

			that rub and irritate skin. Teach child to apply pressure to pruritic area rather than scratching it. Avoid use of aspirin (possible association with Reye syndrome).
Diphtheria			
<p>Agent: <i>Corynebacterium diphtheriae</i></p> <p>Source: Discharges from mucous membranes of nose and nasopharynx, skin, and other lesions of infected person</p> <p>Transmission: Direct contact with infected person, a carrier, or contaminated articles</p> <p>Incubation period: Usually 2 to 5 days, possibly longer</p> <p>Period of communicability: Variable; until virulent bacilli are no longer present (identified by three negative cultures); usually 2 weeks but as long as 4 weeks</p>	<p>Vary according to anatomic location of pseudomembrane</p> <p>Nasal: Resembles common cold, serosanguineous mucopurulent nasal discharge without constitutional symptoms; may have frank epistaxis</p> <p>Tonsillar-pharyngeal: Malaise; anorexia; sore throat; low-grade fever; pulse increased above expected for temperature within 24 hours; smooth, adherent, white or gray membrane; lymphadenitis possibly pronounced ("bull's neck"); in severe cases, toxemia, septic shock, and death within 6 to 10 days</p> <p>Laryngeal: Fever, hoarseness, cough, with or without previous signs listed; potential airway obstruction; apprehensive; dyspneic retractions; cyanosis</p>	<p>Equine antitoxin (usually intravenously); preceded by skin or conjunctival test to rule out sensitivity to horse serum</p> <p>Antibiotics (penicillin G procaine or erythromycin) in addition to equine antitoxin</p> <p>Complete bed rest (prevention of myocarditis)</p> <p>Tracheostomy for airway obstruction</p> <p>Treatment of infected contacts and carriers</p> <p>Complications: Toxic cardiomyopathy (2nd to 3rd week)</p> <p>Toxic neuropathy</p> <p>Preventive: Childhood immunization</p>	<p>Follow Standard and Droplet Precautions until two cultures are negative for <i>C. diphtheriae</i>; use Contact Precautions with cutaneous manifestations.</p> <p>Administer antibiotics in timely manner.</p> <p>Participate in sensitivity testing; have epinephrine available.</p> <p>Administer complete care to maintain bed rest.</p> <p>Use suctioning as needed.</p> <p>Observe respiration for signs of obstruction.</p> <p>Administer humidified oxygen as prescribed.</p>
Erythema Infectiosum (Fifth Disease) (Fig. 6-3)			
<p>Agent: Human parvovirus B19</p> <p>Source: Infected persons, mainly school-age children</p> <p>Transmission: Respiratory secretions and blood, blood products</p>	<p>Rash appears in three stages:</p> <p>I: Erythema on face, chiefly on cheeks ("slapped face" appearance); disappears by 1 to 4 days</p> <p>II: About 1 day after rash appears on face, maculopapular red</p>	<p>Symptomatic and supportive: Antipyretics, analgesics, antiinflammatory drugs</p> <p>Possible blood transfusion for transient aplastic anemia</p> <p>Complications: Self-</p>	<p>Isolation of child is not necessary, except hospitalized child (immunosuppressed or with aplastic crises) suspected of parvovirus infection is placed on Droplet Precautions and Standard</p>