



Pediatrics



The University of Zambia
School of Public Health ◦ Family Medicine MMed Program

Risk of Recurrence

- Age < 18mo
- Fever duration < 1hr before seizure onset
- 1st degree relative w/ febrile seizure
- Temp < 40°C

# Risk Factors	2yr risk of recurrence (%)
0	14
1	24
2	32
3	63
4	75

Simple Febrile Seizure

- **Age:** 6mo-5yo, peak 12-18 months
- **Timing:** Duration < 15min, once in 24 hours
- No focal features
- **Risk factors:** viral infections, recent vaccines, genetics
- **Tx:** antipyretic (paracetamol 10-15mg/kg q6hr x 24hrs)
 - Severe or prolonged (duration > 5min): IV diazepam 0.1-0.2mg/kg or lorazepam 0.05-0.1mg/kg

Targeted Investigations

If this....	Then this...
Well-appearing and back to baseline	LP is unnecessary
Simple febrile seizure	Neuroimaging is not required
Vomiting, diarrhea, abnormal fluid intake or PE findings of dehydration or edema	FBC, electrolytes, RBS, Ca, urea nitrogen
No localizing signs of infection	Check the ears and urinalysis

Recognition

- **Consider Dx if:** < 5th % for Wt or Ht or Wt/Ht ↓ by 2 major percentiles over time
 - Length (stunting) and HC affected much later than weight (wasting)
- **Severe wasting:** weight for length < -3SD or mid upper arm circumference < 115mm

Evaluation

- Detailed history and exam
- *Targeted* investigations to consider:
 - FBC, RFTs/LFTs, TSH
 - UA, stool studies
 - HIV, TB, ESR

Inadequate Weight Gain (FTT)

Determine Etiology

Inadequate caloric intake

- Reflux
- BF trouble (supply/latch)
- Incorrect formula prep
- Mechanical feeding problems (cleft lip/palate)
- Poor oral neuromotor coordination
- Lead/other toxin-induced GI upset
- Neglect/abuse

Inadequate absorption

- Anemia
- Biliary atresia
- Celiac disease
- Chronic GI conditions
- Inborn errors of metabolism
- Milk protein allergy
- Pancreatic cholestatic conditions

Increased metabolism

- Chronic infection (HIV, TB)
- Chronic lung disease of prematurity
- Congenital heart disease
- Hyperthyroidism
- Asthma, IBD
- Malignancy
- Renal failure

Considerations in severe acute malnutrition

Hypoglycemia	Glucose < 3mmo/L	50mL 10% glucose po (1 tsp sugar in 3 Tbsp water)
Hypothermia	Axillary T < 35C	Treat for hypoglycemia and infection, rewarm
Dehydration	PO not IV rehydration unless shock	Use ReSoMal rehydration fluid, not standard ORS
Electrolytes	K and Mg deficiencies, Na retention (excess body Na even though plasma Na may be low)	
Infection	Treat all with Abx immediately (<i>usual signs often absent</i>)	Uncomplicated malnutrition: po amoxicillin x 5d Complicated (hypoglycemia, hypothermia, lethargic/sickly): IV benzylpenicillin or ampicillin x 2d then po amoxicillin q8hrs x 5d PLUS IV gentamycin qd x 7d
Micronutrients	Anemia is common, but wait to give Fe until good appetite and gaining weight (usually 2 nd week)	MVI are included in F-75 and F-100 ready-to-use therapeutic packets. If not using pre-mixed, will need VitA, FA, Zn, Cu