

	<p>adults with varying manifestations; cough and whoop may be absent, however, as many as 50% of adolescents may have a cough for up to 10 weeks (American Academy of Pediatrics, 2015)</p> <p>Additional symptoms in adolescents include difficulty breathing, and posttussive vomiting</p> <p>(See also Immunizations, for discussion of pertussis immunization schedule.)</p>	<p>pulmonary hemorrhage in neonate)</p> <p>Weight loss and dehydration</p> <p>Hernias (umbilical and inguinal)</p> <p>Prolapsed rectum</p> <p>Complications reported among adolescents include syncope, sleep disturbance, rib fractures, incontinence, and pneumonia</p> <p>(American Academy of Pediatrics, 2015)</p>	<p>Precautions and Droplet in health care workers exposed to children with persistent cough and high suspicion of pertussis.</p>
Poliomyelitis			
<p>Agent:</p> <p>Enteroviruses, three types: Type 1, most frequent cause of paralysis, both epidemic and endemic; type 2, least frequently associated with paralysis; type 3, second most frequently associated with paralysis</p>	<p>May be manifested in three different forms:</p> <p>Abortive or inapparent:</p> <p>Fever, uneasiness, sore throat, headache, anorexia, vomiting, abdominal pain; lasts a few hours to a few days</p> <p>Nonparalytic: Same manifestations as abortive but more severe, with pain and stiffness in neck, back, and legs</p>	<p>Preventive:</p> <p>Childhood immunization</p> <p>Supportive: Complete bed rest during acute phase</p> <p>Mechanical or assisted ventilation in case of respiratory paralysis</p> <p>Physical therapy for muscles after acute stage</p>	<p>Institute Contact Precautions.</p> <p>Administer mild sedatives as necessary to relieve anxiety and promote rest.</p> <p>Participate in physical therapy procedures (use of moist hot packs and range-of-motion exercises).</p>
<p>Source: Feces and oropharyngeal secretions of infected persons, especially young children</p> <p>Transmission:</p> <p>Direct contact with persons with apparent or inapparent active infection; spread via fecal-oral and pharyngeal-oral routes</p> <p>Vaccine-acquired paralytic polio may occur as a result of the live oral polio vaccination (no longer available in</p>	<p>Paralytic: Initial course similar to nonparalytic type, followed by recovery and then signs of central nervous system paralysis</p>	<p>Complications:</p> <p>Permanent paralysis</p> <p>Respiratory arrest</p> <p>Hypertension</p> <p>Kidney stones from demineralization of bone during prolonged immobility</p>	<p>Position child to maintain body alignment and prevent contractures or skin breakdown; use footboard or appropriate orthoses to prevent footdrop; use pressure mattress for prolonged immobility.</p> <p>Encourage child to perform activities of daily living to capability; promote early ambulation with assistive devices; administer analgesics for maximum comfort during physical activity; give high-</p>