

- **Hydroxyurea** (tx HbS) increases fetal Hb.
- “**Tet spells**” -> knee to chest -> inc SVR -> inc pulm flow
- **PDA** -> distal pulses louder
- Whole milk -> dec iron (anemia) -> dec **reticulocytes**
- RDW, MCHC, and iron studies WNL -> micro anemia -> **thalassemia** trait
- **Pericardial effusion** s/p cardiac surgery in pt with congenital heart dz
- **Vaginal foreign body** -> foul-smelling discharge/bleeding -> irrigate out
- **Vascular rings** -> tracheal compression -> stridor, wheezing, SOB after birth
- **Night terror** -> non-REM screaming and crying -> no memory
- Neck swelling, resist movement -> **torticollis** -> XR to r/o fracture
- Dec LOC after crying/upset -> 45 seconds -> alert afterwards -> **breath holding spells** (reassure)
- Bilious vomiting, distention -> gasless distal abdomen on XR -> **atresia**
- Outstretched arm fall (**supracondylar** humerus) -> swollen, pale, edematous (**compartment** syn)
- Known **anaphylaxis** -> epi pen upon reexposure
- Eczema, many bacterial infs, small platelets -> **Wiskott-Aldrich** (dec platelet production)
- **ADHD** (two settings, 6+ months, <7 y/o) – use teacher evals
- **HbS** can cause childhood **stroke**. (CBC/retic to dx HbS)
- **CF** is autosomal recessive.
- **RDS** a/w gDM and prematurity
- **WPW** (type of SVT) -> accessory pathway -> delta wave
- **Kawasaki** vasculitis -> fever, conjunctivitis, cervical LAD, rash. Concern for coronary **aneurysm**
- **Osgood Schlatter** -> traction apophysis of tibial tubercle (sports)
- Dec breast feeding first week -> inc ind bili -> **breastfeeding jaundice**
- Diarrhea + dermatitis + dementia -> **pellagra** (niacin deficiency)
- Cyanotic at birth, weak cry, 100% O2 small improvement -> **PG-E1 infusion**
- Delayed growth spurt, puberty, and bone age -> **constitutional growth delay**
- Recurrent sinopulm infxn, anaphylactic transfusion rxn -> **IgA def**
- Newborn male w/ oliguria + midline abdom mass (bladder) -> **posterior urethral valves**
- **VSD** -> FTT, fatigue, heart failure (holosystolic murmur at left parasternal)
- 15 y/o, breast Tanner 2, scant pubic hair, dec. femoral pulses (coarct) -> **Turner** (karyotype)
- Colicky abdom pain, vomiting, blood in stool -> **air contrast enema** (dx + tx intussusception)
- **Large thymic shadow** normal on CXR if < 2y/o
- Newborn **polycythemia** -> RDS, dec feeding, neuro symptoms
- **12 months** – triple birth weight, inc height by 50%
- **OI** -> blue sclera, hearing loss, opalescent teeth, joint hypermobility
- Low CD19+ cells -> **Bruton’s** (X-linked) -> give IVIG
- HbS -> vasoocclusion of bone -> **osteonecrosis** (joint pain + limitation)
- HbS -> chronic hemolysis (macro anemia) + reticulocytosis -> need **folate**
- **Risperidone** -> galactorrhea (hyperPRL) + amenorrhea
- PMHx sore throat -> rash+arthralgia -> truncal rash -> **rheumatic fever**
- Sickie crisis -> will see **retics** and sickle cells on blood smear
- 9 y/o AAM -> fever, dec appetite, irritable -> no vaccines -> dies (conjugate capsular polysaccharide for **pneumococcal sepsis** in HbS)
- Fever + confusion + rash (measles) -> **Vitamin A**
- Viral prodrome -> fever, lethargy, cardiac dysfxn -> **myocarditis**
- Bat saliva -> **rabies** ppx
- Acute, unilateral cervical lymphadenitis -> **S. aureus**
- **Preseptal cellulitis**: eyelid swelling/discoloration (not in orbital cellulitis)
- Inc head circumference -> sx of **inc ICP** -> CT head
- Vaccination schedule from **chrono age**, not gestational age
- **Vision screening** in children 0 – 5 y/o
- Food (peanut) major cause of outpt **anaphylaxis** -> give subQ epi
- Fingertick lead unreliable -> do **serum lead** level (>10, intervention needed)
- Reluctance to toilet training -> **stop** for several months
- 6 y/o dragging leg, arm weakness, delayed growth, fever -> cyanosis when crying -> **brain abscess**

- Fever, sore throat, hoarse, bulging pharyngeal wall -> **retropharyngeal abscess**
- Normal exam -> FOBT+ -> maroon stool in diaper -> **radionuclide** scan (Meckel's)
- MC factor for acute bacterial sinusitis = **Viral URI** (rhinorrhea, cough, low fever)
- Neck pain/swelling for days -> **dicloxacillin** (MSSA) – also cephalexin or clinda
- **TORCH** (prevent with MMR) -> microcephaly, HSM, deafness, chorioretinitis
- **Vaccines:** HiB (4x by 15mo), pneumo conj. (4x by 15 mo), MMR (one year, 4-5 years), HepB (3x by 18 mo), IPV (3x by 18mo, 4th at 4-5 years)
- Aggression, acne, baldness, gynecomastia -> **anabolic steroids**
- **Resuscitation IVF** – LR or NS (0.9%)
- HSM, anemia, hyperbili, foot ulcerative lesions, rhinorrhea -> **congenital syphilis**
- **MCC viral meningitis:** echo/coxsackie
- **Water intoxication** -> dec electrolytes -> seizures, hyponatremia
- **Int carotid dissection** -> mouth trauma -> S/sx of stroke
- Newborn jaundice -> exam WNL -> **physiologic jaundice**
- **Leucocoria** -> refer to ophtho
- Ankle dorsi/plantar flexion limited, mild calf atrophy -> **clubfoot** -> stretching, manipulation, serial casting (tx *immediately*)
- **MCC nephrotic syn** < 16 y/o = **MCD** (light microscopy WNL)
- Inattentive, “does not listen”, limited language -> undetected **hearing impairment**
- 2 y/o, profuse watery diarrhea, dehydrated (**rotavirus** MCC acute diarrhea children)
- Recurrent ear/lung infn, candida, rotavirus -> absent thymic shadow -> **SCID**
- Pneumonia, suppurative adenitis, S. aureus infxns -> **CGD**
- HbS -> chronic **hemolysis** -> high RBC turnover -> high LDH, low haptoglobin
- Low platelet, anemic, high WBC, painless LAD -> **ALL** (>25% lymphoblasts in marrow)
- Thick nasal discharge, swollen tubinates -> start **amoxicillin** (clinical dx)
- **ADHD** -> impulsive, short attn span, hyperactivity > 6 mo in at least two settings
- HbS pt (functional asplenia) -> high fever/chills x 2d -> WBC 16 -> **pneumococcal sepsis**
- **Spondylolisthesis** -> L5 slip over S1 -> back pain, palpable “step off” if severe
- **MCC amblyopia** = **strabismus** (patch good eye)
- **PSGN** (ASO high) -> smoky urine + HTN, C3 low, C4 WNL -> complement nl in 8-12 wks
- **IgA nephropathy** -> persistent microscopic hematuria (> 6 mo)
- **Down syn** -> endocardial cushion defect (leads to pulmonary HTN)
- **Bedwetting** normal till 5 y/o
- Lymphadenitis, hepatic abscesses, osteo multiple sites -> + NBT -> **CGD**
- **Simple febrile seizure** -> one episode = no workup (discharge from EC)
- Sickle trait have some protection against **malaria**
- Coughing episodes 20-30 min each, subQ emphysema + subconjunc hemorrhage -> **pertussis** (also rectal prolapse from coughing)
- Turner's syndrome -> CXR with **rib notching** from coarctation
- Salt wasting + virilization = **21-OH def** – MCC CAH (inc 17-alpha-hydroxyprogesterone)
- Fever, flank pain, dysuria -> pyelo x 2 before-> reflux on VCUG -> **renal scarring** if no tx
- Tx URI w/ ASA -> irritable, lethargic, agitated -> **Reye's**
- Vomiting, dehydration, hypoNa+, hyperK+, metabolic acidosis -> **CAH** (21-OH def)
- Scalp discoloration limited to one bone -> **cephalohematoma**
- Hx of multiple AOM, dec social interaction, not respond to name -> **audiology eval**
- Lobular flank mass, kidneys palpable bilat -> **Wilm's** (tumor from metanephros). Kidneys *not* palpable in **neuroblastoma**
- 12 y/o proteinuria 3+, anasarca -> start **prednisone** for MCD
- Inc IgM, dec IgA/IgG and dec total B-lympocytes/neutrophils -> **Hyper IgM** (poor response to immunizations)
- Easy bruising/rash + petechiae after URI prodrome -> **ITP**
- Bone tenderness + HSM -> **Gaucher** -> def. acid beta-glucosidase
- Premature **adrenarche** (axillary hair) = < 6y/o -> premature androgen from **adrenals** – benign
- Premature **pubarche** (public hair) = < 8y/o -> 50% a/w **CNS** disorder
- **Klumpke's** -> hand paralysis + ipsi Horner's

- **Breastfeeding contraindic:** Active drug abuse, active TB, HIV
- Eosinophilic truncal/abdominal pusticular/vesicular rash -> **erythema toxicum**
- Precocious puberty w/ S/sx of androgen XS (acne, growth spurt) -> gonadotropin independent -> XS sex steroids -> **late onset CAH** (21-OH def)
- Congenital **toxoplasmosis** triad -> chorioretinitis, hydrocephalus, intracranial Ca²⁺
- **Cri-du-chat:** 5p deletion
- **Meningitis sequelae:** hearing loss, seizures, MR, loss of cognitive fxns
- **Fetal EtOH** -> short palpebral fissures, epicanthal folds, long philtrum, thin upper lip
- 7 y/o boy w/ persistent nocturnal enuresis -> **DDAVP** or imipramine
- Choke/emesis from birth -> salivating -> bilateral atelectasis -> **esophageal atresia**
- HbS pt -> severe anemia w/ no retics -> **aplastic crisis**
- **Galactosemia** -> FTT, bilateral cataracts, hypoglycemia (also *E.coli* sepsis)
- **Lyme dz** -> circular rash (“target lesion”), headache, myalgia -> wear light colored clothing + long sleeves
- **gDM baby** -> birth injuries 2/2 large size -> greenstick clavicular frx heal quickly
- Viral infn one week prior -> ascending polyneuropathy -> **Guillain-Barre**
- **RTA** – non-AG metab acidosis -> FTT
- **Duodenal atresia** -> bilious vomiting + “double bubble” in Down’s
- RSV inc risk of **asthma** later.
- Newborn cyanosis w/ left axis deviation -> **tricuspid atresia**
- 6 y/o high fever + face to trunk rash -> **measles** -> Vitamin A
- **Impetigo** -> tx w/ topical mupirocin or oral erythromycin
- **Hydroxyurea** -> dec incidence of painful crises in HbS
- Premature infant -> dec LOC, hypotonia, tense fontanels, ventricular dilation per CT -> **IVH**
- Exposure to **chicken pox** one week prior -> will develop rash (not high risk, so no ppx or vaccine)
- **SGA infants** (<10th percentile for weight) -> hypoxia, **polycythemia**, hypoglycemia
- **MCC acute sinusitis:** pneumococcus > H. flu > Moraxella
- Suspect **NEC** in distention, bloody diarrhea, leukocytosis -> pneumatosis intestinalis
- **Riboflavin** def: sore throat, hyperemic membranes, chelitis, stomatitis, photophobia
- **Wilm’s** from metanephros (renal parenchyma), **neuroblastoma** from neural crest (inc HVA/VMA, calcifications)
- **Edward’s** -> micrognathia/cephaly, rocker bottom feet, absent palmar creases, **VSD**
- Squatting improves cyanosis in **TOF**
- **Foreign body aspiration** -> direct laryngoscopy + **rigid** bronchoscopy
- **PKU** -> blue eyes, musty odor, eczema, [phenylalanine] > 20mg/dL, normal [tyrosine]
- Healthy SVD -> initial physical assessment (APGAR) -> suction secretions -> **keep infant dry/warm** -> give Vit K/optho drops
- 6 mo boy w/ TSC -> sudden jerky movements -> give ACTH IM for **infantile spasms**
- **Conjunctivitis** (24hr – chemical, 2-5 days – gonococcal, 5-14 days – chlamydia): tx chlamydia with **oral erythromycin**
- Recurrent sinusitis, bronchiectasis, dextrocardia -> **Kartegener’s syndrome**
- Low-grade fever, LAD (suboccipital and posterior auricular), maculopapular rash from face-> trunk = **rubella**
- **Human milk** -> whey easily digested (more than casein) -> improved gastric emptying
- **Lesch-Nyhan** -> def HPRT -> self-mutilation, MR, dystonia, inc uric acid (boy with gout)
- **Batteries** lodged in esophagus removed by endoscopy.
- MCC **subarachnoid** hemorrhage in children = AVM -> seizures + migraine Has
- SVD at home -> bruising easily -> prolonged PT/PTT -> **Vit K def**

	Language	Gross Motor	Fine Motor	Social
2 months	Social smile			Recognizes parents
3 months		Holds head		
4 months		Rolls back-to-front and front-to-back		
6 months	Babbles	Sits well unsupported	Raking grasp	Recognizes strangers (stranger anxiety)
12 months	2 words; obeys 1-step command	Walks alone	Throws objects	Imitates action
15 months			Build tower of 2 blocks	
18 months				Plays with other children
24 months	2-3 words; obeys 2-step commands	Walks up- and downstairs without help	Builds tower of 6 blocks; Turn pages of books	Parallel play

- FTT -> erythematous symmetric vesicles over extensor elbows/knees -> **Celiac dz**
- Abrupt fever, dysphagia, drooling, resp distress -> unimmunized HiB -> **epiglottitis**
- 2-5 y/o -> localized abdom mass + hematuria -> **Wilm's** (if < 1 y/o, think neuroblastoma)
- Jaundice after 3 days old, poor feeding, lethargic -> **sepsis** workup (blood cx, LP)
- Delayed cord separation, necrotic periodontal/cutaneous/sinus infns, leukocytosis -> **impaired adhesion**
- NBNB vomiting in 4-8 wk infant -> abdominal U/S to confirm **pyloric stenosis**
- MC presentation for **HbS** -> painless gross hematuria
- **Iron poisoning** -> N/V/D/abdom pain -> GI bleed -> metab acid
- Painless melena in 2-3y/o -> **Meckel**
- 2-3y/o -> impaired vision in darkness, photophobia, dry scaly skin -> **Vit A def**
- **Pubertal gynecomastia** (14 y/o, asymmetric, tender) -> reassurance
- **Absence sz** -> brief lapses of consciousness, no postictal, "daydreaming"
- Newborn fails meconium passage in 24 hrs -> SBO at ileum -> **CF 2/2** gene deletion
- **OI type 2** (fatal in utero) -> limb deformities, multiple fractures, blue sclerae
- **NEC** -> pnematosis intestinalis, low birth weight, fever, vomiting, distention
- **Pinworm** -> nocturnal pruritic vulva in prepubescence -> "Scotch tape" test
- Inflamed TM with no movement on insufflation -> specific for **AOM**
- **Gastroschisis** -> immediately wrap exposed bowel to prevent heat/fluid loss
- Cyanosis with feeding but relieved with crying -> **choanal atresia**
- A **minor** who is a parent can consent to treatment/procedures for their child
- Toilet trained at 4 y/o -> bedwetting at 7 y/o -> UA to r/o treatable causes of **enuresis**
- Guthrie urine test -> **PKU dx** -> fair skin, blue eyes, eczema, dehydration, mousy odor
- Suspect congenital **diaphragmatic hernia** -> drop suction OG tube (dec lung compression)
- Cystic calcified parasellar lesion -> central DI -> **craniopharyngioma** (Rathke derivative)
- 4wk/o NBNB projectile vomiting, macrocytosis -> abdominal U/S for **pyloric stenosis**
- Severe hip pain, fever, turbid synovial fluid (WBC > 90) -> **septic joint** -> drainage
- **HSP** -> palpable purpura, scrotal edema, hematuria, abdom pain -> risk to intussuscept
- Treat **pertussis** with macrolide (erythro) regardless of immunization/age/dz stage
- "Noisy inspiratory breathing" supine -> improves prone -> epiglottis rolled side-to-side -> **laryngomalacia** -> always feed upright
- **Beckwith-Wiedemann**: macrosomia, macroglossia, visceromegaly, omphalocele, hypoglycemia/hyperinsulinemia (gDM does not have dysmorphic features)
- **Alkali ingestion** -> EGD
- **Internal tibial torsion** and **metatarsus adductus** -> reassurance
- Umbilical cord stump infn, spasms, poor suckling, -> **tetanus**
- Absent thymus, prolonged QT -> **22q11 deletion** -> monitor [calcium]
- 8 mo/o -> vomiting, oliguria, fever -> dec arousability -> bulging TMs -> start **cefotaxime** for CNS infn first, then CTH to r/o inc ICP
- 7y/o oliguria, lethargy -> **UA** performed on all with suspected renal dz (noninvasive, helpful, fast)
- **Clavicular frx** (shoulder dystocia, LGA) -> crepitus, dec movement -> no tx required
- 9 m/o AAM swelling hands/feet and pale -> VSS -> dec ROM -> vaso-occlusive phenomena (**dactylitis**)
- **Turner's** syndrome -> coarctation of aorta
- **Medulloblastoma** from vermis -> truncal dystaxia, papilledema, horizontal nystagmus, unbalanced
- 7 y/o recurrent URI, bilateral nasal polyps -> must r/o **CF**
- 3-7 y/o, acute resp dist, toxic, drooling, high fever -> **epiglottitis** -> tracheal intubation
- < 3m/o develop **vaginal spotting/bleeding** (maternal estrogens) w/ no odor -> reassurance
- 6 m/o w/ postprandial emesis, FTT, arched back during emesis (Sandifer's syn, protects airway) -> **GERD** -> 24 hr esophageal pH monitoring
- 15 d/o -> bilious vomit, distention, blood in stool -> completely healthy (passed meconium) -> **volvulus**
- MCC neonatal sepsis = **GBS** > E.coli > Listeria. 2 wk/o (late onset) -> meningitis (hypotonia, poor reflex)
- 2 y/o abrupt N/V/bloody stools -> **intussusception**
- **PWS** sporadic -> imprinting -> almond-shaped eyes, fish mouth, obesity, hypotonia, hypogonadism
- Edema in **Turner's** from lymphatic dysgenesis
- **Migraine** w/ no fever and normal neuro exam -> Tylenol/NSAIDs (LP if meningeal signs)
- 1 y/o on XS **cow milk** -> iron def anemia -> oral iron therapy

- 10 y/o paralysis vertical gaze, lid retraction, HA -> **pinealoma**
- Knows two words, throws objects, walks alone -> **12 month** milestone
- Childhood bruising, bleeding after dental procedure -> **hemophilia** -> hemosiderin deposits + fibrosis
- **Hypothyroidism** -> large tongue, hypotonia, umbilical hernia, bloating (all states screen for hypothyroidism, PKU, and galactosemia)
- **Neonatal abstinence syndrome** - withdrawal to opiates (heroin) -> high pitched cry, tremors, seizures, sneezing, N/V/diarrhea
- **HUS** -> abrupt bloody diarrhea, pain, anemia, thrombocytopenia, renal insufficiency (from E.coli)
- < 3 y/o w/ stereotyped behaviors, impaired social/communication skills, delayed language -> **autism**
- **IVH** > prematurity and LBW -> seizures, hypoTN, bulging fontanel -> U/S head
- **Turner (45,XO)** -> bilateral abdominal gonadectomy (gonadoblastoma)
- Calculate **APGAR**
- Infant born at 32 wks, 1200 grams with Hb 7 -> **anemia of prematurity**
- **TCA intox** -> seizure, hypoTN, wide QRS on EKG -> give bicarb for acidosis + QRS
- 1 m/o harsh holosystolic murmur on left lower sternum -> **VSD** -> reassurance + abx ppx
- Rocker-bottom feet, overlapping digits, small jaw -> **Edward's**
- **Turner's** -> gonadal dysgenesis -> low estrogen -> osteoporosis
- Blue/gray sacral lesion since birth -> **Mongolian spot**
- Mammary gland enlargement + nonpurulent vaginal discharge = **normal** newborn findings
- Marfan features + thromboembolic event = classic **homocystinuria** (cystathione synthase def, tx **B6**)
- MCC acute UTI 5y/o (children) -> **VUR** (reflux)
- Fall outstretched hand -> anterior displaced fat pad -> supracondylar frx -> **Volkman's ischemic contracture** -> swelling due to ischemia of forearm tissues
- Premature, 8 wk/o, pallor -> breast milk -> give **iron supplementation** (prevent anemia of prematurity)
- 2-12 y/o w/ leg pains only at night -> **growing pains** -> reassurance
- 8 y/o -> coughing paroxysms -> **subQ emphysema** -> do CXR to r/o pneumothorax
- Disruptive, violate social norms for one year: **conduct d/o** (<18 y/o), antisocial PD (>18 y/o)
- 9 y/o w/ grand mal seizures -> HA in morning -> **astrocytoma** (MCC supra and infratentorial lesion)
- **Lyme dz** (stage 1); if < 9 y/o, amoxicillin, if > 9 y/o, doxy
- 150-300 words, understandable, "me" instead of "I", combine words into sentences = **24 months**
- **SCFE** - limp after falling, overweight adolescent
- 4-6 w/o w/ projectile vomiting, olive-mass in abdomen, [K+]=3mEq/mL -> **IVF + lytes first**, then surg
- 3 y/o AAM w/ spontaneous hemarthrosis + soft tissue hematomas -> hemophilia A -> get **factor 8 level**
- 10 y/o recurrent UTI 2/2 reflux -> IVP -> parenchymal scarring/blunted calyces -> **chronic pyelo**
- **Umbilical hernia** -> if < 1 y/o: spon resolution; if 3-4 y/o, symptomatic, or > 2cm: surgery
- 6 y/o URI -> **ITP** -> if platelets < 30K, then steroids; otherwise observe
- **Marfan's** (AD mut FBN1)-> tall, long, emaciated, hypermobility, upward lens dislocation, aortic root dilation
- + Coombs = autoimmune hemolysis, + osmotic fragility = **HS**
- **Kawasaki tx** - high dose ASA and IVIG
- 2 y/o barking cough -> laryngotracheobronchitis -> **croup** -> 2L O2 (sats drop) -> **racemic epi trial** before intubation
- 5 y/o asy 2/6 murmur, VSS, change with position -> observe (benign)
- 2 y/o not walking -> hypotonia, learning disabilities, inc DTRs -> **CP 2/2 cerebral anoxia** (MCC)
- 2 y/o whistling sound, barky cough -> lateral XR subglottic narrowing -> MCC Parafllu -> **croup**
- **Niemann-Pick**: HSM, LAD, regression of milestones, cherry red macula (def sphingomyelinase)
- 10 y/o obese whose dad has HLD -> if > 240mg/dL or risk factors for CAD, get **screening cholesterol**
- Functional asplenia in HbS -> **Howell Jolly** bodies on smear (nuclear remnant)
- 7 y/o recurrent self-limited N/V -> normal exam -> **cyclical vomiting**
- **Vit D def rickets** -> craniotabes, rachitic rosary, large anterior fontanelle -> inadequate sun
- **Kawasaki** is (-) for Strep and has inflamed lips compared to **scarlet fever**
- **Von Giercke's** -> hyperuricemia, lactic acidosis, hypoglycemia, large liver, fat cheeks (G6-phosphatase def)
- HA + focal neuro findings after AOM -> **brain abscess** -> ring enhancing lesions on CT/MRI
- 6 y/o joint/abdom pain, maculopap rash of LE, 4+ RBC on urine -> **HSP** (mesangial IgA deposition)
- 1 d/o Down's -> duodenal gas distention w/ no air distal -> no stools passed -> **Hirschsprung's dz**
- **Fragile X** -> language/learning disability, large head, prominent jaw, macroorchidism (inc **CGG** repeats)

- 15 y/o AAF malar rash, anemia, leukopenia -> RPR/ANA + -> anti-Sm/anti-dsDNA to confirm **SLE**
- **Supracondylar frx** -> brachial artery compromised (must assess radial pulse)
- GAS -> erythrogenic toxin -> sandpaper rash, gray-white pharyngeal exudate -> **scarlet fever** (penicillin V)
- **Congenital rubella triad** -> sensorineural deafness, PDA/ASD, and cataracts (leukocoria)
- Regardless of age, immunization, or symptoms, erythro x 14d for **pertussis ppx** for close contacts.
- 2 y/o abrupt epistaxis, foul-smelling stools -> FTT 2/2 **CF** (dec pancreatic enzymes)
- 2 y/o **asthma** exacerbation -> no air entry, continues to desat on steroids -> mechanical ventilation
- 15 mo/o cough, facial maculopapular rash, bluish-white lesions oral mucosa -> **rubeola** (measles) -> report
- **Bruton** (XLR) -> male with recurrent pneumonia and AOM -> all Igs are low
- Clitoromegaly, facial hair, obese -> inc 17-OH-progesterone -> **CAH** (LH > FSH in both CAH and PCOS)
- Bili inc rate more than 5 mg/dL/day, bili > 12 (term) or > 10-14 (preterm), jaundice after two weeks, or jaundice initially in first 24-36 hrs of life -> further eval; conjugated hyperbili -> **biliary atresia**
- **TOA** -> MCC cyanotic heart dz p/w cyanosis in first 24 hrs (seen in DM mothers) -> single loud S2
- Macro anemia, low retics, congenital anomalies (short, webbed neck, cleft lip) -> **Diamond-Blackfan**
- Precocious puberty, café au lait spots, bone defects (polyostatic fibrous dysplasia) -> **McCune-Albright** (defect in G-protein cAMP-kinase)
- 14 y/o HbS s/p crisis 3 months ago -> afebrile now -> no local tenderness, but limited ROM hip -> **AVN**
- Pull on arm -> radial head subluxation -> **Nursemaid's elbow** -> tx by flex + supinate
- Fever, pericarditis, erythema marginatum, subQ nodules, chorea -> **rheumatic fever** -> GAS
- MCC pneumonia in **CF** -> Haemophilis, Pseudomonas, and Staph
- Lytic bone lesion + hyperCa -> **Langerhan's** cell histiocytosis
- **Friedreich ataxia** -> combo neuro (ataxia, dysarthria), skeletal (scoliosis), and cardio (HOCM - MCC death)
- Hip pain post viral infn -> **transient synovitis** -> rest + NSAIDs (septic joint = WBC > 12, T = 102, ESR > 40)
- Meningococcus -> suddenly hypoTN -> **WF syndrome** (adrenal hemorrhage) -> vasomotor collapse
- Sits unsupported, looks around, babbles, raking grasp -> **6 month** milestone
- 3 m/o -> ptosis, mydriasis, dec DTRs, hypotonia -> **C. botulinum** in GI tract
- Malaise, sore throat, fever -> given amoxicillin for apparent URI -> polymorphous body rash -> **EBV**
- Immediate anaphylaxis, encephalopathy, or CNS syx within 7 days from **DTaP** are CIs (pertussis component); substitute **DT**
- CF -> **meconium ileus** -> bilious vomiting, failure to pass meconium, ground glass abdominal XR
- **Stranger anxiety** -> exposed to unfamiliar individuals -> peaks at 12-15 months
- Prevent **SIDS** by placing in supine position. Home monitors do not decrease risk
- MCC M&M after **HUS** is of renal etiology
- 13 y/o -> prog muscle weakness, temporal wasting, atrophy thenar/hypothenar, delayed relaxation -> **myotonic muscular dystrophy (AD)**
- Down's -> bilious vomit, no abdom distention, double-bubble -> **duodenal atresia**
- Oral thrush, LAD, HSM -> presenting signs of **AIDS** in infants (dx by viral cx, PCR, and P24 - not serology)
- Emergent fluid access -> if not IV, then **interosseous**
- **DMD** -> screen with CK, confirm with muscle bx
- **CF** acute exacerbation of lung dz - abx to cover for pseudomonas (ceftaz + gent)
- Increased gastric residues in preterm neonate -> **NEC**
- 5 d/o maroon stools x 3d + vomiting -> stool + for RBC and eos -> **milk protein intolerance** (FHx of atopy)
- Childhood **obesity** inc risk of SCFE, HTN, DM2, and uterine cancer later in life.
- 30 minute old born at 28wks -> RR 70, RDS, nasal O2 no improvement -> **HMD** (tx mech vent + surfactant)
- 9 y/o unsteady gait, dec vibration in LE, wide based gait, T-wave inversions on EKG -> **FA** -> counseling
- Low birth weight or post-mature infant -> **MAS** -> RDS, hyperinflation, patchy opacities on CXR
- **Infantile colic** -> XS crying in healthy infant (3+ hrs/day more than 3 days/wk more than 3wks/mo) -> resolves by 4 months of age
- 18 mo/o boy -> recurrent sinopulm + Giardia infn (IgA) -> **abnl B-cell maturation** -> infns after 6 mo/o
- Unilat cavernous hemangioma, intracranial calcifications, seizures -> **Sturge-Weber**
- MCC congenital hypothyroid (jaundice, large tongue, hoarse cry, lethargy) = **thyroid dysgenesis**
- 5 y/o AAM rt knee pain, fever, chills x 2 day -> inc WBC/ESR -> **septic joint** -> arthrocentesis + IV nafcillin
- 6 y/o acute hemiplegia w/ LOC -> paralysis once conscious -> CTH WNL -> seizure (**Todd's paralysis**)
- Down's with UMN findings (ataxia, +Babinski, incontinence) -> **atlantoaxial instability**