	days assumes brownish appearance, and fine desquamation occurs over area of extensive involvement Constitutional signs and symptoms: Anorexia, abdominal pain, malaise, generalized lymphadenopathy	for children 6 through 11 months old; 50,000 International units for infants younger than 6 months old (American Academy of Pediatrics, 2015)	encourage fluids and soft, bland foods. Skin care: Keep skin clean; use tepid baths as necessary.
Pertussis (Whooping Cough)			
Agent: Bordetella pertussis Source: Discharge from respiratory tract of infected persons Transmission: Direct contact or droplet spread from infected person; indirect contact with freshly contaminated articles Incubation period: 6 to 20 days; usually 7 to 10 days Period of communicability: Greatest during catarrhal stage before onset of paroxysms	Catarrhal stage: Begins with symptoms of upper respiratory tract infection, such as coryza, sneezing, lacrimation, cough, and low-grade fever; symptoms continue for 1 to 2 weeks, when dry, hacking cough becomes more severe Paroxysmal stage: Cough most common at night, consists of short, rapid coughs followed by sudden inspiration associated with a high-pitched crowing sound or "whoop;" during paroxysms, cheeks become flushed or cyanotic, eyes bulge, and tongue protrudes; paroxysm may continue until thick mucus plug is dislodged; vomiting frequently follows attack; stage generally lasts 4 to 6 weeks, followed by convalescent stage Infants <6 months old may not have characteristic whoop cough, but have difficulty maintaining adequate oxygenation with amount of secretions, frequent vomiting of mucus and formula or breast milk Pertussis may occur in adolescents and	Preventive: Immunization; current belief is that childhood immunizations for pertussis do not confer lifelong immunity to adolescents and adults, so a pertussis booster is recommended for adolescents Refer to the CDC Immunization Guidelines Antimicrobial therapy (e.g., erythromycin, clarithromycin, azithromycin) Supportive: Hospitalization sometimes required for infants, children who are dehydrated, or those who have complications Increased oxygen intake and humidity Adequate fluids Intensive care and mechanical ventilation if needed for infants <6 months old Complications: Pneumonia (usual cause of death in younger children) Atelectasis Otitis media Seizures Hemorrhage (scleral, conjunctival, epistaxis;	Maintain isolation during catarrhal stage; if child is hospitalized, institute Standard and Droplet Precautions. Obtain nasopharyngeal culture for diagnosis. Encourage oral fluids; offer small amount of fluids frequently. Ensure adequate oxygenation during paroxysms; position infant on side to decrease chance of aspiration with vomiting. Provide humidified oxygen; suction as needed to prevent choking on secretions. Observe for signs of airway obstruction (increased restlessness, apprehension, retractions, cyanosis). Encourage compliance with antibiotic therapy for household contacts. Encourage adolescents to obtain pertussis booster (Tdap) Refer to the CDC Immunization Guidelines). Use Standard