Pediatric Fever

0 - 28 days

Septic workup and admit

CBC
Blood culture
UA
Urine culture
CSF studies:
GS, C&S, protein, glucose, cell counts

Cefotaxime 50 mg/kg
Ampicllin 100 mg/kg

Concerned about HSV:
HSV PCR)
Acyclovir 20 mg/kg

29 days to 3 months

Option 1

0-28 day old tests
If negative:
Rocephin 50 mg/kg &
24 hr follow up.

Option 2

UA and Urine culture
Close follow up.

> 3 months

PE Source

Stomatitis
HFM
URI
Virus
AGE
Cellulitis/abscess
PNA/bronchiolitis/croup

When to obtain UA

Girls < 2 yrs
Circumcised boys <6 m
Uncircumcised boys <1 yr

Notes:
Always straight cath
Only for well appearing, healthy children
Obtain UA regardless of presence of viral infxn

Back to Table of Contents

Inborn Errors in Metabolism

General Labs: Glucose, Ammonia, Lactate, UA
General Management: NPO, MIVF with D10

High Ammonia

Not Acidotic

Urea Cycle Defect

- ↑ Ammonia
- ↓ BUN
- ↑ pH (resp alkalosis)

*OTC deficiency is most common type
*Occurs when you give protein
*Treat with:
  - L-arginine (Catalyzes urea cycle)
  - Sodium Benzoate (nitrogen scavenger)

Acidotic

Organic Aciduria

- ↓ pH
- ↑ Ammonia
- ↓ Bone marrow suppression

*Gluteric Aciduria Type 1: Chronic subdurals, NAT look alike
* Dx: Urine and serum organic acids

Low Glucose

Not Acidotic

Fatty Acid Oxidation d/o

- ↓ Glucose
- ↓ Ketones

*MCAD most common inborn error of metabolism
*Occurs when fasting
* Dx: Serum acylcarnitine profile

Acidotic

Glycogen Storage Dz

- ↓ Glucose
- ↓ pH
- ↑ Lactate
- ↑ Liver size

* Can develop HCC

Galactosemia

- ↓ Glucose
- ↑ Urine Reducing Substances
- ↑ Bilirubin

*Occurs when you give lactose (no more boob)
*E.Coli Sepsis
*Give Abx if presenting sick
*Cataracts develop

Ketotic Hypoglycemia

- ↓ Glucose
- ↓ pH
- ↑ Ketonuria

*Most common cause of low Glucose
*Occurs in toddler to school age kids
*Occurs when fasting

Back to Table of Contents