High Value Urgent Care in Office Practice

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(BACK TO THE) **FUTURE OF PEDIATRICS**

Disclosures

No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

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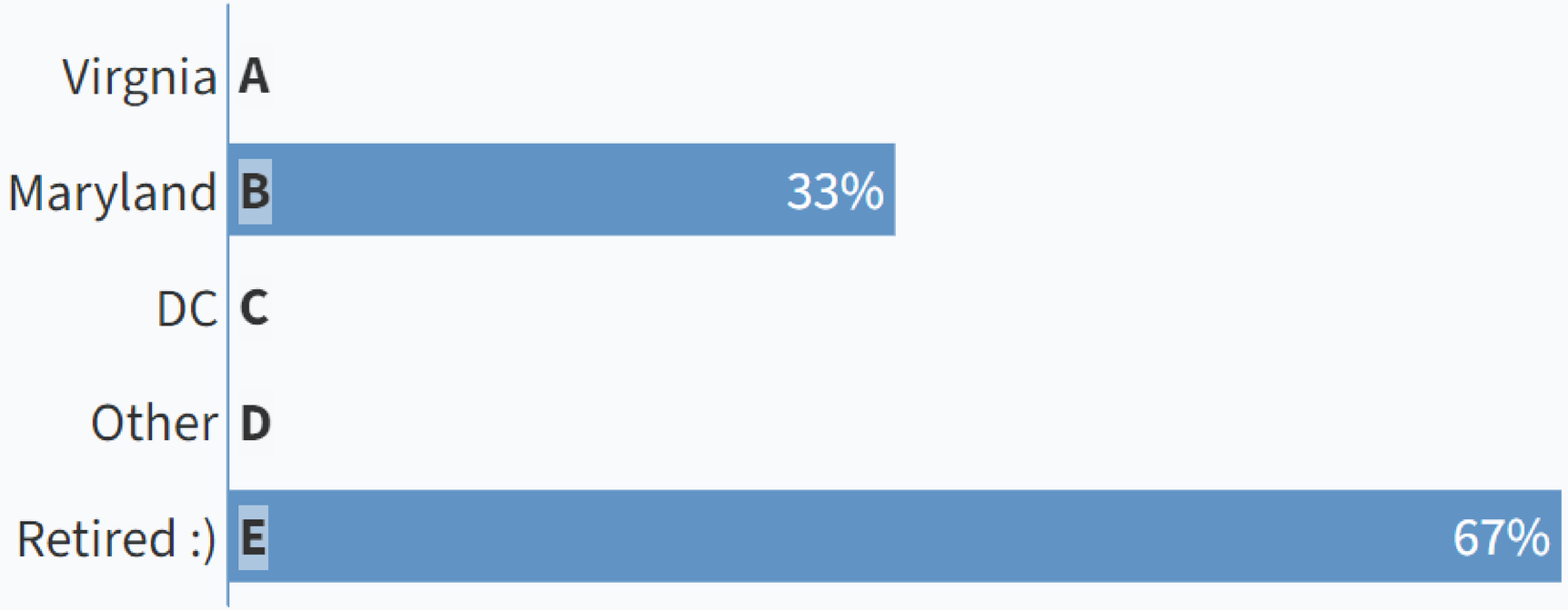
Where do you practice pediatrics?



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$$\text{VALUE} = \frac{\text{QUALITY*}}{\text{COST}}$$

***SAFE**

FAMILY CENTERED
EVIDENCE BASED
ETHICAL

- HEDIS Measures
- Value Based Payments

- Minor Blunt Head Injury
- Community Acquired Pneumonia
- Group A Streptococcal Pharyngitis
- Lyme Disease
- Bronchiolitis
- Febrile Neonate
- Urinary Tract Infection
- Sexually Transmitted Infection

CLOSED HEAD INJURY

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23-month-old falls off trampoline & hits their head, an hour ago. Emesis x 1. Brief LOC. 1 cm forehead hematoma. The next best step is to,

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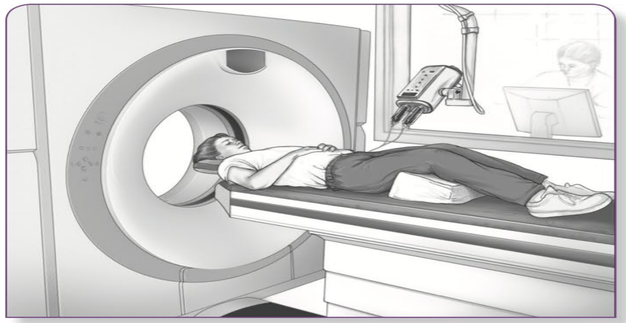
https://www.mdcalc.com/

After monitoring your child in the emergency department for a period of time, we will find out if there is any serious bleeding in or around the brain with:

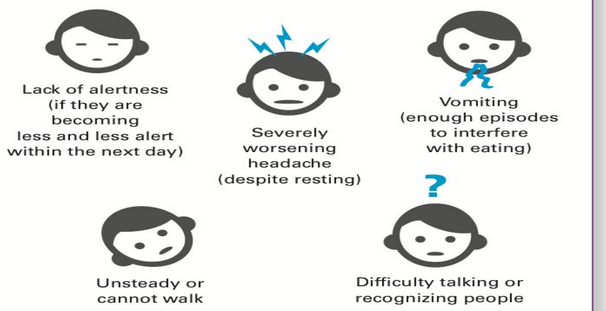
HEAD CT SCAN or **OBSERVATION AT HOME**

You can have a head CT scan test done to determine if your child has had a brain injury.



If your child's symptoms are the same or better in the next 1-2 days, then there was no serious bleeding in or around the brain.

It is very unlikely, but if your child develops new or worsening symptoms* such as these, bring him/her back to the Emergency Department as soon as possible.



Your child can maintain regular activities such as sleep.

* Some symptoms may not apply to young children who are not yet able to walk or talk.

Please circle the issues that are most important to you and your child.

	SPEED OF DIAGNOSIS	RADIATION	SEDATION	COST	POTENTIAL DOWNSIDES	WAIT IN ED
HEAD CT SCAN	Now	Yes	Possible	May increase cost depending on your coverage	May find irrelevant things that lead to more tests	Typically longer
OBSERVATION AT HOME	Delayed	No	No	No added cost	Potential return to ED if symptoms worsen	Typically shorter

After discussing this together, we want to do:

☐ HEAD CT SCAN ☐ OBSERVATION AT HOME

☐ Let the Emergency Department doctor decide what to do next

You will have the opportunity to revisit this decision with your doctor while you are in the Emergency Department.

ACUTE PHARYNGITIS

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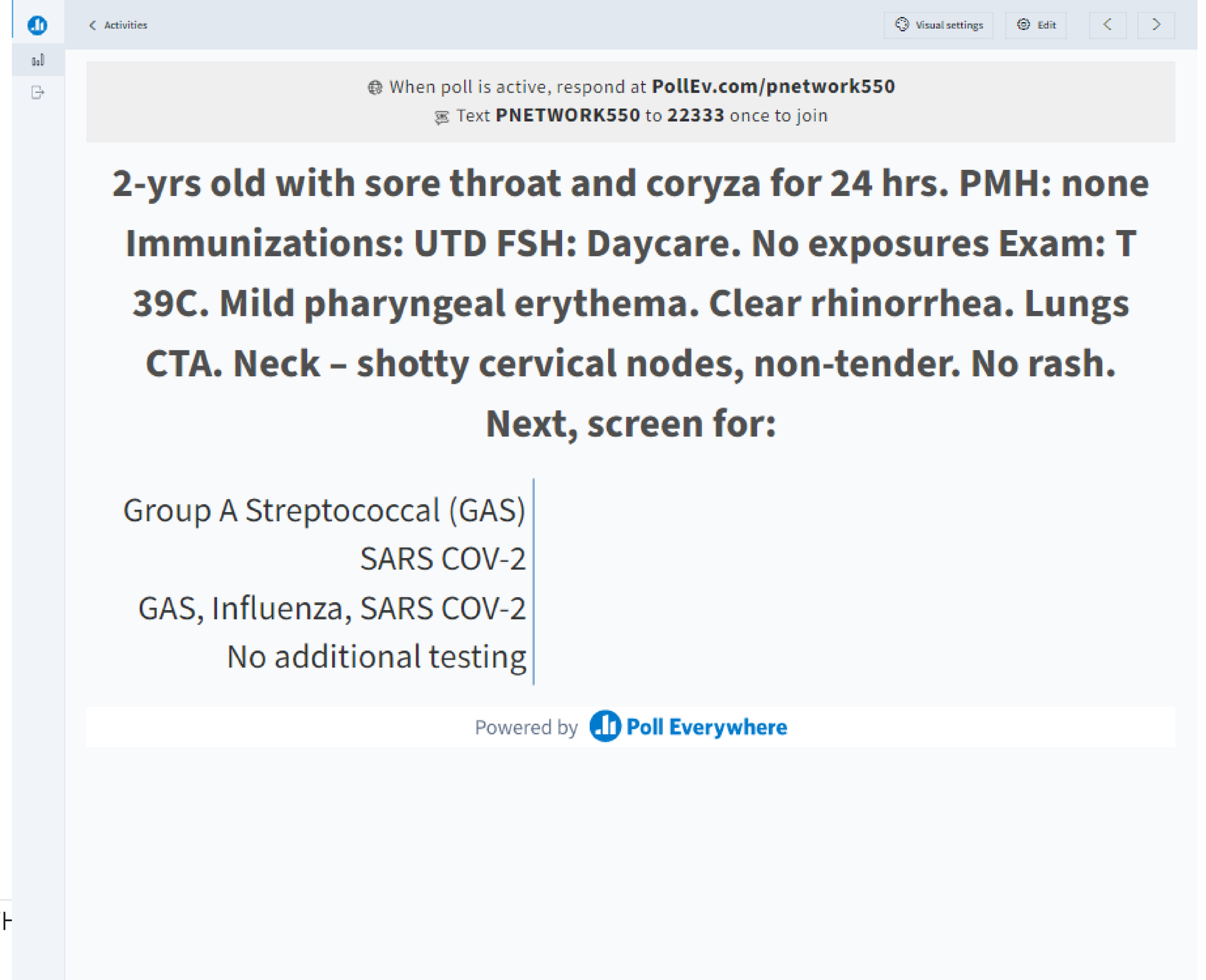
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2-yrs old with sore throat and coryza for 24 hrs. PMH: none Immunizations: UTD FSH: Daycare. No exposures Exam: T 39C. Mild pharyngeal erythema. Clear rhinorrhea. Lungs CTA. Neck – shotty cervical nodes, non-tender. No rash. Next, screen for:
Group A Streptococcal (GAS)
SARS COV-2
GAS, Influenza, SARS COV-2
No additional testing
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- Children < 3 yrs. seen for pharyngitis should not routinely receive testing for Group A Strep (GAS) pharyngitis unless other risk factors present (strong exposure to household contact or daycare outbreak)

- Look for evidence of "viral" etiology - cough, hoarseness, vesicles, stomatitis, conjunctivitis

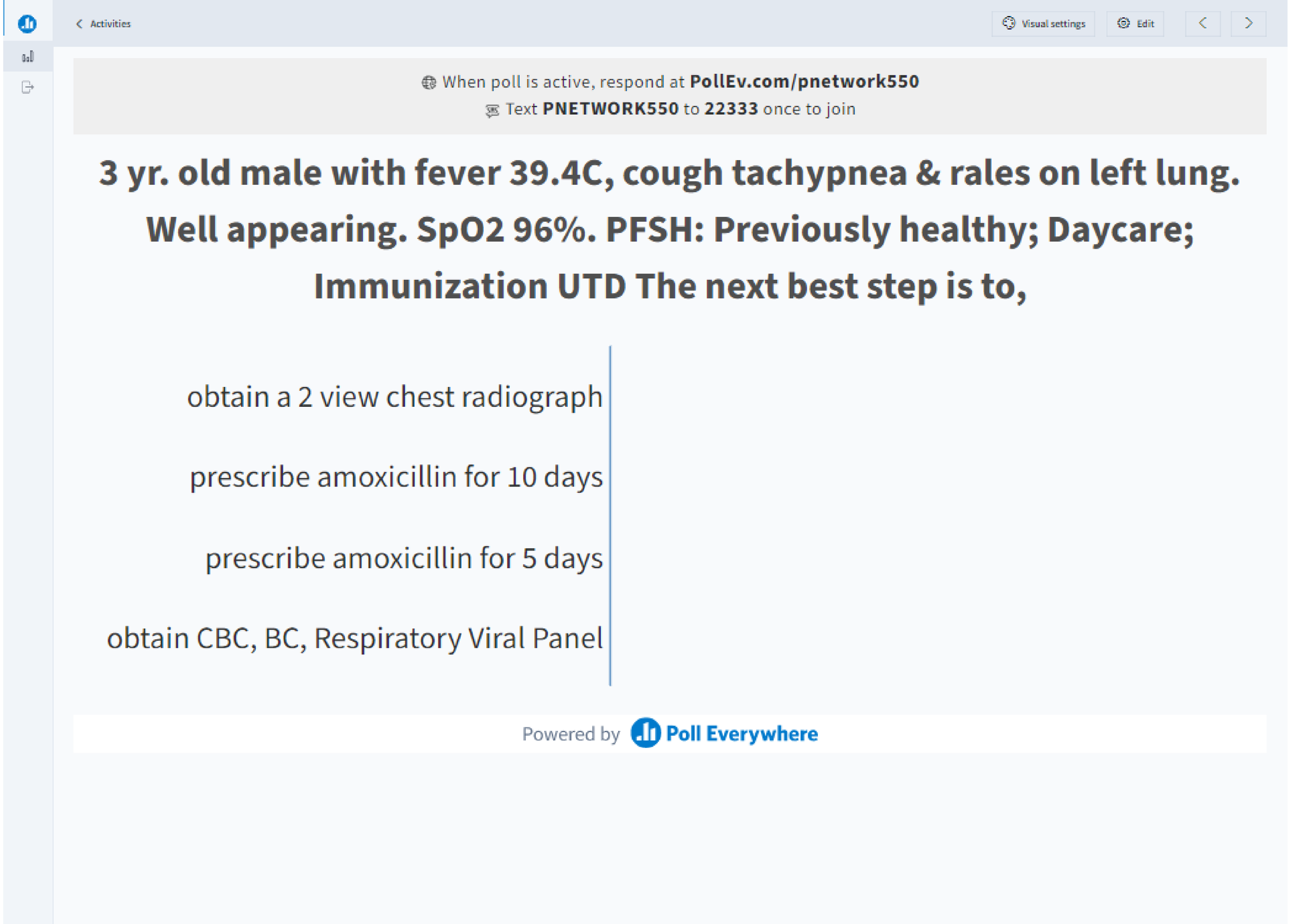
- Asymptomatic carriage (5-21%)

[Group A streptococcal infections. In Kimberlin D.W., Brady M.T., Jackson M.A., and Long S.S. (eds): Red Book®: 2018 report of the Committee on Infectious Diseases, 31st ed. Itasca (IL): American Academy of Pediatrics, 2018. pp. 749-762]

Shapiro DJ, Neumann MI et al. Identifying patients at lowest risk for streptococcal pharyngitis. A National validation study.

J Pediatr May 2020. Pg 132-138

COMMUNITY ACQUIRED PNEUMONIA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3 yr. old male with fever 39.4C, cough tachypnea & rales on left lung. Well appearing. SpO2 96%. PFSH: Previously healthy; Daycare; Immunization UTD The next best step is to,
obtain a 2 view chest radiograph
prescribe amoxicillin for 10 days
prescribe amoxicillin for 5 days
obtain CBC, BC, Respiratory Viral Panel
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- Short-Course Antimicrobial Therapy for Pediatric Community-Acquired Pneumonia: The SAFER Randomized Clinical Trial. Pernica JM, Harman S, Kam AJ, et al. *JAMA Pediatr*. 2021 May 1;175(5):475-482.

- Efficacy, safety and impact on antimicrobial resistance of duration and dose of amoxicillin treatment for young children with Community-Acquired Pneumonia: a protocol for a randomized controlled Trial (CAP-IT). Pneumonia in Children. Lyttle MD, Bielicki JA, Barratt S, Dunn D, et al. J Pediatr. July 2021. Pg 205-211.

- Short- vs Standard-Course Outpatient Antibiotic Therapy for Community-Acquired Pneumonia in Children: The SCOUT-CAP Randomized Clinical Trial. Williams DJ, Creech CB, Walter EB, Martin JM, et al. JAMA Pediatr. 2022 Mar 1;176(3):253-261.

- Short vs. Prolonged Duration Antibiotics for Outpatient Treatment of Pneumonia. Shapiro DJ, Hall M, Lipsett, S et al. JAMA. 2021 Nov 2;326(17):1713-1724.

URINARY TRACT INFECTION

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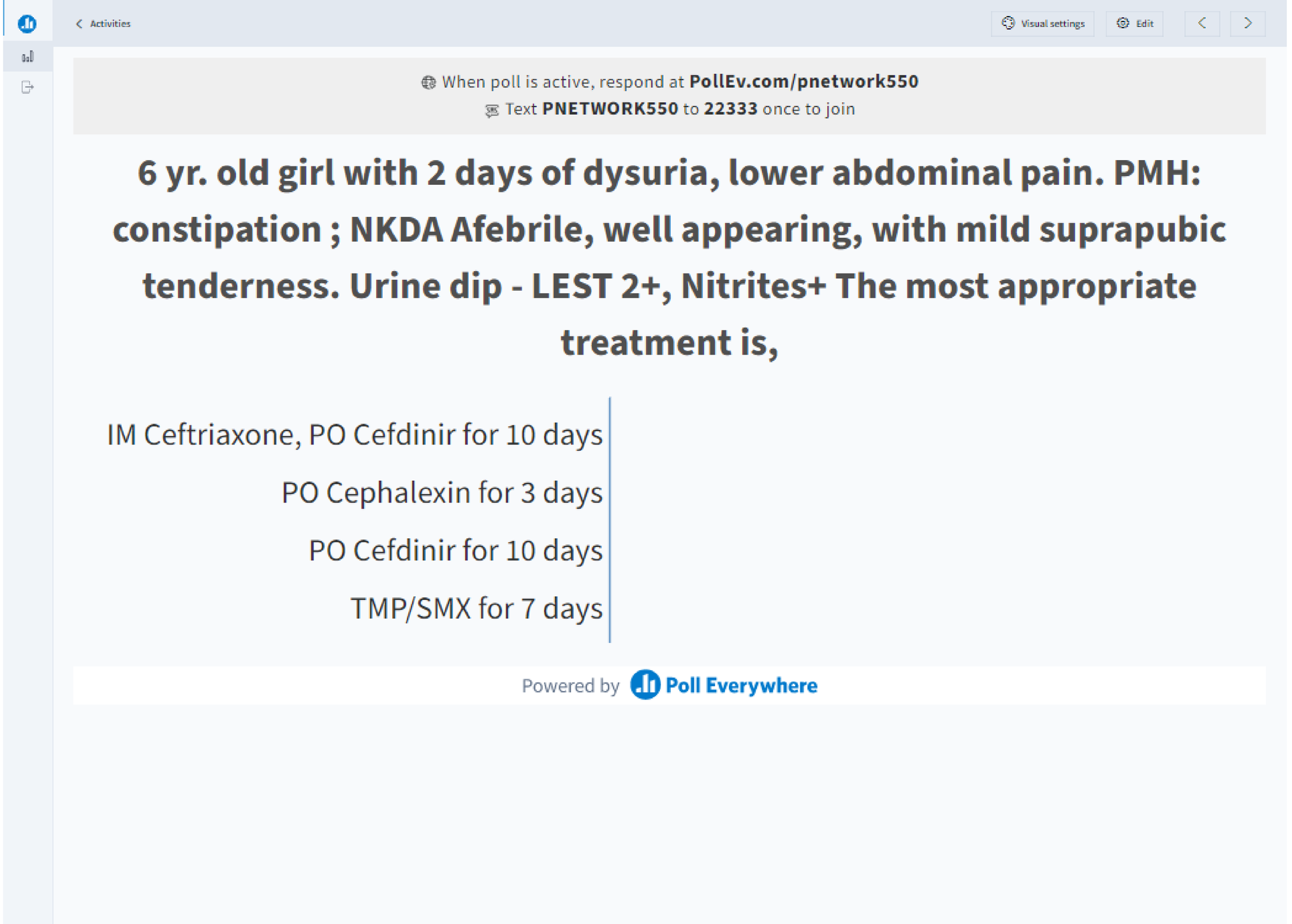
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6 yr. old girl with 2 days of dysuria, lower abdominal pain. PMH: constipation ; NKDA Afebrile, well appearing, with mild suprapubic tenderness. Urine dip - LEST 2+, Nitrites+ The most appropriate treatment is,
IM Ceftriaxone, PO Cefdinir for 10 days
PO Cephalexin for 3 days
PO Cefdinir for 10 days
TMP/SMX for 7 days
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UTI Rx

Tej K. Mattoo, Nader Shaikh, Caleb P. Nelson; Contemporary Management of Urinary Tract Infection in Children. Pediatrics. February 2021; 147 (2): e2020012138.

Canadian Paediatric Society: Urinary Tract Infection in Infants and Children: Diagnosis and Management [Position Statement]. Canadian Paediatric Society website. Reaffirmed January 1, 2020.

BRONCHIOLITIS

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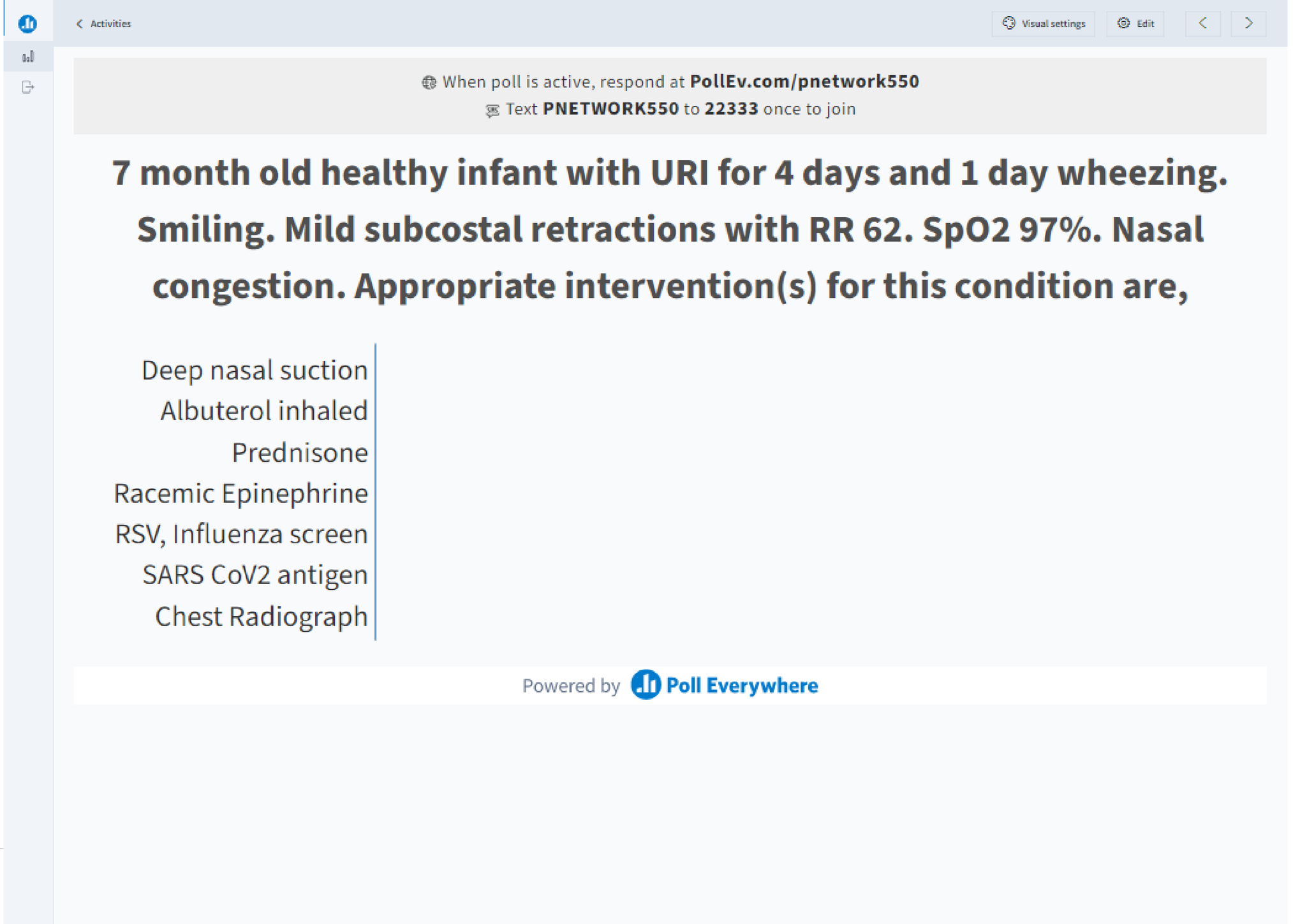
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7 month old healthy infant with URI for 4 days and 1 day wheezing. Smiling. Mild subcostal retractions with RR 62. SpO2 97%. Nasal congestion. Appropriate intervention(s) for this condition are,
Deep nasal suction
Albuterol inhaled
Prednisone
Racemic Epinephrine
RSV, Influenza screen
SARS CoV2 antigen
Chest Radiograph
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SEXUALLY TRANSMITTED INFECTION

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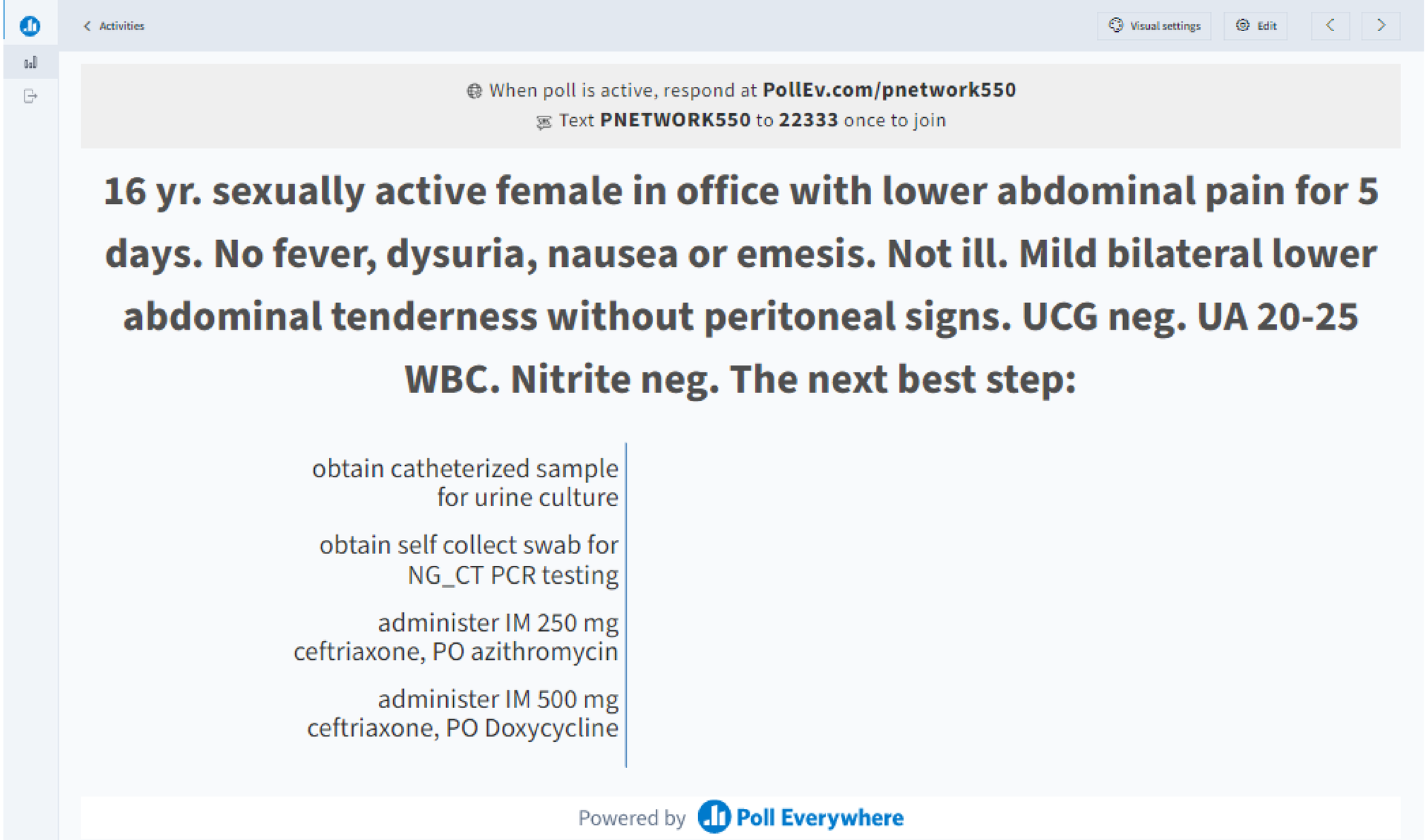
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16 yr. sexually active female in office with lower abdominal pain for 5 days. No fever, dysuria, nausea or emesis. Not ill. Mild bilateral lower abdominal tenderness without peritoneal signs. UCG neg. UA 20-25 WBC. Nitrite neg. The next best step:
obtain catheterized sample for urine culture
obtain self collect swab for NG_CT PCR testing
administer IM 250 mg ceftriaxone, PO azithromycin
administer IM 500 mg ceftriaxone, PO Doxycycline
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- Updated CDC, AAP, USPTF Guidelines
- IM Ceftriaxone 500 mg + 7 day Doxycycline
- Annual STI screening if sexually active female under 25 yrs. high risk men

Performance of a single-use, rapid, point-of-care PCR device for the detection of Neisseria gonorrhoeae, Chlamydia trachomatis, and Trichomonas vaginalis: a cross-sectional study. *Lancet Infect Dis*. May 2021 Funded by NIAID

LYME UPDATE

- ***Who should receive antibiotic prophylaxis to prevent Lyme disease following presentation with a tick bite?***

Adults and children within 72 hours of removal of an identified "high-risk" tick bites only (strong rec, high-quality evidence). If a tick bite cannot be classified with a high level of certainty, wait-and-watch.

- *What is the preferred antibiotic regimen for the chemoprophylaxis of Lyme disease following a high-risk tick bite?*

For high-risk Ixodes spp. bites in all age groups, administer single dose of PO doxycycline 4.4 mg/kg (max 200 mg), within 72 hours of tick removal, over observation (strong rec, moderate-quality evidence).

- *Neuroborreliosis in children < 8 yrs. administer doxycycline as preferred Rx*

FEBRILE NEONATE

Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old

SUBCOMMITTEE ON FEBRILE INFANTS

Pediatrics **(2021) 148 (2): e2021052228.**

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Kymika Okechukwu, MPA;
Charles R. Woods, Jr, MD, MS, FAAP

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We have good data that show when you take patients and you really inform them about their choices, patients make more frugal choices. They pick more efficient choices than the health care system does.

- **TBI** Utilize PECARN CDR for mild TBI
- **CAP** Consider shorter (5-7 days) Rx
- **UTI** Uncomplicated cystitis 3 day Rx
- **STI** IM Ceftriaxone 500 mg, Doxycycline; Use POCT
- **GAS** Low value: Testing < 3 yrs. old
- **Lyme** Doxycycline chemoprophylaxis for high risk tick bite all ages
- **Bronchiolitis** Suction, ± O2
- **Well Febrile 22-60 day** If low risk - no LP & close outpatient follow up

Shared Decision Making