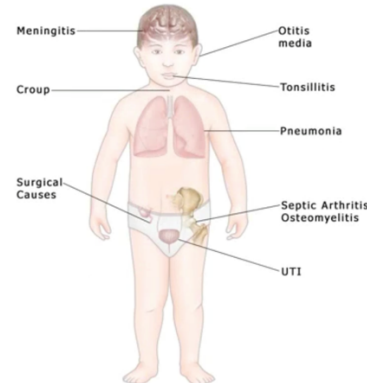


PAEDIATRIC H+E

HPS (collateral)	<ul style="list-style-type: none">Onset → Duration → Severity (ADL)Course: worsening? → relieving factors (e.g. Panadol, rest?)Triggers: food, smells, exercise?, what were they doing at the time?						
Head to Toe	HEENT	<ul style="list-style-type: none">Headaches? (recent trauma)Blurred/blind vision? Sore eyes? Red eyes?Pulling ears? Hx of recurrent ear infections? Aural discharge?	Abdomen	<ul style="list-style-type: none">A/ N/V - ?food, ?bile, ?coffee-ground, ?bloodPain – GE, SBO, ISS, hernia, appendicitis, cholecystitis, mesenteric adenitis, testicular/ovarian torsionDistensionJaundiceD + C = quality (wet vs loose), frequency, volume, character (what is in it? – food, blood, faeces)			
	Nose	<ul style="list-style-type: none">Epistaxis + dischargeSnoring?Breathing through mouth?Foreign body					
	Mouth/ throat	<ul style="list-style-type: none">DysphagiaSore throat -red, exudative?Brush teeth after eating? – dental cavities	GU	<ul style="list-style-type: none">Haematuria – nephritic syndrome (e.g. IgA nephropathy, PIGN)Polyuria – DM? Psychogenic? Eneuresis (> 5, altered behaviour)Dysuria – UTI?			
	Neck	<ul style="list-style-type: none">Lymphadenopathy – infection, autoimmune, primary vs secondary malignancyThyroid - goitre (hashimotos, thyroiditis)	Gynae	<ul style="list-style-type: none">HMB – endometriosisDysmenorrhoea - EndometriosisIrregular menstrual cycles - PCOS			
	Chest	<ul style="list-style-type: none">Palpitations – rate (SVT), rhythm (AF), CHDChest pain – PE, pneumothorax, MSK, GORDSOB after exercise, environmental exposure → ?asthma, anaphylaxisCough – wet vs dry (freq, duration)Stridor vs wheeze<ul style="list-style-type: none">Prolonged exp. (lower airway) = asthmaProlonged insp (upper airway) = viral croupGrunting = RDS (air forced against closed glottis to keep alveoli open)Coryza<ul style="list-style-type: none">Wheeze + coryza + SOB + fine insp. crackles = bronchiolitisCrackles<ul style="list-style-type: none">Early insp (abrupt opened large airways)Late insp (terminal bronchioles → alveoli) = pneumonia, pneumonitis, brchiolitis	Endocrine	Neuro	Skin	<ul style="list-style-type: none">Polydipsia – DM?Fatigue/malaise – endocrine (e.g. hypothyroid, acromegaly)Gait – coordinationUpper vs lower limb weakness and/or numbnessUMN vs LMN lesion (spasticity, hypertonia, reduced power hyperreflexia, +ve Babinski)Rashes (itchy?) – , atopic vs contact dermatitis, eczema, impetigoPetechiae and bruises – thrombocytopenia, meningitis, cushing'sAbrasions/cuts	
Red flags + DDx	FEVER	UTI, Osteomyelitis, Kawasaki, Influenza, Meningitis, Bacterial Pneumonia					
	Rash	Measles, toxic shock syndrome, HSP, Kawasaki, anaphylaxis, ITP, Steven-Johnson, Meningococcal, Leukaemia					
	Seizures	Aspiration, hypoglycaemia, epilepsy, pseudoseizures, atypical fits					
	Dehydration	Pyloric stenosis, hypernatremia dehydration (immature kidneys), DKA					
	Head injury	MoA (height higher than own height), how long LOC? → ?fits, ?non-accidental injury, ? ICH (raised ICP)					
	Resp distress	Choking, Apnoea (bronchiolitis, whooping cough), Asthma Exacerbation, Croup, Viral induced wheeze					
	Syncope	Blackout (syncope), standing up (orthostatic), upsetting event (vasovagal), DM (hypoglycaemia), vertigo					
Antenatal Hx	Maternal Health <ul style="list-style-type: none">Maternal ABO + Rh factorBirth Wt (GA vs pre-term) + delivery mode<ul style="list-style-type: none">Stuck = clavicle fracture, Erb's palsy (C5/6), Klumpke (C8/T1)Forceps = facial palsy, cephalohaematoma (2° jaundice)C/S = laceration, Transient tachypnoea of newborn, MASComplications of delivery (APGAR, Asphyxia)Complications of pregnancy (GBS, GDM, pre-eclampsia, TORCH, STI – Maternal fever)				Foetal Health - check blue book <ul style="list-style-type: none">Foetal morphology scan resultAneuploidy (down's, patau's)Congenital HDNewborn spot testNeed for SCU/NICU admission		
	Feeding (BF or EBM or solids) <ul style="list-style-type: none">Duration < 20 minsFreq 6-8x/ dayFluid Intake 100-150mL/kg/24 hrs (< 10kg baby)# of wet nappies?TOP-Ups?		Screen dev/social interactions: (4) <ul style="list-style-type: none">Weight, height and head circumference (FTT, failure to grow)Gross motor (life head → roll → crawl → walk → run → climb stairs)Fine motor (grasp → pincer grip)Language (receptive → 1-2 words → sentences)Social (Smiles → simple gesture → group play)		Common concerns @ different ages <ul style="list-style-type: none">Babies → Crying / settling / FeedingToddlers = Sleep issues / Behaviour issues / tantrums / Toilet training<ul style="list-style-type: none">Encopressis + bed wettingSchool aged → Learning difficulties + Bullying		
Meds IUTD Allergy	<ul style="list-style-type: none">Regular meds + OTC? E.g. paracetamol, ibuprofen, SSRIsHerbals? – St John's wort, rescue remedyPast surgeries (e.g. appendectomy, tonsillectomy, wisdom teeth/dental)Immunisation (flu, whooping cough, hep B) → CHECK BLUE BOOK + CURRENT VACCINATION STATUS!! (inc. MMR, DPT)<ul style="list-style-type: none"><i>Ask why not vaccinated? E.g. COVID-19</i>Allergies + reaction (i.e. rash, anaphylaxis)						
FHx	<ul style="list-style-type: none">DiabetesAsthma / AtopyEpilepsyEarly cardiac death (HOCM, Brugada, Long QT syndrome, WPW)Cancers		EU	Jew	Asian	African	Medit
		CF					
		Thalassemia					
		SMA					
		Fragile X					
SHx	<ul style="list-style-type: none">H OME - married, siblings, other relatives living at homeE DUCATION + E MPLOYMENTE ATING and EXERCISEA CTIVITIES with/without peers → how are things at school? At home?		<ul style="list-style-type: none">Smoking, A LCOHOL and DRUGS – at home / outdoorsD EPRESSION andSUICIDALITY - self-harm, suicidal ideationS EXUALITY – any friends, exposure to sexual contentSocial media				
F/U	Discuss about family planning <ul style="list-style-type: none">➢ Contraception➢ What kind of home are they returning to?➢ Domestic violence➢ When is Next pregnancy? (e.g. high risk another pre-term pregnancy)						

FEVER (must exclude sepsis)

Epi	<ul style="list-style-type: none"> Serious infection = most common in < 3 mths old 	
Hx	<ul style="list-style-type: none"> Check parent's concern (esp. meningitis → rash) Time-course & degree of fever <ul style="list-style-type: none"> > 39.5 for any children > 38 for neonates 0-3 up to months old <i>Intermittent (up + down) = reassuring (can Rx w/ anti-pyretics)</i> Changes in behaviour + colour Assoc. cough, phlegm, wheeze, runny nose, redness, rash, headaches, dysuria. Changes in feeding + hydration (XS vomiting or diarrhoea?) Any seizures/fits/LOC OR any family members also sick? 	
Exam (top to toe)	<ul style="list-style-type: none"> Check all over for rash → ABCD ENT TT G Babies < 8 wks may have serious infection w/o fever Source of infection: <ul style="list-style-type: none"> Non-blanching Rash – meningitis, HSP, Kawasaki Enlarged LN – EBV (glandular), tonsillitis, pharyngitis SOB, wet cough, wheeze, crackles → pneumonia, bronchiolitis, bronchiectasis Abdo – AGE, SBO, ISS, appendicitis ENT – ?otitis media, cellulites UA – ?UTI 	 <p>*Beware glandular fever → fever + swollen tonsil + swollen LN + splenomegaly</p>
Ix (septic screen)	<ul style="list-style-type: none"> FBC, ESR/CRP Blood cultures ABG (met. Acidosis → lactic acid > 3 (anaerobic metabolism) OR base excess < -3 = need urgent attention) Role of anti-pyretics: test for serious infection <ul style="list-style-type: none"> Physiology: If temp drops + child remains tachycardia/pnoea → serious infection Behaviour: If temp drops + remains irritable → serious infection 	<p>Beware – children have very good autonomic response to shrink peripheral vessels to ensure major organs (brain, kidney) receive blood supply → hence need to check cap refill time</p> <ul style="list-style-type: none"> BP deceptively always high
Mx	<ul style="list-style-type: none"> Drowsy + irritable + mottled + cyanosis (lips/limbs) → High FiO2 Peripheral shutdown signs → IV fluids bolus Drowsy → hypoglycaemia → BM stick Meningitis → Empirical Abx 	<p>Red flag signs:</p> <ul style="list-style-type: none"> If temp down but remains drowsy/irritable (i.e. cannot be enticed w/ toys) Changes in colour (esp. pale) > 5 days – UTI, Kawasaki
FU	<ul style="list-style-type: none"> Explain to parents – what to expect + when need urgent review? Explain about feeding, drowsiness, and persistent fevers > 5 days 	<p>NO evidence that tight fever control actually prevents a febrile convulsion</p>

DEHYDRATION

Infants < 6 months	6 months – 5 years	School children 5 – 12 years	Adolescent > 12 years
Poosetting			
Feeding Problems			
Pyloric Stenosis			
Gastro-oesophageal reflux			
UTI/Coughing			
Intussusception			
UTI			
	Gastroenteritis		
	Meningitis		
	Migraine		
	Brain Tumour		

Fever & Vomiting DDx for dehydration:

- CNS:** meningitis
- ENT:** otitis media
- Resp:** pneumonia, tonsillitis, pharyngitis
- Bowels:** GE, appendicitis, diverticulitis, gastritis, Hirschsprung-associated enterocolitis
- UTI**
- Skin/MSK** = Cellulitis, osteomyelitis
- Gynae:** PID, orchitis
- DKA**



Fluid resuscitation Mx

Unwell but OK	
TOF	<ol style="list-style-type: none"> Small amounts of oral gastrolyte frequently (e.g. every 5 mins) – via syringe OR NGT Document any vomiting or diarrhoea & # of bathroom visits <ul style="list-style-type: none"> NGT (tolerated if < 2yo) +/- ondansetron
Unwell but HD stable	
Maintenance	0.9% NS (isotonic) + 5% dextrose
Replacement	0.9% NS + 5% dextrose (wt x deficit x 10)
HD unstable	
Resus	0.9% NS (20mL/kg) Bolus (max 60mL/kg)
Fail to rehydrate	
	Ionotropes (Adrenaline)

NOTE

- KCL 20mM if potassium needed (K < 3.4mM)
- Beware rapid fluid shifts → cerebral oedema (pontine demyelination syndrome)

Hx	Is this characteristic GE with multiple vomits or several loose, watery stools, or whether it is less clear cut?		
		Gastroenteritis	Surgical cause
	Abdo pain	campylobacter	appendicitis, SBO
	Bloody diarrhoea	Salmonella or Shigella	intussusception
	Prolonged diarrhoea	Salmonella	
	Chronic	CF	Ileostomy
	<ul style="list-style-type: none"> Other symptoms: <ul style="list-style-type: none"> Fever Cough, Wheeze – bronchiolitis Urinary issues – UTI, T1DM (DKA) Quantify fluid loss = intake – loss <ul style="list-style-type: none"> Insufficient fluid intake Heavy loss of fluid (i.e. prolonged vomit or diarrhoea (# of wet nappies in last 12 hrs) Check what last recent wt was? <ul style="list-style-type: none"> FLUID CHART >1 mL/kg/hr = GOOD 		

Exam	GI	<ul style="list-style-type: none"> Active child = mild dehydration → oral dehydration Drowsy = severe dehydration → hospital Ax Jittery = hypoglycaemia → BSL check → glucogel (oral dextrose) + IV glucose 	
	Signs	<ul style="list-style-type: none"> Sunken eyes (ask what parents think?) Sunken fontanelle in infants (space between skull bones) → if crying – fontanelles will bulge Dry MM (tongue, lips) Mottled arms and legs = poor perfusion Reduced skin turgor (more floppy) Prolonged CR time (> 3s) Cold skin Tachycardia Hypotension (late) 	
	Tests	<ul style="list-style-type: none"> Record input/outputs UA = ↑SG FBC = ↑HCT, Hb EUC = elevated Elevated serum osmolality 	

