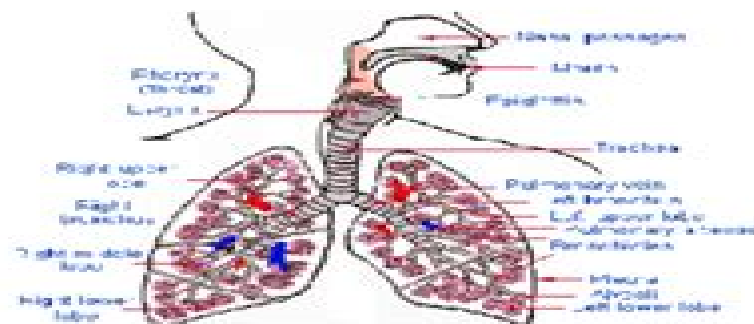


Pediatrics - Unit 2 Study Guide

Respiratory Infection →

- Described according to anatomic area of involvement →
 - Upper respiratory tract** → consists of oronasopharynx, pharynx, larynx, and upper part of trachea
 - Lower respiratory tract** → consists of lower trachea, mainstem bronchi, segmental bronchi, subsegmental bronchioles, terminal bronchioles, and alveoli
 - Infections of epiglottitis and larynx** → categorized as croup syndromes
- Often spread from one structure to another due to contiguous nature of mucus membrane lining entire tract
- Account for majority of acute illnesses in children
 - Infants are nose breathers
 - < 6 years old → most common breathing pattern = diaphragmatic
- Most infections caused by viruses → respiratory syncytial virus (RSV), adenoviruses, parainfluenza viruses, pneumonia
 - RSV can cause severe respiratory compromise in infants
 - ≤ 5 years old = very susceptible to upper respiratory infections (URIs)
 - ≥ 6 years old = ↑ bacterial infections
- Etiology** → influenced by age of child, season, living conditions, and preexisting medical problems



Age	Size	Resistance	Seasonal Variations
< 3 months = ↓ infection rate vs. older children → due to protective function of maternal antibodies 3 - 6 months = ↑ infection rate (maternal antibodies disappear and infant develops own antibodies) - Viral infection rate remains ↑ during toddler and preschool years	- Smaller child = smaller airway - Diameter of airways is smaller in young children = ↑ risk for considerable narrowing from edematous mucus membranes and ↑ production of secretions - Distance between structures within respiratory tract is shorter in young child → organisms may move rapidly down respiratory tract = ↑ extensive involvement - Relatively short and open eustachian tube in infants and young children allows pathogens easy access to middle ear	- Deficiencies of immune system place child at risk for infection ↓ resistance due to malnutrition, anemia, fatigue, and chilling of body - Allergies, preterm birth, broncho-pulmonary dysplasia (BPD), asthma, history of RSV infection, cardiac anomalies, cystic fibrosis (CF) - Day care attendance - Smoke in home	- Most common season for URI = late fall - Most common respiratory pathogens appear during winter and spring months - Mycoplasma infections occur more often in autumn and early winter - Infection-related asthma occurs more frequently during cold weather - RSV typically occurs during winter and spring

- Manifestations** → Infants and young children, especially between 6 months - 3 years, react more severely to acute respiratory tract infection vs. older children

Respiratory Sounds	Sore Throat	Anorexia
- Sounds associated with respiratory disease → hoarseness, grunting, stridor, wheezing, cough - Common feature = cough → may be evident only during acute phase and can persist several months after disease - Auscultation sounds → wheezing, crackles, absence of breath sounds	- Frequent complaint of older children - Young children are unable to describe symptoms → may not complain even when highly inflamed - Child will often refuse to take oral fluids or solids	- Common with most childhood illnesses - Frequently 1st evidence of illness - Persists to a greater or lesser degree throughout febrile stage of illness - Often extends into convalescence

Study Guide Viral Infections

Grace Randle

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the author's name.

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Infectious Disease Specialty Review and Study Guide Jerry Fishman, 2015-09-25 Includes Multiple choice fact scenario and case based questions Correct answers and explanations to help you quickly master specialty content All questions have keywords linked to additional online references The mission of StatPearls Publishing is to help you evaluate and improve your knowledge base We do this by providing high quality peer reviewed educationally sound questions written by leading educators StatPearls Publishing

Clinical Infectious Diseases Study Guide Joseph Domachowske, Manika Suryadevara, 2020-08-05 This book is meticulously designed for the busy student trainee or seasoned physician looking to enhance or refresh skills in infectious diseases It is intended to provide a solid resource for students and physicians in need of a concise yet comprehensive background of the material Each chapter begins with a summary of the topic a brief case description definitions critical teaching points and tables figures photos and other visual materials to reinforce learning The chapters take a systems based approach to infections before concluding with the essentials of diagnostic microbiology to leave users with a practical toolkit for real world clinics Authored by two expert educators and dual infectious diseases and pediatrics specialists Clinical Infectious Diseases Study Guide is the only updated study guide designed for medical students fellows residents and trainees who need a strong foundation in infectious diseases This includes infectious disease specialists in both adult and pediatric care various internal medicine subspecialists and hospitalists

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Life: The Science of Biology Study Guide William K. Purves, Edward Dzialowski, Lindsay Goodloe, Betty McGuire, Nancy Guild, Paula Mabee, 2003-12-26 New edition of a text presenting underlying concepts and showing their relevance to medical agricultural and environmental issues Seven chapters discuss the cell information and heredity evolutionary process the evolution of diversity the biology of flowering plants and of animals and ecology and biogeography Topics are linked by themes such as evolution the experimental foundations of knowledge the flow of energy in the living world the application and influence of molecular techniques and human health considerations Includes a CD ROM which covers some of the subject matter and introduces and illustrates 1

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