

	Etiology	Signs and Symptoms	Physical Exam	Diagnostic Tests	Treatment	Complications
Sinusitis	Strep pnemo H influenza M catarrhalis	URI > 10 days and must have 2 major or 1 minor and 2 major criteria Major: facial congestion, fever, purulent rhinorrhea, facial pain, nasal obstruction and smell	Sinus pain/pressure  Minor: HA, halitosis, fatigue, dental pain, cough and otalgia	X-ray's: water's view CT Labs if appearing toxic	1 <sup>st</sup> : <b>Amox</b> 40 or 20-90 mg/kg/d for 10-14 days 2 <sup>nd</sup> : <b>Augmentin</b> Saline spray, decongestant, antihistamines and intranasal saline sprays may help Refer out to ENT for aspirate and culture	Intracranial comps, like brain abscess
Pertussis	Bordatella pertussis (G- bac) incubation for 6-20 days	Catarrhal stage: cough, coryza, sneezing for 1-3 wk Paroxysmal stage: cough <b>with inspiratory whoop</b> , cyanosis for 2-4 wk Convalescent: paroxysmal cough wanes	Paroxysmal cough and illness for > 2 weeks with little to no PVR ^	+ culture for B pertussis  + DEA?	<b>Erythromycin</b> 40-50 mg/kg/d QID x 14 days NO corticosteroids or albuterol Severe dz may need hospitalization	Secondary bacterial infxn, pneumonia, seizures, subconjunctival hemorrhage, encephalitis and DEATH
Croup	Parainfluenza virus	Children 6 mo – 3 YO URI sx, rhinitis, conjunctivitis, intermittent stridor, sx worse at night with <b>barking cough</b>	Slight dyspnea, chest retractions, low grade fever and barking cough	CXR <b>steple sign</b> (subglottic narrowing)	Confirm airway <b>Dexamethasone</b> 0.6 mg/kg IM OR <b>Prednisone</b> 2 mg/kg x 4 doses <b>Racemic epi</b> in ER and O2 Hospitalize if severe	None
Epiglottitis	H influenza type B	Sudden high fever Toxic appearing <b>Drooling</b> with insp stridor In distress, <b>but no cough!</b>	DROOLING	CXR <b>thumb sign</b> (lateral film narrowing)	<b>ADMIT AND CONFIRM AIRWAY</b>	None
Bronchiolitis	RSV in 50% Viral in nature	URI x Several days Fever – 102 V in appetite Possible respiratory distress	Paroxysmal wheezing with RR > 60-80 Varying pulm involvement Clear normal drainage	CXR <b>hyperinflation of lungs, maybe atelectasis</b> Can get RSV antigen testing	Supportive care (^ HOB, cool mist humidifier, fluids, o2 and steroids) Synagis – August-March vaccine	Apneic spells Hypoxia Fatal in chronic kids about 20-40% of the time

Bronchitis	Virus Could have secondary bac infxn	Dry cough Rhinitis Cough becomes productive after a couple of days	Low grade fever Nasopharyngeal infection, conjunctivitis Lungs <b>mostly rales</b>	CXR is clear	Supportive care Bronchodilators ABX only if there's a secondary bacterial infxn	None
Bac Pneumonia	Strep pneumo	URI -> abrupt 104 fever Cough, chills and apprehension	Nasal flaring, grunting, nasal retractions ^ HR, ^ RR V lung sounds with and <b>rhonci/rales</b>	CBC <b>WBC L shift</b> ABG <b>hypoxia</b> CXR <b>lobar consolidation</b>	<b>Amox</b> 80-90 mg/kg/BID-TID x 10 days	None
Viral Pneumonia	<b>MC pneumonia</b>	Progression of respiratory sx Slower	Cough Tachycardia <b>Rales, wheezing</b> and v respiratory effort	CXR <b>patchy bronchopneumonia</b> with hyperinflation	Supportive tx ABX only if there is a secondary infection	Secondary bacterial infection
Atypical Pneumonia	Mycoplasma	Sore throat prodrome Fever, dry cough, chills	V lung sounds with harsh auscultation sounds	CXR <b>nonspecific</b> with bronchovascular markings	Erythromycin	Cough for several weeks
Chlamydial Pneumonia	Chlamydia trachomatis Found in newborns @ <b>12 days old</b>	Afebrile Possible purulent conjunctivitis	Itaccato cough Cervical adenopathy Tachypnea with crackles <b>NO WHEEZING</b>	CXR <b>hyperinflation</b>	Erythromycin 50 mg/kg QID x 14 days	None
URI	Rhinovirus	Clear rhinorrhea with malaise V intake and sore throat Cough and usually fussy	None (CTAB)	NONE	Supportive care (^ fluids, rest, Tylenol, bulb syringe and cool mist humidifier	NONE
Strep throat	Group A Beta Hemolytic Strep	<b>Abrupt sx without nasal involvement</b> Fever, abd pn, N/V and HA	Petechiae on soft palate and pharynx, enlarged tonsils with a swollen/beefy/red uvula, LN and scarlantiform rash (sandpaper rash)	<b>Positive rapid strep test</b>	Amox 80-90 mg/kg/day IM benzathine Erythromycin , zithromax or cephalosporin if allergic	Abscess, acute rheumatic fever, glomerulonephritis or post strep OA

Mono	Epstein bar virus	Fatigue and sore throat	Pharyngitis, <b>cheesy exudate</b> , hepatosplenomegaly and LN (ant and post cervical)	CBC, Smear and TC = mono spot EB titers	No contact sports <b>for 1 month</b> Supportive care +/- steroids	Splenic rupture (greatest chance when 21 days post sx)
Rhinitis	Differentiate if allergic or nonallergic	Congestion, rhinorrhea, pruritis, sneezing, possible PND and snoring	Swollen turbinates w/ cloudy rhinorrhea Possible allergic shiner/ nasal salute	Atopic dermatitis, allergy testing, and possible nasal smear	<b>AVOID ALLERGEN</b> , antihistamines, intranasal corticosteroids and possible referral to allergist	Flonase only if > 4 YO