

## Health Assessment

**Priorities:** Establish rapport and good communication • Obtain a reliable history

**Growth:** Height and weight

**Development:** Motor function and neurological development tests

**Disease:** Early screening for strabismus, abdominal masses, heart murmurs, orthopedic abnormalities, hypertension, vision, dental problems, hearing, anemia, tuberculosis, lead poisoning, pyuria

**Immunizations:** DPT, OPV, MMR, HbCM, OP, Td • Develop schedule with parent/guardian to ensure child receives scheduled vaccinations

## Nutrition

**Well child:** Lab tests and physical exam to ensure proper nourishment

**Special needs child:** Identify nutritional restrictions (genetic tests, lab tests, physical exam)

• Provide information and support regarding proper nourishment

## DISEASE INDICATION

Stool examination	Odor, blood, mucus, consistency, pH, etc.
Fecal fat excretion	Detection of steatorrhea
D-Xylose excretion	Screening test for mucosal disease
Breath hydrogen test	Lactose and sucrose absorption indicator
Jejunal biopsy	Intestinal mucosal disease
Schilling test	Absorption of vitamin B <sub>12</sub>
Esophageal & rectal manometry	Evaluates the characteristics of the structure
Other diagnostic tools	Radiogenic evaluation, nuclear medicine, ultrasound, endoscopy

## Poisoning

**Emergency management:** Poison identification, dose, time of ingestion, etc.  
 • Assume the largest possible amount has been ingested • Confirm poison ID by blood or urine analysis • Ask parent to bring poisoning agent (if possible)

## GASTROINTESTINAL DECONTAMINATION

**Priorities:** Establish airway clearance and ensure patient is breathing  
 • Determine strategy for elimination • Treat contamination of skin and eyes

**Gastric evacuation:** Chemical (pecac syrup and clear fluids) or mechanical (orogastric lavage)  
 • Effective within 30 min of ingestion • Tepid water or saline

**Adsorbents:** Activated charcoal (not for metals, hydrocarbons, alcohols or caustics)

**Cathartics:** Speed intestinal transit (activated charcoal) • Do not use Sorbitol for patients under 2 yrs  
 • Do not administer when history of abdominal trauma or blockage

**Serious cases:** Diuresis, diuretics or dialysis • Mechanical assistance for convulsing children

## THERAPY

**Respiratory:** Maintain airway or provide assisted ventilation

**Cardiac:** Hypotension, shock; support with fluid • Cardiac monitor

**Blood:** Packed cell or exchange transfusions for hemolytic anemias  
 • Monitor for poison concentration

**Fluid homeostasis:** Electrolyte replacement of lost fluids

**CNS:** Specific agents depending on poison ingested

**Renal:** Hemodialysis if indicated

**Monitoring:** Monitor child for several hours/days

## Cardiac Disorders

**Congenital** Cyanotic, murmurs, CHF

**Acquired** Myocarditis, pericarditis, endocarditis, infective endocarditis

## ANTIARRHYTHMIC DRUGS

**Adenosine:** Endogenous nucleoside, block of sinus & AV nodes

**Digoxin:** Digitalis glycoside, toxic

**Type I:** Local anesthetics

**Type IA:** Quinidine, procainamide, disopyramide

**Type IB:** Lidocaine, disentan, tocainide, mexiletine

**Type IC:** Flecainide

**Type II:** Beta-adrenergic blockers (propranolol)

**Type III:** Extend action potential repolarization (amiodarone, bretylium, sotalol, ibutilide)

**Type IV:** Calcium-channel blockers (verapamil, diltiazem)

## COMMON CONGENITAL HEART LESIONS

Ventricular septal defect	Pansystolic murmur, congestive heart failure, left ventricular heave, right ventricular heave, increased pulmonary blood flow
Pulmonic stenosis	Systolic ejection murmur (SEM), RVH, normal or decreased PSF
Tetralogy of Fallot	SEM, RVH, decreased PSF

# Pediatric Icu Pocket Guide

**R Barnett**



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