

Emergency Department

Epistaxis

Treatment	<ul style="list-style-type: none"> • Sustained pressure on nostrils/anterior plexus • Apply local vasoconstrictor: phenylephrine (0.25%) or oxymetazoline (0.05%, Afrin) • Anterior nasal packing • ORL consult for severe epistaxis • Chemical cautery (silver nitrate) or electrocautery of actively bleeding vessel
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Febrile Infant

Sources	BCH EBG (FUO, Fever 0-1 months, Fever 0-90 days, Fever 1-2 months, Fever/UTI 2-24 months), CHOP clinical pathway		
Pathogenesis	The anterior nasal septum is highly vascularized (Kiesselbach's plexus) and is subject to exposure due to location.		
Definition	Temperature ≥ 38.0 (100.4 C) in infant ≤ 90 days Temperature ≥ 38.5 (101.3 C) in child > 3 months		
Etiology	<ul style="list-style-type: none"> • Rates of serious bacterial infection (SBI) in febrile infants/young children range from 7-38% of infants aged 0-28 days seen in emergency department for fever. • UTI is the most common (5.9%), followed by bacteremia (1%), meningitis (0.3%). 		
Pathogenesis	<ul style="list-style-type: none"> • Bacterial: UTI, pneumonia, bacteremia, meningitis, enteritis, osteomyelitis • Viral: Enterovirus, HSV, influenza, RSV, rotavirus, aseptic meningitis • Neonate: (within first 7 days of life) often vertical transmission • Less common: recent immunizations, malignancy, medications (antibiotics, antineoplastic drugs, biologics), immunological (Kawasaki), immunodeficiency (HIV, SCID, humoral deficiency), hereditary autoinflammatory syndromes of periodic fever, other periodic fever syndromes 		
Most Common Pathogens by Age	Age	Bacteremia/Meningitis	Other pathogens
	0-28 days	Group B Strep Gram negative enterics (E. coli, Klebsiella) Listeria	HSV <u>Conjunctivitis:</u> Ghonorrhea, Chlamydia, S. aureus <u>Pneumonia:</u> Chlamydia, S. aureus <u>Diarrhea:</u> Salmonella
	28-90 days	GBS (Late onset) Gram negative enterics Strep Pneumo H. flu N. meningitides	<u>Pneumonia:</u> Chlamydia, Staph aureus, Pertussis, RSV and other viruses <u>Diarrhea:</u> Salmonella
	3-36 mos	Strep Pneumo H. flu N. meningitides	<u>UTI:</u> E. coli, other GNR, enterococcus
Clinical Presentation	<ul style="list-style-type: none"> • Non-specific symptoms: poor feeding, lethargy or irritability. They may have hypothermia instead of fever • History: Full pre- and perinatal history including, GBS status, need for intrapartum antibiotics, evidence of maternal HSV or other infections • Physical exam: bulging fontanelle (Meningeal signs unlikely in infants), respiratory distress or focal lung findings, conjunctivitis, oral lesions, vesicles, cellulitis, rash, vomiting, diarrhea, swelling of a joint or extremity • Otitis media/URI symptoms, if present, do not preclude need for further eval. 		
Treatment	<ul style="list-style-type: none"> • Empiric therapy while awaiting culture results (see below table) • In patients with positive UA or cultures, therapy should be tailored appropriately 		