

Burn, Baby, Burn: Pediatric Fever

High Risk EM 2024

February 18, 2024

Small Group Cases

Case 1

- A 9-month-old female presents with 3 days of fever, emesis, and intermittent fussiness.
 - Tmax: 102.3
 - 2-3 episodes of nonbloody, nonbilious emesis per day
 - No congestion, rhinorrhea, coughing, diarrhea, or rash
- Not eating, but drinking liquids well with normal urine output
- Goes to daycare
- Previously healthy, fully vaccinated
- VS: BP 88/50 HR 148 RR 40 T 39.3 R O2 sat 98% on room air
- Alert tired-appearing infant in no acute distress, cries with exam but consolable, bilateral TMs clear, oropharynx clear with moist mucus membranes, lungs CTAB with normal work of breathing, abdomen soft and nontender, normal capillary refill, no rashes

Any other information you want to know?

What's your differential diagnosis?

What testing would you like to do? How else would you like to manage her?

After your evaluation and management, repeat VS are BP 90/50 HR 118 RR 30 T 37.6R O2 sat 99% on room air, and the child is smiling and playful, voraciously breastfeeding. Based on her repeat exam and test results, what's your disposition plan?

Case 2

Now we're going to practice applying age-based evaluation and management.

Each of the following previously healthy children presents with **fever for two days** to a maximum temp of **38.7 rectal**. Each has **rhinorrhea**, intermittent **cough**, 1 episode of **emesis** yesterday, and **decreased oral intake** with **preserved urine output**.

All children have a temp of **38.3** in the ED and **tachycardia** for age. All are **well-appearing without focal findings** on exam.

After administering **antipyretics**, what would your evaluation and management be for:

1. A 16-day-old male?
2. A 13-month-old female?
3. A 4-month-old female?

4. A 42-day-old male?

5. A 7-year-old male?

Case 3 (optional)

- A 30 month old girl presents in February with fever, dry cough, and some mild rhinorrhea and nasal congestion for 5 days. Fever to 39.1 oral for the last 5 days, along with dry cough, scant rhinorrhea, and mild nasal congestion. Was seen by pediatrician 3 days ago and diagnosed with a cold (no testing was done at that time). + occasional mild abdominal pain.
- No otalgia, sore throat, increased work of breathing, vomiting, diarrhea, or dysuria
- Hasn't eaten much in 5 days, but is drinking water, juice, and electrolyte solution; voided 3 times in last 24 hours
- Goes to preschool
- Previously healthy, fully vaccinated

What are some other questions you might ask the caregiver?

- VS: BP 85/52 HR 144 RR 30 T 39.7 oral O2 sat 98% on room air
- Tired-appearing girl in no acute distress, alert and interactive, bilateral TMs erythematous without bulging or opacification, oropharynx with mild erythema without exudates and dry lips, shotty nontender bilateral cervical lymphadenopathy, lungs clear to auscultation with normal work of breathing, abdomen soft without tenderness to palpation, diffuse blanching erythematous maculopapular exanthem on trunk and extremities, normal capillary refill

What's your differential diagnosis? What's your most likely diagnosis (if any)?

What testing would you like to do? How else would you like to manage her?

After your management, she's still tired-appearing but slightly perkier, and has drunk 8 ounces of apple juice and eaten a few crackers. Her repeat vital signs are BP 85/52 HR 122 RR 26 T 38.1 oral O2 sat 98% on room air. Her tests have returned. Based on her repeat exam and test results, what're your new differential diagnosis and disposition plan?