Febrile Infant

	Age	Empiric Antibiotics	Other antigens to consider
Empiric Antibiotic Treatment Based on Age	**<or=14 days**	Ampicillin + Cefotaxime	Gentamicin can replace Cefotaxime Add acyclovir if CSF pleocytosis or ill-appearing
	15-28 days	Ceftriaxone (50 mg/kg)	Add ampicillin and acyclovir if CSF pleocytosis or ill-appearing Meningitic dose (100 mg/kg/day) if CSF pleocytosis
	>29 days	Ceftriaxone	Meningitic dose if CSF pleocytosis Consider vancomycin if suspicion for pneumococcal meningitis

Foreign Body Aspiration

Sources	**No BCH EBG, No CHOP pathway**
Presentation	• In acute period, children may have chest pain, wheezing, cough, resp distress • In subacute/chronic period after aspiration, children may present with pneumonia (often in the RML as a result of right main-stem FB aspiration)
Workup	• Physical Exam: ▪ Stridor, hoarseness, inspiratory wheeze suggest upper airway location (wheeze may be monophonic and focal) ▪ Asymmetric lung aeration and/or focal decreased breath sounds suggest lower airway location • Diagnostic Studies: ▪ AP and Lateral CXR and soft tissue neck films ▪ Expiratory film or lateral decubitus films if lower airway location is suspected (air trapping seen in obstructed lung)
Management	• If complete upper airway obstruction present, perform back blows (child <1 yr of age) or Heimlich maneuver (child >1 yr of age) to dislodge object → PALS Blind/finger sweeping of the mouth should be avoided • Consult Ear-Nose-Throat (ORL) or general surgery for flexible or rigid bronchoscopy in all cases of suspected foreign-body aspiration to visualize the trachea and bronchi and remove object if seen

Foreign Body Ingestion

Sources	**CHOP clinical pathway**
Pathogenesis	• Average GI transit time is 3.6 days • **Anatomical narrowings**: cricopharyngeus muscle, aortic crossover of esophagus, lower esophageal sphincter, pylorus, duodenal sweep, ileocecal junction ▪ Objects > 25 mm diameter unlikely to pass pylorus ▪ Objects > 6 cm length unlikely to pass duodenal sweep • **Button batteries**: caustic injury from high pH → injury at anode (narrow portion) of batter → stricture formation (can happen within 2 hours) → aortoenteric fistula is feared complication • **Magnets**: Multiple in different bowel segments can adhere and erode through bowel wall causing perforation
Presentation	Depends on age, location, and nature of FB • **Esophagus**: refusal to eat, dysphagia, drooling, respiratory symptoms • **Stomach**: asymptomatic unless causing gastric outlet obstruction • **Intestine**: asymptomatic unless retained/obstructing, dependent on location
Workup	• Start with XR AP single view neck, chest, abdomen • XR lateral for coins, battery, magnet OR if esophageal or unknown location

Foreign Body Ingestion continued on next page →