

Common Respiratory Problems in Children (pg 1 of 3)

Disease	Who it Affects Most	Signs and Symptoms	Interventions
<p>Otitis Media (ear infection)</p>	<p>3-36 months Incidence is higher in winter Many cases preceded by viral inf. (most often RSV and influenza) Breastfed have lower incidence</p>	<p>-fever, pain, enlarged lymph nodes, signs of URI, discharge from ear, vomiting, diarrhea -child may pull on ear or hit ear -bulging yellow or red tympanic memb</p>	<p>-no Abx unless absolutely necessary, antipyretics, analgesics -acetaminophen/ibuprofen/codeine -ice compress, promote drainage surgery = myringotomy with PE tubes (surgical incision of eardrum)</p>
<p>Pharyngitis (inflammation of pharynx)</p> <p>80-90% are viral The rest are probably strep</p>	<p>4-7 year olds</p>	<p>-fever -headache -abdominal pain (esp small children) -tonsils/pharynx inflamed and covered in exudate -swollen lymph nodes</p> <p>If strep will have tonsillar exudate, abdominal pain and more severe fever & throat soreness than if viral in origin.</p>	<p>-throat culture to r/o strep -if strep absolutely need to treat with abx...oral penicillin or erythromycin -penicillin + rifampin for carriers -manage pain and fever -encourage fluids b/c they will not want to drink and hydration status can become an issue. -cold/warm compresses to neck -warm saline gargles -do not force to eat</p>
<p>Tonsillitis</p> <p>the palatine tonsils are the ones you can see during oral examination.</p> <p>often occurs with pharyngitis</p> <p>may be viral or bacterial</p>	<p>Kids in general d/t larger tonsils and frequency of URIs</p>	<p>S&S caused by inflammation -sore throat -fever -enlarged tonsils (may be "kissing" or almost touching each other...that would be an emergency!) -difficulty swallowing & breathing -mouth breathing</p>	<p>-Tonsillectomy (if > 3 episodes in 1 yr for 3 years, OSA, nasal speech, over 3 years old). -tx for viral is symptom management -if GABHS, then Abx are warranted -cool mist vaporizer -pain relief via Tylenol w/ Codeine post-op: -Frequent swallowing = bleeding! -position on abd or side until awake -no dairy or red/brown liquids -medicate around the clock to prevent child from crying and breaking sutures -clear liquids to soft diet</p>

Common Respiratory Problems in Children (pg 2 of 3)

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<p>Laryngotracheobronchitis (LTB) aka "croup"</p> <p>Most common cause is parainfluenza, also caused by RSV, influenza A and B, and <i>M. pneumoniae</i>.</p> <p>Usually preceded by a URI</p>	<p>3 months to 4 years old</p>	<p>tightness in upper part of airway "barking" cough exacerbated by dry air swelling increased tenacious secretions URI symptoms gradual onset of low-grade fever inspiratory stridor varying degrees of resp distress</p>	<p>airway/oxygen cool mist vaporizer hydration racemic epinephrine (will need observation b/c this does not last very long) maybe corticosteroids rest/comfort care stage II needs medical attention</p>
<p>Epiglottitis (acute bacterial infection of epiglottis d/t <i>h. influenzae B</i>)</p>	<p>2-6 years old</p>	<p>Dysphonia (hoarseness) Dysphagia Drooling (LOTS!!! Key symptom!) Distressed Tripod position Chin out, mouth open, tongue out ABSENCE of spontaneous cough Thick, muffled voice Croacking sound on inspiration Retractions maybe</p>	<p>-DO NOT put anything in airway -DO NOT inspect the oral cavity -Have emergency intubation/trach equipment nearby at all times -NEVER leave child alone -Allow child to assume any position of comfort -Airway mngmnt +/- intubate/trach -O2 any way tolerated (blow by) -Calm environment -Antibiotic therapy</p>
<p>Bronchiolitis (80% of cases are due to RSV...URI in bronchioles)</p> <p>Exposure risk: April-Sept birth, older siblings, day care, bottle fed</p> <p>Infection begins in late fall, peaks in winter, decreases in spring</p>	<p>High risk are ex-premies, young infants, congenital heart disease.</p> <p>Rare in children over 2 years</p>	<p>-bronchiole mucosa swell -lumina filled with mucus and exudate -passages narrow on exhalation leading to trapped air (emphysema) -URI, nasal secretions (lots of mucus) -cough -Increased WOB -crackles/wheezes -apnea (20% have?) -CXR shows hyperaeration and areas of consolidation (looks like PNA)</p>	<p>-Dx via nasal wash (ELISA or IFA), WBC, x-ray -contact precautions (RSV can live for a while outside the body) -suction suction suction! -suction prior to eating -oxygenation/ventilation -high humidity -hydration and nutrition -positioning, rest, comfort -nurses taking care of RSV pt cannot also take care of pts at high-risk -pregnant nurse cannot care for child taking ribavirin (teratogenic)</p>

Common Respiratory Problems in Children (pg 3 of 3)

Disease	Who it Affects Most	Signs and Symptoms	Interventions
Asthma	family hx of asthma or allergy	tight cough expiratory wheezes crackles increased WOB: prolonged expiration	-meds (see Asthma study sheet) -peak flow meter -decrease allergens/triggers
Pertussis (this will be covered in the immune lecture)		harsh cough (turns you red, you cough so hard you can't breathe and heart rate drops...turn dusky)	
Bronchopulmonary Dysplasia (DPD) ...chronic lung disease r/t respiratory interventions in neonatal period. Lungs get scarred d/t tx.	Neonates that needed respiratory treatments. Risk factors = > 60% oxygen, positive-pressure ventilation, pulmonary infection, PDA	-reactive airway disease (RAD) -poor growth, increased calorie needs -activity intolerance -barrel chest -inability to wean -wheezing	she didn't really talk about this
Cystic Fibrosis Autosomal recessive disease that causes dysfunction of endocrine glands	Children of CF carriers	-Baby "tastes salty" -Child doesn't grow well -High appetite early on, then none -Frequent respiratory infections -Bulky, smelly stools -Bowel obstructions -Distended abdomen -Earliest manifestation is "meconium ileus" in the newborn -Prolapse of rectum -CXR shows patchy atelectasis and obstructive emphysema	-Promote gas exchange -Airway clearance -Physiotherapy (CPT 2x daily and NOT right before or after meals) -High-cal, high protein foods -Pancreatic enzymes with meals -Maybe tube feeds at night -Bronchodilators -D-Nase to decrease mucus viscosity -Exercise -Oxygen used carefully d/t being CO2 retainers
Foreign Body Obstruction	#1 cause of accidental death in the < 1 year old crowd.	Respiratory distress Can't talk Can't swallow?	Bronchoscopy Admit for observation

