	Hemolytic-Uremic Syndrome
Diagnostic Studies	CBC/diff/retic: anemia, thrombocytopenia w/ appropriate reticulocytosis Smear: schistocytes ↑ LDH, ↓ haptoglobin, Coombs negative (evidence of intravascular hemolysis) Chem 10: evidence of acute kidney injury, elevated BUN/Cr LFTs: elevation in transaminases, unconjugated hyperbilirubinemia UA: may demonstrate proteinuria, hematuria Stool culture Head CT if any change in MS or abnormal neurologic exam
Treatment	 Treatment mainly supportive; judicious fluid management (see section on AKI), correct electrolyte abnormalities, transfuse RBCs if needed (avoid platelets unless actively bleeding, as this may worsen the TMA process), manage hypertension If significant CNS involvement or if TTP suspected, consider plasmapheresis. For non-STx mediated HUS, consider eculizumab (anti-C5 antibody; prevents activation of terminal complement pathway) 5-10% mortality; 5-10% progress to ESRD; inc WBC, seizure, or CVA = poor prognostic factors

		Hypertension							
Definition		Children >13 years old							
l [Normal	<90th percentile	<120/<80 mmHg						
	Elevated BP	≥90th percentile to <95th percentile or 120/80 mmHg to <95th percentile (whichever is lower)	120/<80 to 129/<80 mmHg						
:	Stage 1 HTN	≥95th percentile to <95th percentile +12 mmHg or 130/80 to 139/89 mmHg (whichever is lower)	130/80 to 139/89 mmHg						
[Stage 2 HTN	≥95th percentile + 12 mmHg or ≥140/90 mmHg (whichever is lower)	≥140/90 mmHg						
	Percentiles d		atrics. 2017;140(3):e20171904						
	Full percentile tables located on pages 140-143 Essential Hypertension: Most common etiology in older children; increasing incidence with rise in obesity More likely in children who are overweight, postpubertal, and/or have a family history of hypertension Secondary Hypertension Renal Parenchymal Disease Glomerulonephritis, both acute and chronic Renal scarring from pyelonephritis, VUR → CKD Renovascular Renal artery stenosis: fibromuscular dysplasia, Neurofibromatosis I, Williams Syndrome Thromboembolism (e.g., h/o UAC) Aortic coarctation Vasculitis: Takayasu's arteritis, polyarteritis nodosa Endocrine Hyperthyroidism Catecholamine excess: pheochromocytoma, neuroblastoma, exogenous catecholamines (cold medications, cocaine, amphetamines) Corticosteroid excess: exogenous or endogenous (Cushing's) Mineralocorticoid excess: congenital adrenal hyperplasia, primary hyperaldosteronism Neurologic: intracranial hypertension, familial dysautonomia								

	Hypertension
Clinical Manifestations	 Depends on etiology; essential hypertension often asymptomatic and discovered on routine blood pressure screening Renal parenchymal disease: may present with hematuria, edema Catecholamine excess: headache, flushing, sweating, tachycardia Hyperthyroidism: sweating, diarrhea, tachycardia Hypertensive emergency can present with headache, altered mental status, chest pain, dyspnea (see section on hypertensive emergency on page 238)
Evaluation	Phase 1:Confirmation • Manual auscultatory measurement with appropriate-sized cuff on 3 separate occasions • Bladder width: > 40% of upper arm circumference • Bladder length: > 80% of upper arm circumference • Consider BP measurements at school, home, or ambulatory BP monitoring Phase 2: Screening studies • Urinalysis (microscopic if positive) • Chem 10 + uric acid (if concern for oncologic etiology, can also be elevated in essential HTN) • Renal ultrasound with doppler interrogation Phase 3: Directed testing • Determine etiology (tests to consider based on history, PE, screening results) • TFTs • Plasma/urine catecholamines and metanephrines • Renin/aldosterone • DMSA scan to identify renal scarring in the setting of severe VUR • Renal arteriography • Assess for end-organ damage • Echocardiogram (?LVH) • Dilated eye exam (?retinal changes)
Treatment	 For essential hypertension, can consider dietary/lifestyle modifications as first-line approach for patients with Stage 1 hypertension and no evidence of end-organ damage Pharmacologic therapy typically indicated for patients with Stage 2 hypertension, symptomatic hypertension, evidence of end-organ damage, or Stage 1 hypertension that does not improve after 4-6 months of lifestyle modifications Choice of pharmacologic agent depends on underlying etiology For renin-mediated hypertension (renal artery stenosis, renal scarring), ACE-inhibitor usually best choice (e.g., ramipril 6 mg/kg once daily) For volume-related hypertension (e.g., glomerulonephritis) use diuretics (e.g., HCTZ 1-3 mg/kg once daily) General principle is to choose one medication and increase dose until reach maximum recommended dose, then add an additional agent until hypertension controlled For treatment of hypertensive emergency, refer to hypertensive emergency section in critical care chapter on page 238

Hypertension Blood Pressure Levels for Boys by Age and Height Percentile Systolic BP (mmHg) Diastolic BP (mmHg) BP ← Percentile of Height → ← Percentile of Height → Percentile Age (Year) 5th 10th 25th 50th 75th 90th 95th 5th 10th 25th 50th 75th 90th 95th 50th 90th 95th 99th 50th 90th 95th 99th 90th 95th 99th 50th 90th 95th 99th 90th 95th 99th

Hypertension Blood Pressure Levels for Boys by Age and Height Percentile Systolic BP (mmHg) Diastolic BP (mmHg) ВР ← Percentile of Height → ← Percentile of Height → Age 50th 10th 50th 75th 90th 95th 10th 25th 75th 90th 95th (Year) 5th 25th 5th 50th 90th 95th 99th 50th 90th 95th 99th

Age	BP Percentile	Systolic BP (mmHg)						Diastolic BP (mmHg)							
				Perce							Perce				
(Year)	Ψ	5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	83	84	85	86	88	89	90	38	39	39	40	41	41	42
	90th	97	97	98	100	101	102	103	52	53	53	54	55	55	56
	95th 99th	100 108	101 108	102 109	104 111	105 112	106 113	107 114	56 64	57 64	57 65	58 65	59 66	59 67	60 67
2	50th	85	85	87	88	89	91	91	43	44	44	45	46	46	47
2	90th	98	99	100	101	103	104	105	57	58	58	59	60	61	61
	95th	102	103	104	105	107	108	109	61	62	62	63	64	65	65
	99th	109	110	111	112	114	115	116	69	69	70	70	71	72	72
3	50th	86	87	88	89	91	92	93	47	48	48	49	50	50	51
	90th	100	100	102	103	104	106	106	61	62	62	63	64	64	65
	95th	104	104	105	107	108	109	110	65	66	66	67	68	68	69
	99th	111	111	113	114	115	116	117	73	73	74	74	75	76	76
4	50th	88	88	90	91	92	94	94	50	50	51	52	52	53	54
	90th	101	102	103	104	106	107	108	64	64	65	66	67	67	68
	95th	105	106	107	108	110	111	112	68	68	69	70	71	71	72
	99th	112	113	114	115	117	118	119	76	76	76	77	78	79	79
5	50th	89	90	91	93	94	95	96	52	53	53	54	55	55	56
	90th	103	103	105	106	107	109	109	66	67	67	68	69	69	70
	95th	107	107	108	110	111	112	113	70	71	71	72	73	73	74
	99th	114	114	116	117	118	120	120	78	78	79	79	80	81	81
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	68	68	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	119	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	116	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	98	99	100	101	57	57	57	58	59 72	60	60
	90th 95th	108	109 112	110	111	113	114	114	71 75	71 75	71 75	72 76	73 77	74	74 78
	95th 99th	112 119	112	114	115	116 123	118	118 125	75 82	75 82	75 83	83	84	78 85	
9	50th	96	97	121 98	122	101	125	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	86	86	87	88

Hypertension Blood Pressure Levels for Girls by Age and Height Percentile Systolic BP (mmHg) Diastolic BP (mmHg) BP ← Percentile of Height → ← Percentile of Height → Percentile Age (Year) 5th 10th 25th 50th 75th 90th 95th 5th 10th 25th 50th 75th 50th 90th 95th 99th 50th 90th 95th 99th