyanosis)
CHICKENPOX `Varicella`	- Long-term implications include shingles (herpes zoster) w/ risk of ophthalmic involvement an post-herpetic neuralgia

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