

- **Perform focused general examination in this child with short stature, plot the growth chart for this child.**
- **Father's Ht- 165 cm, Mother's Ht- 155 cm**



Table 2.9: Clues to etiology of short stature from examination

<i>Examination finding</i>	<i>Etiology</i>
Disproportion	Skeletal dysplasia, rickets, hypothyroidism
Dysmorphism	Congenital syndromes
Pallor	Chronic anemia, chronic kidney disease, malabsorption
Hypertension	Chronic kidney disease, Turner syndrome
Frontal bossing, depressed nasal bridge, dental anomalies, small penis	Hypopituitarism
Goiter, coarse skin	Hypothyroidism
Central obesity, striae	Cushing syndrome
Low BMI for age	Undernutrition, malabsorption, chronic systemic illness
Rickets	Nutritional, renal tubular acidosis, chronic kidney disease

Upper limb examination sequence (syndromic)

Growth chart – plotting , MPH, target height , plot in appropriate growth chart

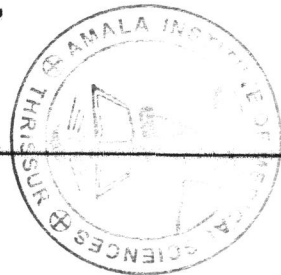


Q. A 9-year-old boy with h/o recurrent wheeze presented with complaint of cough and shortness of breath since 1 day.

• O/E- He looks pale and agitated

RR-40/min, SCR+, B/L decreased air entry, SaO₂- 88 %.

- 1. What is the diagnosis and how do you grade the severity?**
- 2. What all relevant points would you like to know in the history?**
- 3. How will you classify the illness and explain the stepwise management.**



MILD or MODERATE
 Talks in phrases, prefers sitting to lying, not agitated
 Respiratory rate increased
 Accessory muscles not used
 Pulse rate 100–120 bpm
 O₂ saturation (on air) 90–95%
 PEF >50% predicted or best

SEVERE
 Talks in words, sits hunched forwards, agitated
 Respiratory rate >30/min
 Accessory muscles in use
 Pulse rate >120 bpm
 O₂ saturation (on air) <90%
 PEF ≤50% predicted or best

LIFE-THREATENING
 Drowsy, confused or silent chest

URGENT

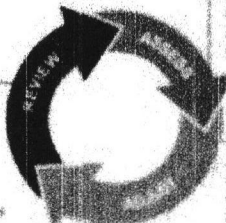
ASTHMA TREATMENT STEPS FOR CHILDREN 6–11 YEARS

Box 4-12. Personalized management for children 6–11 years to control symptoms and minimize future risk

GINA 2024 – Children 6–11 years

Personalized asthma management:
 Assess, Adjust, Review

Symptoms
 Exacerbations
 Side-effects
 Lung function
 Comorbidities
 Child and parent/caregiver satisfaction



Confirmation of diagnosis if necessary
 Symptom control & modifiable risk factors (see Box 2-2)
 Comorbidities
 Inhaler technique & adherence
 Child and parent/caregiver preferences and goals

Treatment of modifiable risk factors & comorbidities
 Non-pharmacological strategies
 Asthma medications including ICS
 Education & skills training

Asthma medication options:
 Adjust treatment up and down for individual child's needs

PREVENTIVE CONTROLLER USE to prevent exacerbations and control symptoms

Other controller options (based on indications, or best evidence for efficacy or safety)

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Low dose ICS when wheezing SABA when needed	Daily low dose inhaled corticosteroid (ICS) one tablet of ICS when wheezing for children	Low dose ICS-LABA OR medium dose ICS OR very low dose ICS with long-acting muscarinic antagonist (LAMA)	OR medium dose ICS-LABA OR low dose ICS with long-acting muscarinic antagonist (LAMA)	High dose ICS-LABA or higher dose ICS-LABA or add-on therapy (e.g. anti-IgE, anti-IL5/6, anti-IL13)
As best, many consider action on low dose ICS, but consider anti-cholinergic	As best, many consider action on low dose ICS, but consider anti-cholinergic	As best, many consider action on low dose ICS, but consider anti-cholinergic	As best, many consider action on low dose ICS, but consider anti-cholinergic	As best, many consider action on low dose ICS, but consider anti-cholinergic

RELIEVER

As needed SABA or ICS-formoterol (only in SMART in Steps 2 and 4)



Q. A 11-year-old boy admitted with pain and swelling of the right knee following a mild injury while playing.

- O/E- Rt knee hemarthrosis
- Lab investigations- Hb,TC & Platelet- within normal limits

PT- Normal, APTT- Prolonged

- **What is your diagnosis ?**
- **Counsel the parents regarding the inheritance and further line of management.**



- Genetic disorder- XLR (males)- clotting factor 8 defy
- Increased bleeding- to muscle and joints- after spontaneous / trivial trauma
- Rx- Factor 8 concentrate (FFP,CP)
- Engage in all normal physical activities with precaution to avoid trauma
- Avoid adventure sports, NSAIDs
- Routine immunization (ice pack before and after, preferably S/C with 26 G needle)
- First aid for joint bleed-

PRICE- Protection, Rest, Ice, Compression, Elevation

POLICE- P, Optimal Loading, C,E

(Optimal loading- prior physiotherapy for preventing joint bleed)

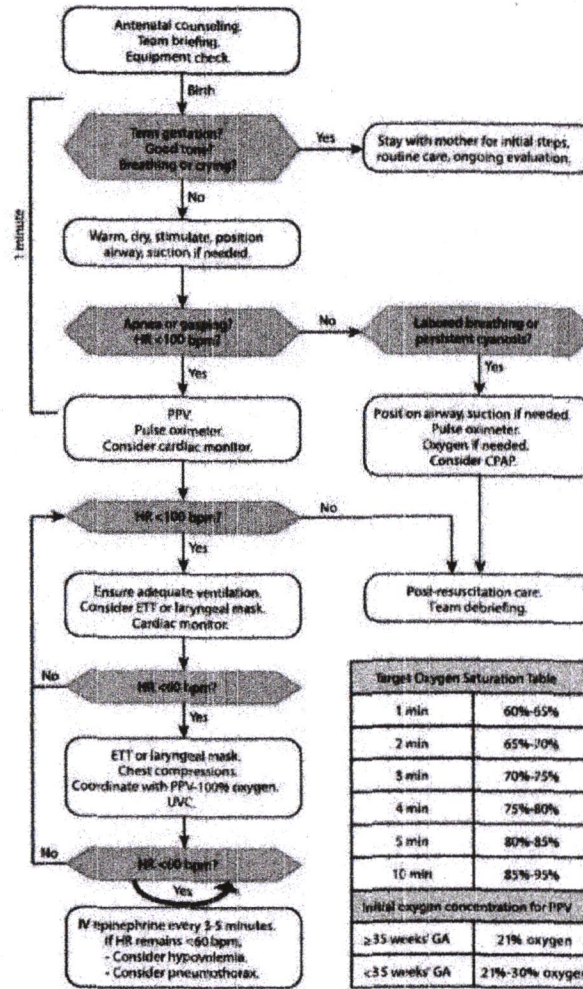
- Normal diet
- FEIBA



- A baby is born at 26 weeks' gestation. The initial steps of care, including gentle stimulation, have been completed and the baby is nearly 1 minute old. The baby is not breathing and the heart rate is 50 beats per minute. **Perform further resuscitation according to NRP algorithm**



Neonatal Resuscitation Program® 8th Edition Algorithm



Target Oxygen Saturation Table	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%
Initial oxygen concentration for PPV	
≥35 weeks' GA	21% oxygen
<35 weeks' GA	21%-30% oxygen



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