Burn, Baby, Burn: Pediatric Fever

High Risk EM 2024 February 18, 2024 Small Group Cases

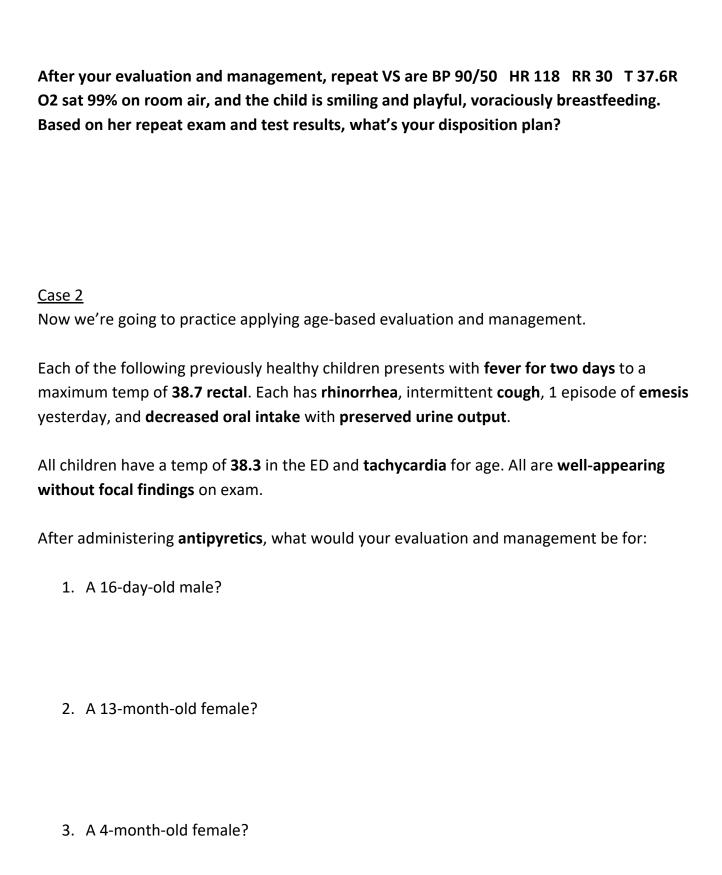
Case 1

- A 9-month-old female presents with 3 days of fever, emesis, and intermittent fussiness.
 - o Tmax: 102.3
 - 2-3 episodes of nonbloody, nonbilious emesis per day
 - o 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?



- 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?