



## *ExamFacts*

### Study Guide Pediatrics

#### **Asthma**

**Wheezing or diminished**

**Prolonged Expiration**

**Peak flow /Asthma Action Plan**

**Treat Bronchodilators/B agonists**

**Watch for fatal signs decrease LOC**

**Pulsus Paradoxus**

#### **Cystic Fibrosis**

**Genetic Disease/ Chronic /Prone to infection**

**Verified through genetic test or**

- **Sweat Chloride Test (>60 mEq/L positive test)**

**Treatments:**

**Bronchopulmonary hygiene**

**Medications :**

**Pulmozyme(dornase) enzyme for mucous viscosity**

**B agonists**

**Mucolytics**

**Tobi (inhaled Antibiotic)**

#### **Infant and toddler common infectious diseases chart**

	<b>RSV</b>	<b>CROUP (LTB)</b>	<b>EPIGLOTITIS</b>
<i>Onset</i>	Slow	Slow	Fast
<i>CXR</i>	Infiltrates	Steeple sign	Thumb sign
<i>Breath Sounds</i>	Wheezes,coarse	Mild stridor	Marked Stridor
<i>Symptoms</i>	Inc WOB	Inc WOB	Severe Inc WOB
<i>Symptoms</i>	Secretions		Drooling
<i>Cause</i>	Respiratory Syntacal Virus	Parainfluenza Virus	Haemophilus Influenzae Type B Bacteria
<i>Treatment</i>	O2 ,CPAP, SXN,	O2 ,CPAP, SXN,	INTUBATE
<i>Treatment</i>	Ribavirin via SPAG		Antibiotics

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**Accidents**

**Drowning-**

- **Fresh/pool cold best chance survival**
- **Salt water -Immediate Pulmonary Edema**
- **All leave risk anoxic brain injury/brain death**
- **Treat like Pulm Edema/ARDS O2, intubate high PEEP**

**Choking**

- **For unexplained wheezing/stridor consider choking especially toddlers**
- **Greatest risk is for anoxia**

**BPD**

**Chronic Lung disease**

**Keep PaO2 60-80**

**ABG may also be:**

**(Chronic) fully compensated Respiratory Acidosis with High PaCO2 & HCO3**

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