Future of Pediatrics

Urgent & Emergent Cases for the Office Pediatrician

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Pediatric Health Network

Children's National

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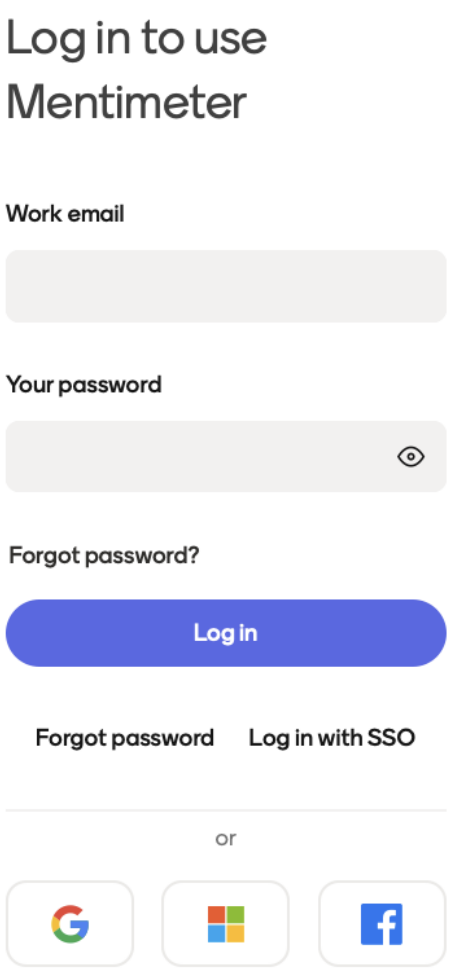
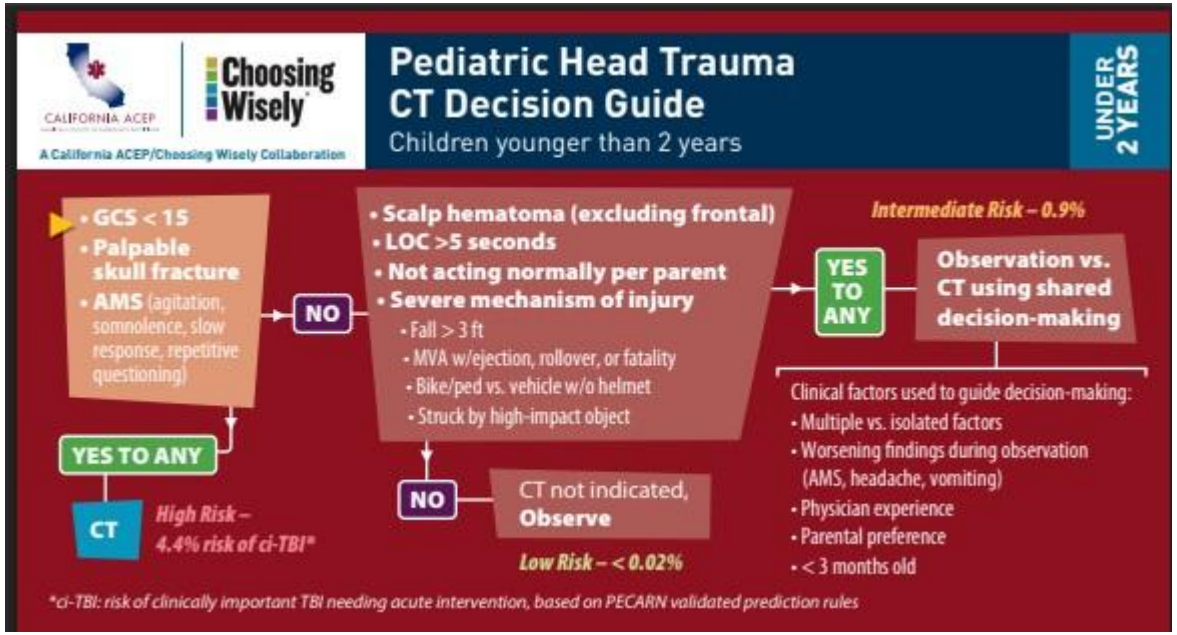
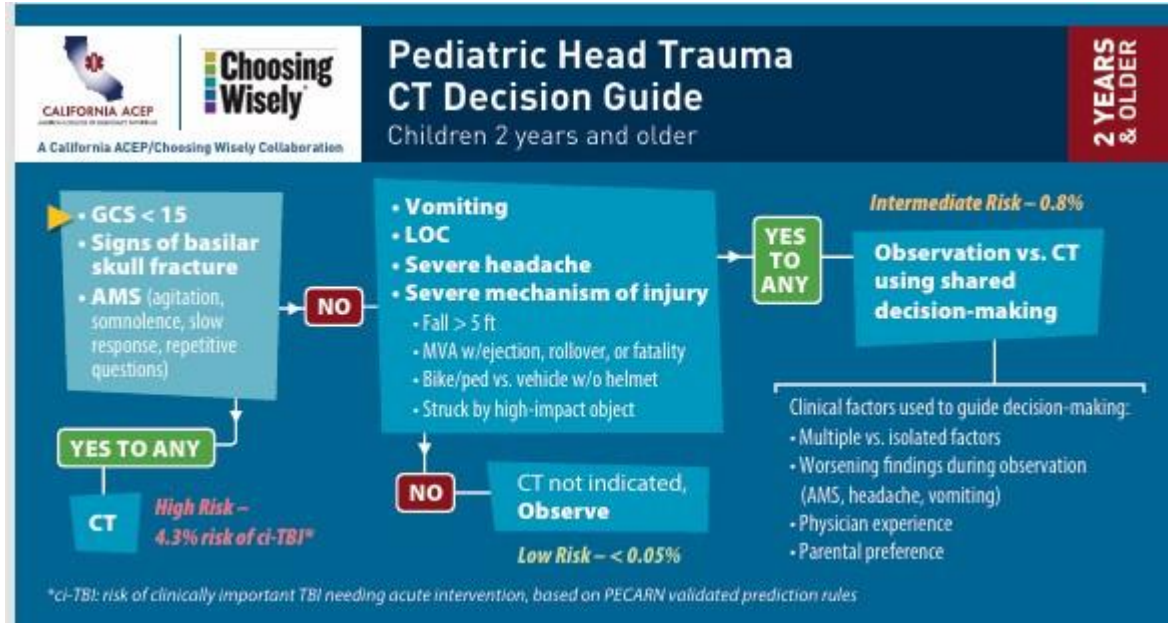


18-month-old fell while seated in grocery cart. He was briefly unresponsive, eyes rolled up, then cried immediately. Vomited once. Injury 2 hrs. PTA.

Playful toddler with 3x3 cm right forehead hematoma. Rest WNL.





[PECARN Minor Head Injury Risk Assessment]

Management of BHT

- ***Intermediate*** **risk (0.9%) – Observation vs. CT using shared decision making**
- ***Low*** **risk (0.02%) – CT not indicated**

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or

56 days old, FT, NSVD, felt warm, fussy. Feeding well. Sibling has a "cold".

Exam –

Vigorous. T =101°F (rectal). Social smile (+). No focus for infection.

POCT

Urine Dip → neg

Influenza B → (+)

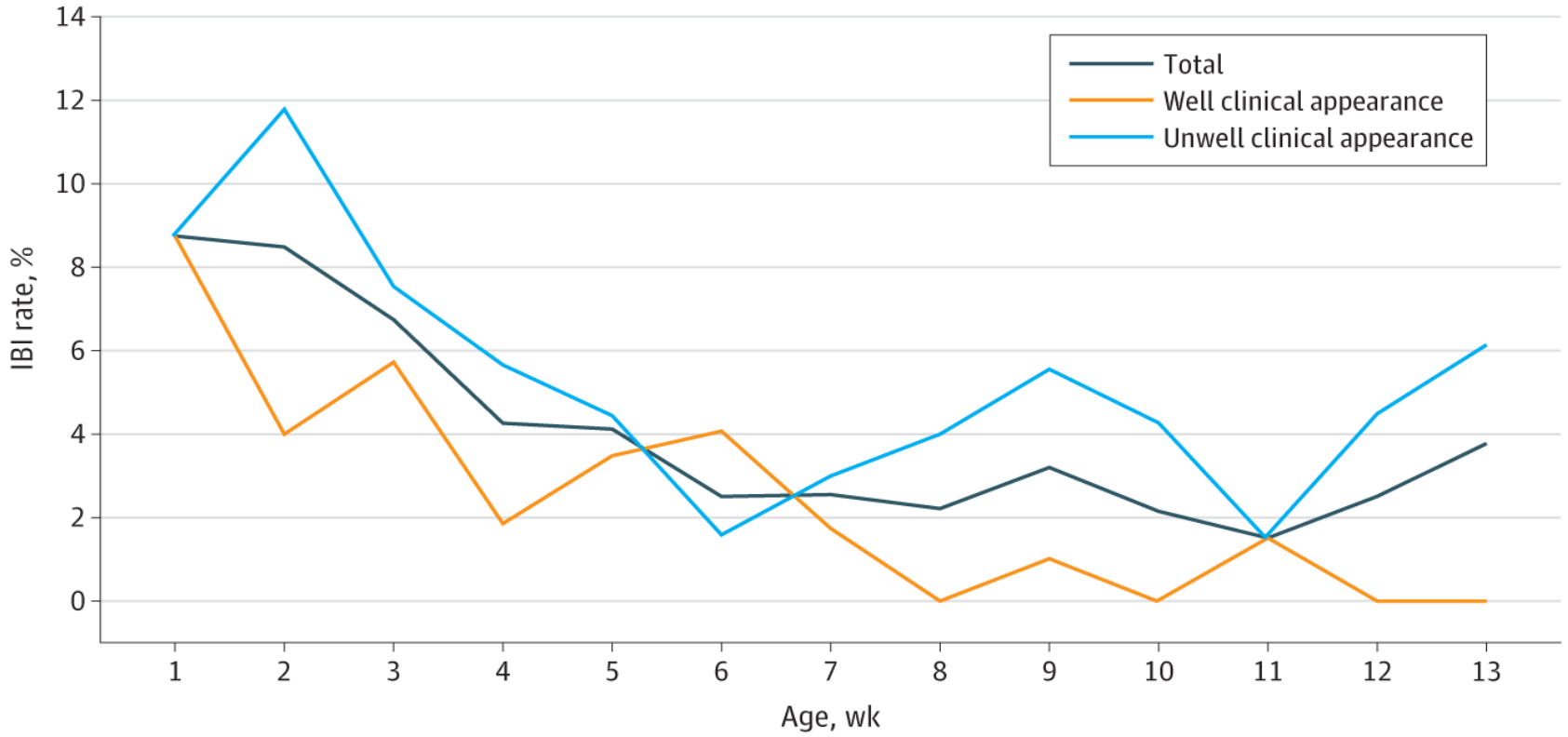
Category	Prevalence in 2nd month (29-60 day old)	With (+) Influenza or RSV
Serious Bacterial Infection (SBI = IBI, UTI, PNA)	**Majority are UTI 5-10%**	Risk → Lower
Invasive Bacterial Infection (IBI = OB, Meningitis)	❑ Occult Bacteremia (1.1-2.2%) ❑ Meningitis (0.12-0.32%)	❑ 1% ❑ 0%

Chessex VJ et al. **Limitations of Comprehensive Respiratory Viral Testing in Managing Young Infants with Fever**. *J Pediatr*. 2026 Feb;289:114882.

JAMA Network™

From: **Prevalence of Invasive Bacterial Infection Among Febrile Infants Aged 61 to 90 Days**

JAMA Netw Open. 2025;8(4):e257710



Robert H. Pantell, et al; SUBCOMMITTEE ON FEBRILE INFANTS,

Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old.

Pediatrics August 2021; 148 (2)

Inclusion Criteria	May be Included	Study Excluded....
8-60 days	(+) Viral test	High concern for HSV
Well-appearing	AOM	Clinical bronchiolitis
> 37 wk.	Diarrhea (unless bacterial dysentery)	Received immunization < 48 hrs.
T > 100.4 in past 24 hrs. (home or office)		Perinatal ABX, maternal fever
Previously healthy		Focal bacterial infection

Risk Stratify

Low Risk

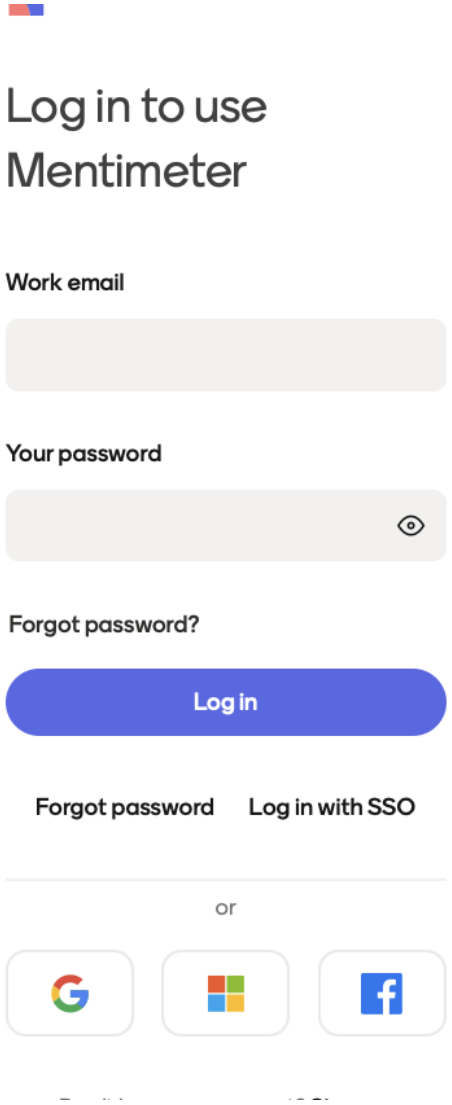
T < 38.5 C + ANC < 4K

+ CRP < 2 mg/dl

or

ANC < 5.2K + PCT < 0.5 ng/ml

Test	8-21 days	22-28 days	29-60 days
Urine	Y	Y	Y
UC	Y	Y if UA +	Y if UA +
BC	Y	Y	Y
IM	+/-	Y	Y
CSF	Y	Y if IM + or desired	Y if IM +
Disposition	Admit	DC if CSF & UA (-), 24 hrs. F/U	DC, 24 hrs. F/U

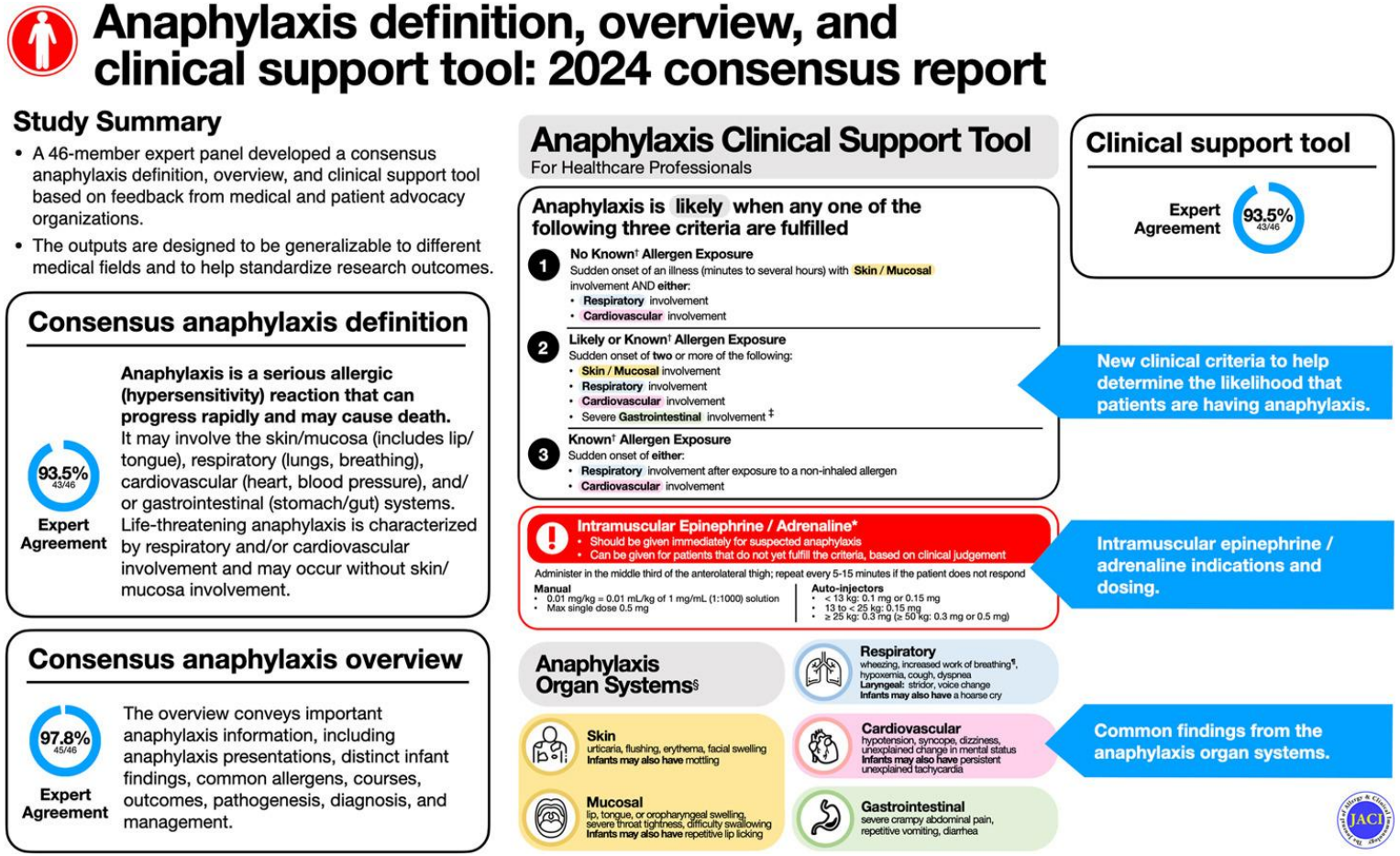


Parents of 11 mo. old advised to introduce new foods. Today, had cashews, developed *"hives" and vomiting*. No respiratory distress or wheezing. Received *Benadryl* PTA.

Exam –

VS normal. Sleeping but easily arousable and interactive. Urticarial rash on face and trunk. Upper lip swelling, licking lips. Rest WNL.

Anaphylaxis Clinical Support Tool



Observation – how long?

"A 2-hrs. observation period is probably safe for most children who present to an ED with an acute allergic reaction requiring epinephrine.

A 4-hrs. observation period might be enough for patients with cardiovascular involvement who appear well."

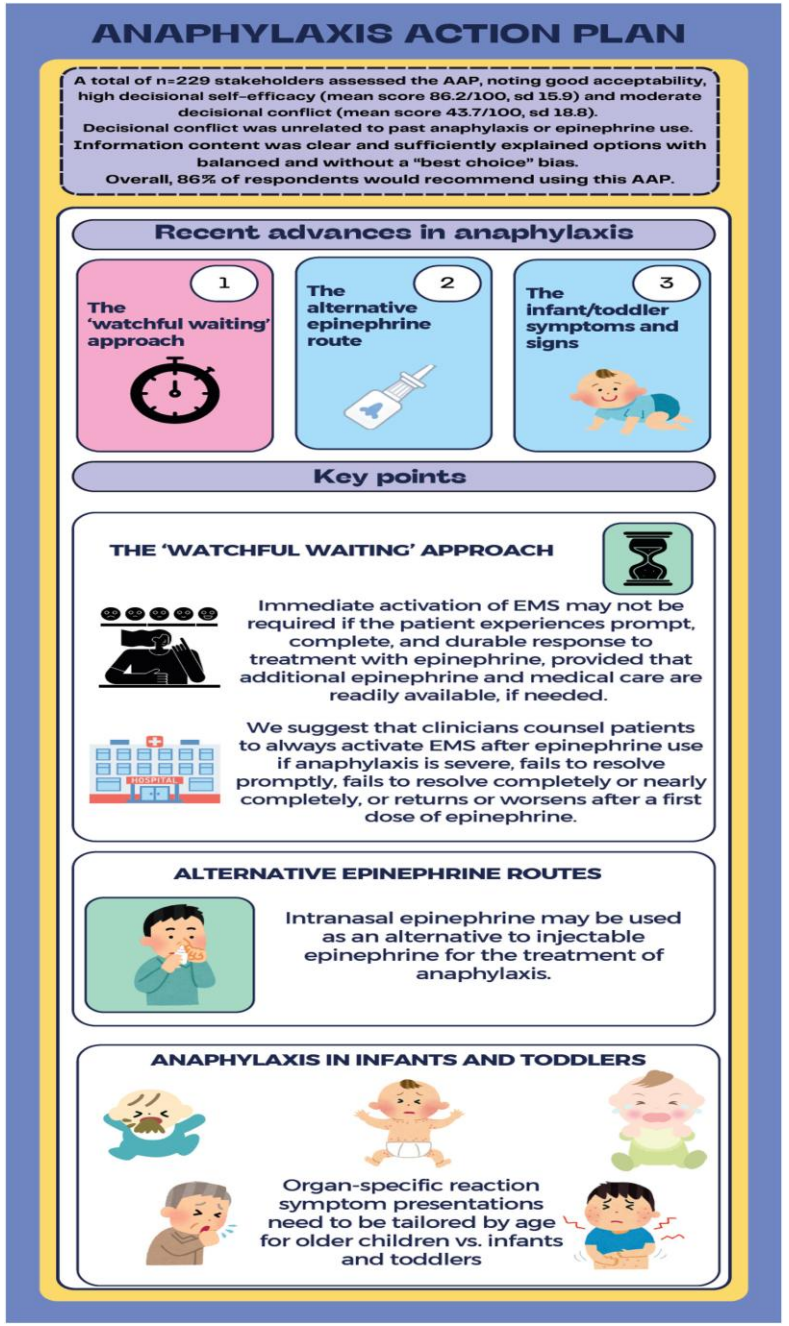
Dribin TE et al; PEM CRC of the American Academy of Pediatrics. **Timing of repeat epinephrine to inform paediatric anaphylaxis observation periods: a retrospective cohort study.** *Lancet Child Adolesc*

Anaphylaxis Action Plan

Watchful Waiting Approach
(+/- EMS) – ***complete, prompt, durable response***

Alternative Epinephrine Routes

Infants & Toddler vs. older



Seizure in WR

- 9-month-old presented for fever of **104°F**.
- Has a GTC **seizure**

- Call 911
- Monitors – SpO2
- A-B-C
- **IM Midazolam** (0.3 mg/kg), if seizure > 5 min

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16 yrs. old with h/o depression and anxiety, screens "moderate risk" for suicide on the C-SSRS

C-SSRS

Do’s/Don'ts

- **Check in regularly**–
  - ***Are you okay? Are you having any thoughts of wanting to hurt yourself?***
  - ***I’m concerned because I’m noticing [****concerning behavior****]***
  - ***You are <u>not</u> alone***
  - ***Are you going to hurt yourself or commit suicide?***
- **Do NOT say** –
  - ***“You should not feel this way”***
  - ***“You have a lot to be grateful for”***

Suicide Prevention Hotlines	Washington DC	Maryland	Virginia
Crisis Helpline: Call or Text 988 Línea de Prevención del Suicidio y Crisis: 1-888-628-9454 TTY Users: Dial 711 then 988 LGBT Youth Suicide Hotline: 1-866-4-U-TREVOR Crisis Text Line: Text HOME to 741-741	Access HelpLine: 1-888-793-4357 ChAMPS (Child and Adolescent Mobile Psychiatric Service): 202-481-1440 DC Community Response Team (adult): 202-673-6495 DC Emergency Psychiatric Services: 202-561-7000	Maryland Crisis Hotline: 1-800-422-0009 OR 2-1-1, Press 1 PG County Mobile Crisis: 301-927-4500 OR 988 Montgomery County Crisis Center for MD: 240-777-4000 Maryland Behavioral Assessment Unit (Baltimore County): 410-931-2214	Crisis Link: 703-527-4077 OR text CONNECT to 855-11 Merrifield Center Emergency Services: 703-573-5679 Children's Regional Crisis Response: 844-N-Crisis (844-627-4747)

Safety Plan_ English.pdf

Takeaways….

- **PECARN clinical decision rule for ciTBI after minor BHT**
- **AAP Guidelines for well appearing febrile 8-60 days old**
- **Anaphylaxis Action Plan**
- **Seizures – A-B-C, IM Midazolam**
- **C-SSRS Screen, Suicide Safety Plan**