Pneumonia guidelines in pediatrics

This material should not be used for commercial purposes, or in any hospital or medical facility. Non-compliance can lead to legal action. Pneumonia is an infection in one or both lungs. Pneumonia can be caused by bacteria, viruses, fungi or parasites. Viruses tend to cause pneumonia in children. Children with viral pneumonia may also develop bacterial pneumonia. Often pneumonia begins after an infection of the upper respiratory tract (nose and throat). This causes fluid to be collected in the lungs, making it difficult to breathe. Pneumonia can also develop if foreign material, such as food or stomach acid, is inhaled into the lungs. What can increase my child's risk of developing pneumonia? Premature births Passive Smoking Asthma or some genetic disorders such as sickle cell anemia are heart defects such as ventricular septum defect (VSD), a septum defect (ASD), or patent duct of arteries (CPC) Poor nutrition Weak immune system Spends time in a crowded place, such as the Center for Child Care Signs and symptoms depend on your child's age and the cause of his or her pneumonia. Signs and symptoms of bacterial pneumonia usually start faster than in viral pneumonia. Your child may have any of the following: Fever or chills Cough Shortness or Breathing Problems chest pain when your child coughs or breathes deep abdominal pain near your child's ribs Bad appetite Crying more than usual, or more irritable or fussy than normal pale or bluish lips, nails, or nails How do I know if my child has breathing problems? Your child's nostrils open wider when he or she is breathing. Your child's skin between his or her ribs and around his or her neck pulls with every breath. Your child is wheezing, which means that you hear a high noise when he or she exhales. Your baby breathes fast: Over 60 breaths per minute for newborns up to 2 months Over 50 breaths per minute for a baby from 2 months to 12 months Over 40 breaths per minute for a child over 1 to 5 years More than 20 breaths per minute for a child over 5 years of age How is diagnosed with pneumonia? Your child's health care provider will examine your child and listen to his or her lungs. Tell your doctor if your child has other medical conditions. Your child may also need any of the following: chest X-rays may show signs of infection in your baby's lungs. Blood tests may show signs of infection or bacteria causing your child's pneumonia. A mucus sample is collected and tested for the fetus that causes your baby's disease. This can help your child's doctor choose the best medicine to treat the infection. Pulse oxymetry measures the amount in your child's blood. How is pneumonia treated? If If The baby's pneumonia is severe, the doctor may want your child to stay in the hospital for treatment. Breathing problems, dehydration, high fever, and the need for oxygen are the reasons to stay in the hospital. Antibiotics can be given if your child has bacterial pneumonia. NSAIDs such as ibuprofen help reduce swelling, pain and fever. This medicine is available with or without a doctor's order. NSAIDs can cause gastric bleeding or kidney problems in some people. If your child is taking blood thinners, always ask if NSAIDs are safe for him or her. Always read the drug label and follow the instructions. Do not give these medications to children under 6 months of age without an indication from your child's health care provider. Acetaminophen reduces pain and fever. It is available without a doctor's order. Ask how much to give your child and how often to give it. Follow the instructions. Read the labels of all the other medications your child uses to see if they also contain acetaminophen, or ask your child's doctor or pharmacist. Acetaminophen can damage the liver if not taken correctly. Your child may need extra oxygen if the oxygen level in the blood is lower than it should be. Your child can get oxygen through a mask placed over his nose and mouth or through small tubes placed in the nostrils. Ask your child's doctor before removing the mask or oxygen tubes. How can I cope with my child's symptoms? Let your child rest and sleep as much as possible. Your child may be more tired than usual. Rest and sleep help your child's body heal. Give your child the liquid as directed. Liquids help your child loosen the mucus and keeps him or her from dehydrating. Ask how much liquid your child should drink each day and which fluids are best for him or her. Your child's health care provider can recommend water, apple juice, gelatin, broth and popsicle. Use a cool fog moisturizer to increase the humidity of the air in your home. This can make it easier for your child to breathe and help reduce his or her cough. How to prevent pneumonia? Don't let anyone smoke around your baby. Smoke can make your baby's cough or breathing worse. Get vaccinated. Vaccines protect against viruses or bacteria that cause infections such as influenza, whooping cough and pneumonia. Prevent the spread of germs. Wash your child's hands and hands often with soap to prevent the spread of germs. Don't let your child share food, drink or utensils with others. Keep your child away from other patients with respiratory symptoms. These include a sore throat or cough. When seek immediate medical attention? Your child is younger than 3 months old and has a fever. Your child struggles to breathe or wheez. Your child's lips or nails are bluish or gray. Your child's skin between the ribs and around the neck pulls with each breath. Your child any of the following signs of dehydration: Crying without tears Dizziness Dry mouth or cracked lips More irritable or fussy than usual Sleepier than usual urinating less than usual, or not at all sunken soft spot on the top of the head if your child is younger than 1 years When should I contact my child health care provider? Your child has a temperature of 102 degrees Fahrenheit (38.9 degrees Celsius), or above 100.4 degrees Fahrenheit (38 degrees Celsius) if your child is younger than 6 months old. Your child can't stop coughing. Your child is nauseous. You have questions or concerns about the condition or care of the child. Care agreement You have the right to help plan childcare. Learn about your child's health and how to treat it. Discuss treatment options with your child's health care providers to decide what kind of care you want for your child. The above information is only educational help. It is not intended as a medical consultation for individual conditions or treatment. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you. Medical failure Details of pneumonia in children with drug-relatedPleuroleg infectionIBM Watson Micromedex ADD TOPIC TO EMAIL ALERTS We have not been able to process your request. Please try again later. If you continue to have this problem, please contact customerservice@slackinc.com. Current guidelines for assessing childhood obesity would miss 32% of cases with a major cause among a cohort of children who have undergone extensive anti-obesity work, according to findings presented at the annual meeting of the European Society of Pediatric Endocrinology. Ozair Abawi Diagnosis of the main causes is vital for obese patients, as it provides insight into the clinical course of obesity and thus makes individual monitoring and treatment possible. In addition, it helps patients and their families to combat the obesity stigma they often encounter, Ozair Abawi, M.D., Ph.D., and Erica L. T. van den Acker, MD, PhD, Pediatric Endocrinologist and Associate Professor, as CGG Obesity Center in the Department of Pediatric Endocrinology at E MCRASMUS-Sofia Children's Hospital in Rotterdam, Netherlands. For Genetic obesity disorders, highly effective pharmacological treatment options are being studied in clinical trials. Indeed, in our clinical experience we often see a positive effect and subsequently patient-given treatment of the clinical course of obesity. In a prospective, observational study, researchers evaluated the main causes of obesity for 282 obese children (average age, 10.8 years; 59% of girls) to attend the Children's Obesity Center. An extensive assessment was carried out for all participants to identify endocrine, cerebral, drug or figurative causes of obesity. These estimates were then compared with the current guidelines of the Endocrine Society. According to the researchers, 19% of cohorts (n No. 53) were the leading cause of obesity, including 36 with genetic, 9 with drug-induced and 8 with cerebral causes. We were surprised by our high yield of the main special causes of childhood obesity, which is unprecedented, abavi and van den Acker said. The literature often states that the main causes of childhood obesity are rare. The researchers noted that of these 53 children, only 68% (n No. 36) would have been investigated for the main reason under current guidelines. In the annotation, the researchers specifically noted that the guide would have missed patients presenting with genetic obesity syndromes with a typical onset of obesity for 5 years and patients using weight-causing medications other than antipsychotic drugs. Guidelines for testing children under 5 and those with hyperphagia would identify the underlying causes, according to the researchers. This study shows the value of a broad diagnostic strategy in individual obese patients in the tertiary pediatric care setting. In addition, our study contributes to further expanding our understanding of these underlying causes of obesity, Abawi and van den Acker said. We hope that this knowledge can be used in the future to further improve the guidelines and find optimal diagnostic strategies for children and adolescents suffering from obesity. - Phil Neuffer Links: Abawi O, et al P1-46. Presented at: European Society of Pediatric Endocrinology Annual Meeting; September 19-21, 2019; Vienna. For more information: Ozair Abawi, MD, can be contacted by o.abawi@erasmusmc.nl. Disclosure: Abawi and van den Acker do not report relevant financial disclosures. ADD TOPIC TO EMAIL ALERTS We were unable to process your request. Please try again later. If you continue to have this problem, please contact customerservice@slackinc.com. customerservice@slackinc.com. guidelines for treatment of pneumonia in pediatrics. nice guidelines for pneumonia in pediatrics