- **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

Examination finding	*Etiology*
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

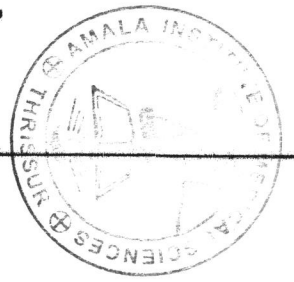
Upper limb examination sequence (syndromic)
Growth chart – plotting , MPH, target height , plot in appropriate growth chart

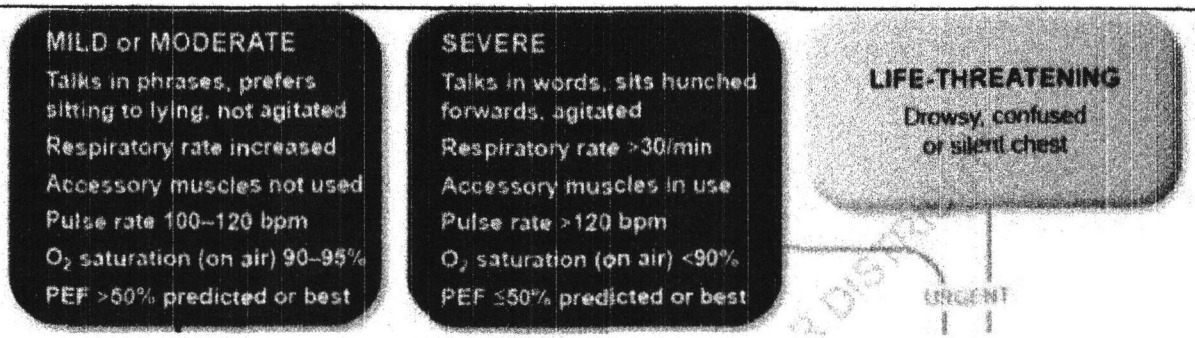
Q. A 9-year-old boy with h/o recurrent wheeze presented with complaint of cough and shortness of breath since 1 day.

- O/E- He looks pale and agitated

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

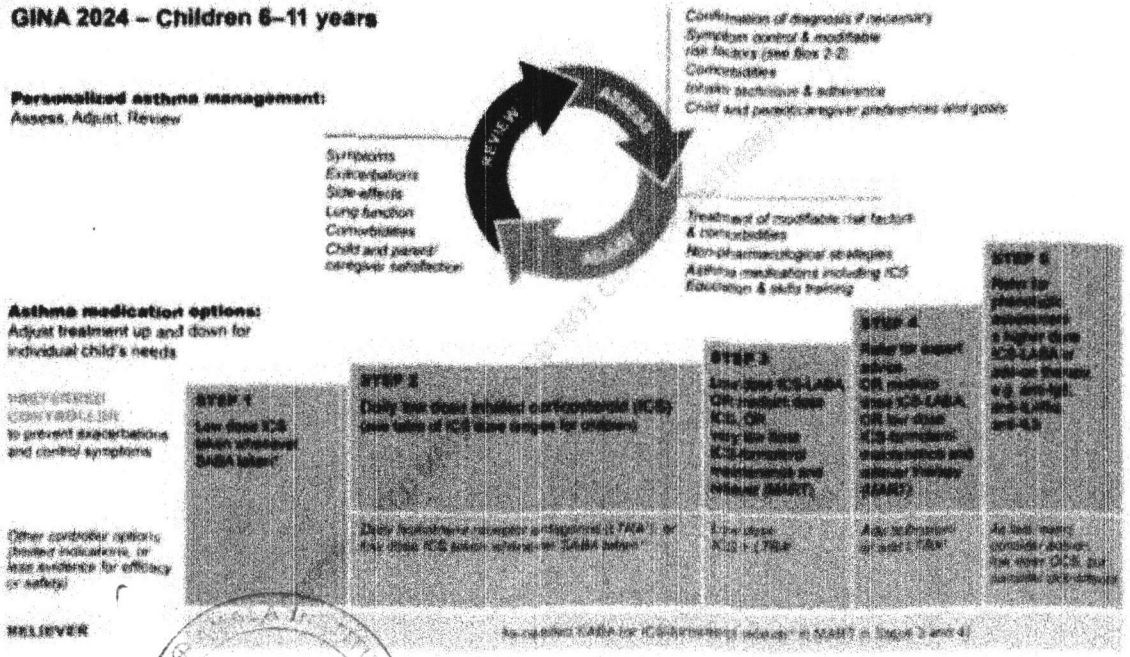
1. **What is the diagnosis and how do you grade the severity?**
2. **What all relevant points would you like to know in the history?**
3. **How will you classify the illness and explain the stepwise management.**





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



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.**

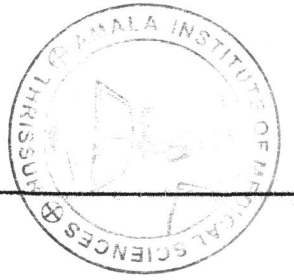
- Genetic disorder- XLR (males)- clotting factor 8 defy
- Increased bleeding- to muscle and joints- after spontaneous / trivial trauma
- Rx- Factor 8 concentrate (FFP,CP)
- Engage in all normal physical activities with precaution to avoid trauma
- Avoid adventure sports, NSAIDs
- Routine immunization (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

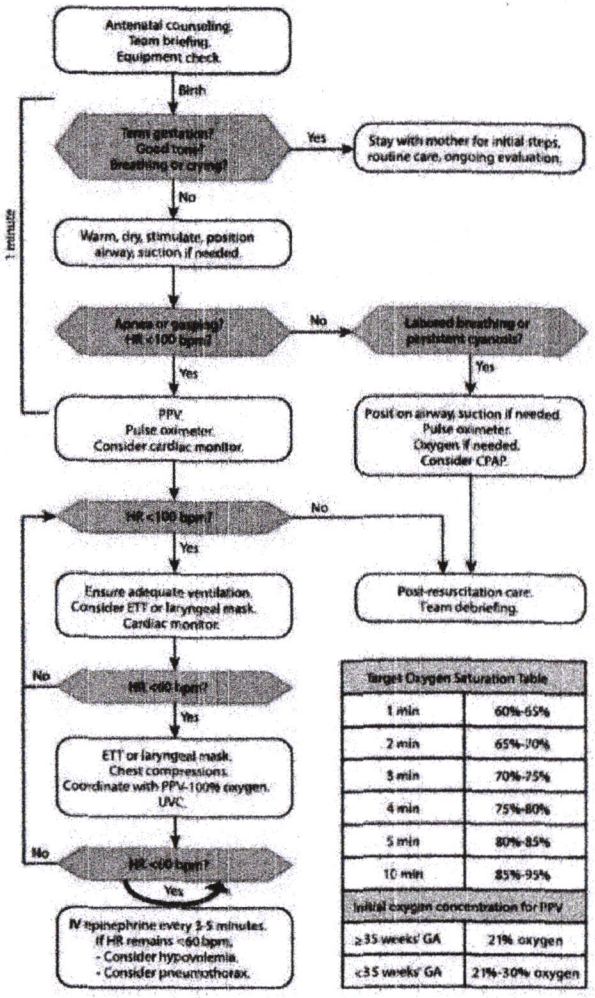
(Optimal loading- prior physiotherapy for preventing joint bleed)

- 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

Dr. BETSY THOMAS
MD, FRCOG, DNB, MICOG
PRINCIPAL
AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR, THRISSUR-680 555