

Common respiratory infections

① Common cold: Viral URTI

- Symptoms: rhinorrhea, Low grade fever, Dry cough

- These symptoms improve for about 7 days

- If → Dry cough persists > 14 days

→ Nasal symptoms - - > 10 days

→ Symptoms get worse after 4-5 days

then think of other DDx (eg: Bacterial)

- Common cold may lead to a secondary
Bacterial infections

- Common cold may affect Asthma patients
by exacerbating symptoms.

* Management:

① Topical nasal saline

② ↑ Fluid intake

Notes on Common cold:

- ① Over the counter drugs are Not safe for pediatrics as it may cause severe adverse effects. Also, their Liver isn't mature enough to deal with those drugs.
- ② Antipyretics are the only OTC drug that can be given in some cases.
- ③ Children Above ~~12~~ 12-13 years can use "Decongestants".
- ④ Children Above 6 years can use Topical "Ipratropium" (Anticholinergic).
- ⑤ Honey is proved to improve mild cough. But Not in children below 1 year of Age (May cause Botulism).

② Bacterial pharyngitis

- pharyngitis may be $\begin{cases} \rightarrow \text{Infectious (viral, Bacterial)} \\ \rightarrow \text{Non-} \dots \dots \text{(eg: GERD)} \end{cases}$

- Most common cause of bacterial pharyngitis

\Rightarrow Streptococcal pharyngitis

Symptoms: Sore throat, Fever, Dysphagia, Odynophagia

- Diagnosed by \Rightarrow "Modified Centor Score"

Consisting of 5 criteria

① Age $\begin{cases} \rightarrow 3-15 \text{ years} & +1 \\ \rightarrow < 3 \text{ or } > 15 & 0 \\ \rightarrow > 45 & -1 \end{cases}$

② Fever ($> 38^\circ\text{C}$) $+1$

③ Absence of viral symptoms (dry cough, rhinorrhoea) $+1$

④ Bilateral Cervical Lymphadenopathy $+1$

⑤ Tonsillar exudate & enlargement $+1$

$\rightarrow 0-1$: mostly not bacterial

$\rightarrow > 2-3$: — — Bacterial

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- After that, Dx ~~show~~ must be confirmed
either by $\begin{cases} \rightarrow \text{Culture} \\ \rightarrow \text{Rapid streptococcal Antigen test} \end{cases}$
- then, we \odot Begin Tx using Antibiotics
(Amoxicillin, cephalosporin) (if Allergic to these
A.B's, give Azithromycin) for 10 days

Bacterial pharyngitis complications:

① Suppurative: Retro or ~~Para~~ Parapharyngeal abscess
, Tonsillar abscess (local spread of infection), CRTI

② Non-suppurative (glomerulonephritis, Rheumatic)
① ② Fever

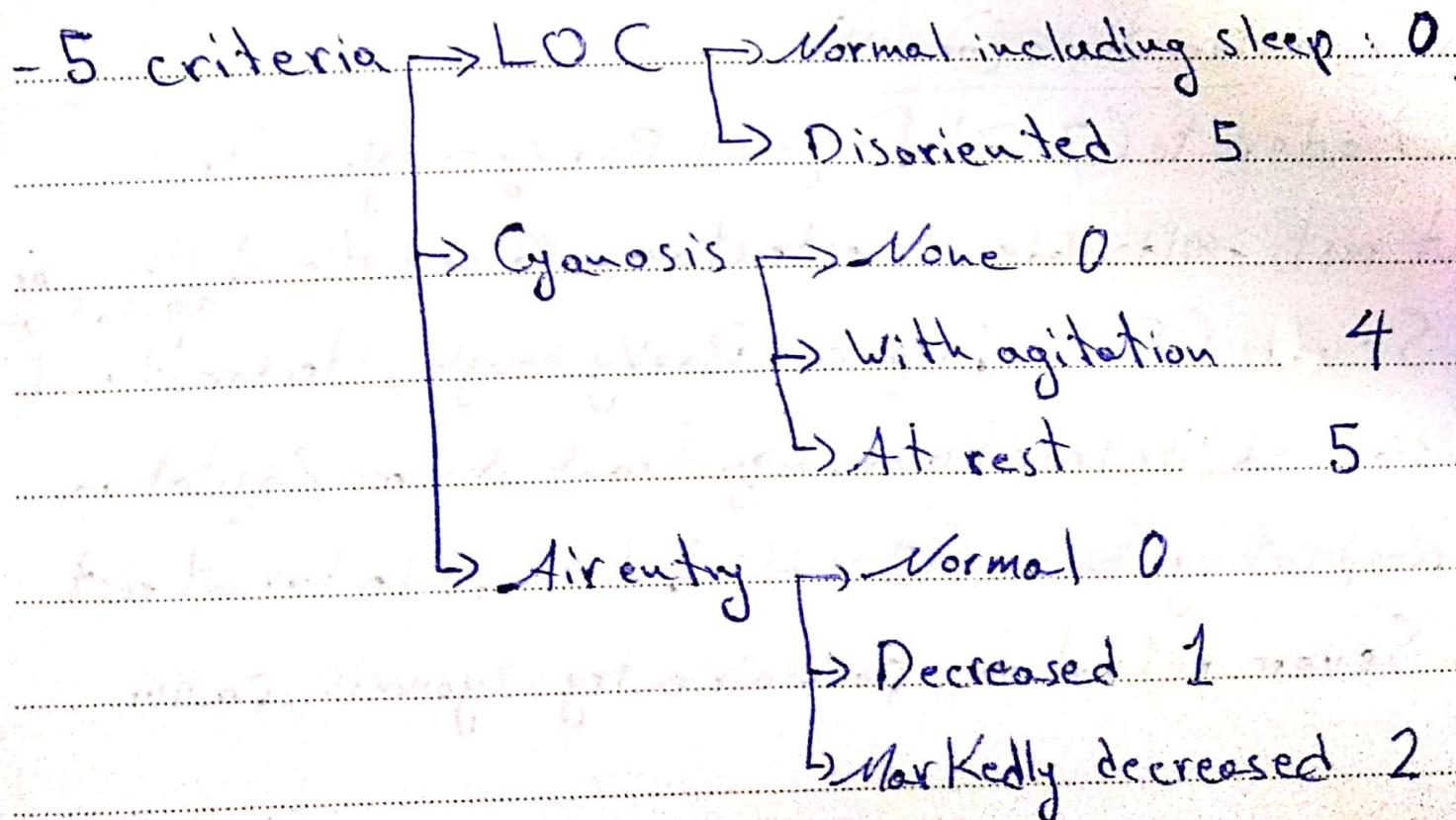
③
& PANDAS (Pediatric Autoimmune Neuropsychiatric
Disorders Associated with Streptococcal infections)
- eg: OCD following infection

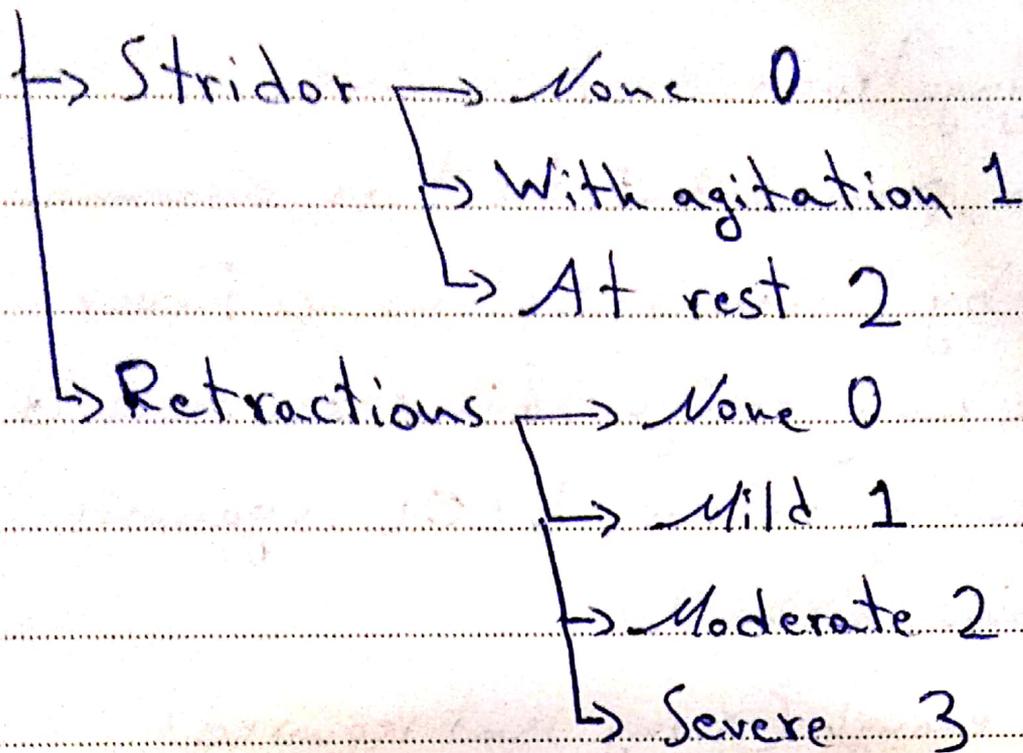
③ Croup (Laryngotracheitis)

- Viral infection, presented at first as a common cold, followed by other symptoms \Rightarrow Fever, Stridor, Barking cough, & in severe cases, it may cause respiratory distress, \downarrow LOC, cyanosis, airway obstruction & Death.

- Clinical Dx is enough (X-ray isn't required)

- Classification of croup using \Rightarrow Westley score





- Mild (0-2): Occasional Barky cough, No stridor nor retractions (or mild)

- Moderate (3-7): Frequent Barky cough, Stridor at rest, mild-moderate retractions, No or little distress or agitation

- Severe (8-11): Frequent Barky cough, Stridor at rest, Marked retractions, significant distress & agitation

- Respiratory failure (12-17): ↓ LOC, stridor at rest, Severe retractions, poor air entry, cyanosis, pallor

* Management of croup *

→ Humidified air / Adequate fluid intake
/ Antipyretics if fever or pain are present / Steroids
(to ↓ inflammation & edema)

- Humid air soothes the respiratory mucosa,
- We provide humid air using a humidifier, if
not present, advise parents to take their child
outside in cold nights (↑ humidity), also, ~~also~~
steam may alleviate symptoms, ~~also~~

moderate &

- in severe cases → we may use "Nabilized
epinephrine" under monitoring of the heart

- We do not give Antibiotics unless there is
a secondary bacterial infection