

# FEVER FOR EVALUATION

TAKE PROPER HISTORY, SPECIALLY RELATED TO CAUSE OF FEVER LIKE LRTI, URTI, UTI, ENTERIC, DENGUE, MALARIA, MENINGITIS, INFECTIOUS FOCUS LIKE ABSCESS, SEPTICEMIA ETC.

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, BP, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA, DEHYDRATION LEVEL.

## MANAGEMENT-

1. URINE FOR RE, ME, C/S.
2. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG).
3. INJ CEFTRIAZONE + SALBACTAM (150mg/kg/day, UPTO MAX DOSE OF 1.5gm PER DOSE) IV BD (APST)./ INJ CEFOTAXIME (100mg/kg/day)
4. INJ AMIKACIN (15mg/kg/day)- IV OD / INJ OFLOXACIN (10mg/kg/day)- IV BD
5. INJ RANITIDINE (1MG/KG)- IV BD (if needed)
6. INJ ONDANSETRON (0.2mg/kg/dose, MAX 4mg)- IV STAT AND SOS (IF FREQUENT VOMITING THEN TDS) (if needed)
7. SYR PCM (125mg/5ml) / TAB PCM (500mg)- 15mg/kg/dose- PO SOS/ QDS (IF HIGH GRADE FEVER)/INF PCM (10mg/kg/dose)- IF FEVER IS NOT CONTROLLED OR PATIENT UNABLE TO TAKE ORALLY.
8. MAINTAIN TEMP CHART

## PLAN OF INVESTIGATION

1. CBC, MP, MPDA (DO IT DURING ADMISSION)
2. DENGUE IGM ELISA
3. WIDAL
4. CRP

# RESPIRATORY DISTRESS

TAKE PROPER HISTORY.

GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, RESPIRATORY RATE,BP, CHEST- COMMENT ON WHEEZE, RONCHI, CREPTS, BRONCHIAL BS ETC CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA, DEHYDRATION LEVEL.

MANAGEMENT-

1. INJ CO-AMOXY-CLAV (100mg/kg/day)- IV BD [>6 Months]/ INJ CEFUROXIME (100mg/kg/day)- IV BD [<6 Months]
2. INJ AMIKACIN (15mg/kg/day)- IV OD (IN <6 MONTHS OLD BABIES)
3. INJ RANITIDINE (1MG/KG)- IV BD (if needed)
4. SYR PCM (125mg/5ml) / TAB PCM (500mg)- 15mg/kg/dose- PO SOS/ QDS (IF HIGH GRADE FEVER)/INF PCM (10mg/kg/dose)- IF FEVERE IS NOT CONTROLLED OR PATIENT UNABLE TO TAKE ORALLY
5. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG) - IF SEVERELY DISTRESSED OR UNABLE TO TAKE ORALLY.
6. NEBULISATION WITH ASTHALIN + 3% NACL IN >6MONTHS BABY. IN <6MOTNHS BABY ONLY WITH 3% NACL- 3 DOSES AT 30 MINUTES INTERVAL THEN 2 HOURLY. IF WHEEZE AND <6 MONTHS BABY ( ie SUSPECTED BRONCHIOLITIS)- NEBULISE WITH 1 ml ADRENALINE (1:1000) + 3% NACL

PLAN OF INVESTIGATION-

1. *CHEST X-RAY PA VIEW (DIGITAL)* - WRITE DOWN THE REQUISITION ON ADMISSION AND GIVE IT TO THE PARTY.

## **FEBRILE SEIZURE**

TAKE PROPER HISTORY SPECIALLY, FEVER FOR HOW MANY DAYS, CONVULSION- HOW MANY TIMES, TIME AND DURATION OF EACH EPISODE (DIAGNOSIS ACCORDINGLY, IF CONFUSION ASK SENIOR).

**\*\*IF FEVER WITH CONVULSION IN <1 YEAR BABY, GIVE MANAGEMENT IN MENINGITIS/AES LINE.**

### **GENERAL AND SYSTEMIC EXAMINATION-** MUST TO CHECK

HIGHER FUNCTION, HEART RATE, BP, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA, DEHYDRATION LEVEL

### **MANAGEMENT**

1. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG)- IF NEEDED
2. INJ CEFTRIAXONE + SALBACTUM (150mg/kg/day, UPTO MAX DOSE OF 1.5gm PER DOSE) IV BD (APST)./ INJ CEFOTAXIME (100mg/kg/day)
3. INJ AMIKACIN (15mg/kg/day)- IV OD / INJ OFLOXACIN (10mg/kg/day)- IV BD
4. SYR PCM (125mg/5ml) / TAB PCM (500mg)- 15mg/kg/dose- PO SOS/ QDS (IF HIGH GRADE FEVER)/INF PCM (10mg/kg/dose)- IF FEVERE IS NOT CONTROLLED OR PATIENT UNABLE TO TAKE ORALLY.
5. TAB CLOBAZAM (10mg) - 1mg/kg/day- TWO DEVIDED OR SINGLE DOSE.
6. MAINTAIN TEMERATURE CHART.

### **PLAN OF INVESTIGATION**

1. EEG (IN CASE OF ATYPICAL FEBRILE SEIZURE)- AFTER 2 WEEKS

# MENINGITIS/AES

TAKE PROPER HISTORY SPECIALLY, FEVER FOR HOW MANY DAYS, CONVULSION- HOW MANY TIMES, TIME AND DURATION OF EACH EPISODE, ANY CHANGE IN MENTAL STATUS, PAIN IN NECK.(DIAGNOSIS ACCORDINGLY, IF CONFUSION ASK SENIOR).

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

GCS, HIGHER FUNCTION, NECK RIGIDITY, KERNIG SIGN, BRUDZINSKI SIGN, HEART RATE, BP, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA, DEHYDRATION LEVEL

## MANAGEMENT

1. NPM
2. MOIST O<sub>2</sub> INHALATION
3. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG)- IF NEEDED
4. INJ CEFTRIAXONE (100 mg/kg/day, MAX DOSE UPTO 1gm/dose)/ INJ MEROPENEM (40mg/kg/dose) IV TDS.
5. INJ VANCOMYCIN (20 mg/kg/dose) + 50 ML NS- IV OVER 1HR TDS
6. INJ ACYCLOVIR (10 mg/kg/dose)- IV TDS (IF SUSPECTING AES, CHANGE IN MENTAL STATUS)
7. (IF THERE IS H/O CONVULSION) INJ PHENYTOIN (>1YEAR)/ INJ PHENOBARBITONE (<1YEAR)- 20mg/kg TO BE DISSOLVED IN 20 ml NS TO BE GIVEN OVER 20 MINS. FOLLOWED BY 5mg/kg/day IV BD
8. INJ PCM (10mg/kg/dose)- IV SOS/TDS
9. INJ RANITIDINE (1MG/KG)- IV BD (if needed)
10. INJ ONDANSETRON (0.2mg/kg/dose, MAX 4mg)- IV STAT AND SOS (IF FREQUENT VOMITING THEN TDS) (if needed)
11. MAINTAIN TEMP CHART
12. MAINTAIN I/O CHART
13. PLAN OF INVESTIGATION
  1. CBC, MP, MPDA
  2. CSF FOR CELL COUNT, CELL TYPE, PROTEIN, SUGAR, GRAM STAIN, Z-N STAIN, ADA, JE SEROLOGY

# AGE

## TAKE PROPER HISTORY

### GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, BP, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA, DEHYDRATION LEVEL

### MANAGEMENT

1. SYR ZINC GLUCONATE (20mg/5ml)- 2.5 ML OD (<6 MONTHS), 2.5 ML BD (>6 MONTHS)
2. PRE-PROBIOTIC SACHET- 1 SUCH BD
3. IF MILD DEHYDRATION- ORS WITH WATER  
IF MODERATE DEHYDRATION- IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG) - IF NEEDED  
IF SEVERE DEHYDRATION- RL (PREFERRED)/NS

AGE	FIRST GIVE 30ML/KG IN	THEN GIVE 70ML/KG IN
<12 MONTHS	1 HOUR	5 HOURS
1 YEAR TO 5 YEAR	30 MIN	2 HRS 30 MIN

IF IN SHOCK - 20 ml/kg NS/RL BOLUS, REPEAT UPTO TOTAL 60 ml/kg, IF NEEDED. IF CORRECTED GIVE MAINTENANCE FLUID AS MODERATE DEHYDRATION.

4. IF BLOOD IN STOOL/YOUNG INFANT- INJ CEFTRIAXONE/ INJ CEFOTAXIME- DOSAGE AS MENTIONED BEFORE.
5. SYR PCM (125mg/5ml) / TAB PCM (500mg)- 15mg/kg/dose- PO SOS/ QDS (IF HIGH GRADE FEVER)/INF PCM (10mg/kg/dose)- IF FEVER IS NOT CONTROLLED OR PATIENT UNABLE TO TAKE ORALLY.
6. INJ RANITIDINE (1MG/KG)- IV BD (if needed)
7. INJ ONDANSETRON (0.2mg/kg/dose, MAX 4mg)- IV STAT AND SOS (IF FREQUENT VOMITING THEN TDS). (if needed)
8. IN VERY YOUNG INFANT IF SEVERE SEPSIS IS SUSPECTED START INJ MEROPENEM (20mg/kg/dose)- IV TDS

# ACUTE HEPATITIS

TAKE PROPER HISTORY, SPECIALLY RELATED TO DURATION OF JAUNDICE, NAUSEA, VOMITING, URINE OUT PUT

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, BP, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY (SPECIALLY, HEPATOMEGALY), ANY KIND OF RASH, PALLOR, *ICTERUS*, EDEMA, ASCITES, DEHYDRATION LEVEL. CHECK THE MENTAL CONDITION TO RULE OUT HEPATIC ENCEPHALOPATHY.

## MANAGEMENT

1. COMPLETE BED REST
2. SUFFICIENT GLUCOSE WATER INTAKE
3. AVOID RICH, SPICY MEAL
4. INJ CEFOTAXIME (100 mg/kg/day)- IV BD ( AVOID CEFTRIAXONE)
5. TAB/SYR PCM (15 mg/kg/dose)- SOS
6. SYR LACTULOSE (1-3 ml/kg/day)- PO BD
7. SYR/DROP MULTIVITAMIN WITH LYSINE
8. INJ VITAMINE-K –
9. TAB UDCA (URSODEOXY CHOLIC ACID) (150mg) -
10. INJ RANITIDINE (1 mg/kg/dose)- IV BD (if needed)
11. INJ ONDANSETRON ( 0.2 mg/kg/dose)- IV TDS (if needed)
12. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG)- IF NEEDED

## PLAN OF INVESTIGATIONS

1. CBC
2. LFT
3. HBsAg, ANTI HCV, ANTI HAV, ANTI HEV

# NEPHROTIC SYNDROME

TAKE PROPER HISTORY SPECIALLY RELATED TO DURATION, DISTRIBUTION OF EDEMA (STARTED FROM WHERE AND PROGRESSION), URINE OUTPUT, FIRST EPISODE OR RELAPSE

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, **BP**, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY (SPECIALLY, HEPATOMEGALY), ANY KIND OF RASH, PALLOR, *ICTERUS*, **EDEMA**, **ASCITES**, DEHYDRATION LEVEL.

## MANAGEMENT

1. URINE FOR RE, ME, C/S
2. SALT RESTRICTED DIET
3. RESTRICTED WATER INTAKE ( AMOUNT OF URINE IN 24 HOUR + 300 ml)
4. INJ CEFTRIAXONE (100 mg/kg/day, MAX DOSE UPTO 1gm/dose)- IV BD
5. INJ RANITIDINE (1 mg/kg/dose)- IV BD (if needed)
6. INJ ONDANSETRON (0.2 mg/kg/dose)- IV TDS (if needed)
7. TAB/SYR PREDNISOLONE (2 mg/kg/day)- in confirm cases
8. MAINTAIN INTAKE, OUTPUT AND WEIGHT CHART

## PLAN OF INVESTIGATION

1. TOTAL PROTEIN, ALBUMIN
2. CHOLESTEROL
3. SERUM C3

# AGN

TAKE PROPER HISTORY SPECIALLY RELATED TO DURATION, DISTRIBUTION OF EDEMA (STARTED FROM WHERE AND PROGRESSION), URINE OUTPUT, COLOUR OF URINE.

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, **BP**, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, *ICTERUS*, **EDEMA**, **ASCITES**, DEHYDRATION LEVEL.

## MANAGEMENT

1. URINE FOR RE, ME, C/S
2. SALT RESTRICTED DIET
3. RESTRICTED WATER INTAKE ( AMOUNT OF URINE IN 24 HOUR + 300 ml)
4. INJ CEFTRIAXONE (100 mg/kg/day, MAX DOSE UPTO 1gm/dose)- IV BD
5. TAB NIFEDIPINE (0.5 mg/kg/day)- IF HYPERTENSION IS PRESENT
6. INJ RANITIDINE (1 mg/kg/dose)- IV BD (if needed)
7. INJ ONDANSETRON (0.2 mg/kg/dose)- IV TDS (if needed)
8. TAB/SYR PREDNISOLONE (2 mg/kg/day)- in confirmed cases
9. MAINTAIN INTAKE, OUTPUT AND WEIGHT CHART

## PLAN OF INVESTIGATION

1. CBC
2. TOTAL PROTEIN, ALBUMIN
3. SERUM C3
4. ASO TITRE

# SNAKE BITE

TAKE PROPER HISTORY SPECIALLY PAIN ABDOMEN, HEMATURIA, HEMATEMESIS, BLEEDING TENDENCIES [HEMATOTOXIC SNAKE BITE]; BREATHING DIFFICULTY, PTOSIS, WEAKNESS, DIFFICULTY IN DEGLUTITION.

## GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, PTOSIS, **BP**, CHEST, CVS, PER ABDOMEN- ANY ORGANOMEGALY (SPECIALLY, HEPATOMEGALY), ANY KIND OF RASH, PALLOR, *ICTERUS*, **EDEMA**, **ASCITES**, DEHYDRATION LEVEL.

## MANAGEMENT

1. INF AVS- 10 VIAL + 100 ml NS OVER 1 HOUR, REPEAT UPTO 3 DOSES- IF TOXIC SNAKE BITE SUSPECTEC
2. INJ CEFTRIAZONE (100 mg/kg/day, MAX DOSE UPTO 1gm/dose)- IV BD
3. (IN NUROTOXIC BITE) INJ ATROPINE (0.05 mg/kg/dose)- IV STAT  
INJ NEOSTIGMINE (0.05 mg/kg/dose)- IV STAT AFTER 5 MIN  
REPEAT EVERY 20 MIN
4. INJ RANITIDINE (1 mg/kg/dose)- IV BD (if needed)
5. INJ ONDANSETRON (0.2 mg/kg/dose)- IV TDS (if needed)
6. IVF- ISO-P (BODY WEIGHT UPTO 10 KG), HALF DNS +KCL (UPTO 20 KG), DNS+ KCL (AFTER 20 KG)- IF NEEDED

## PLAN OF INVESTIGATION

1. CHECK 20 MINUTES WBCT ON ADMISSION
2. UREA, CREATININE- URGENT
3. CBC

# POISONING

TAKE PROPER HISTORY. CHECK FOR SPECIFIC SYMPTOMS

GENERAL AND SYSTEMIC EXAMINATION- MUST TO CHECK

HIGHER FUNCTION, HEART RATE, BP, CHEST, CVS, PER ABDOMEN-  
ANY ORGANOMEGALY, ANY KIND OF RASH, PALLOR, EDEMA,  
DEHYDRATION LEVEL

MANAGEMENT

1. GASTRIC LAVAGE- IF PRESENTED WITHIN 4 HRS- IN CONFIRMED AND SYMPTOMATIC CASES
2. INJ RANITIDINE (1 mg/kg/dose)- IV BD (if needed)
3. INJ ONDANSETRON (0.2 mg/kg/dose)- IV TDS (if needed)
4. CAP ACTIVATED CHARCOAL (1-2 gm/kg/dose)- IN CONFIRMED AND SYMPTOMATIC CASES
5. CLOSE MONITORING