

# PEDIATRIC OFFICE EMERGENCIES

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## Disclosures

- **I have no actual or potential conflict of interest in relation to this program/presentation**



**HIPPO**  
Peds RAP

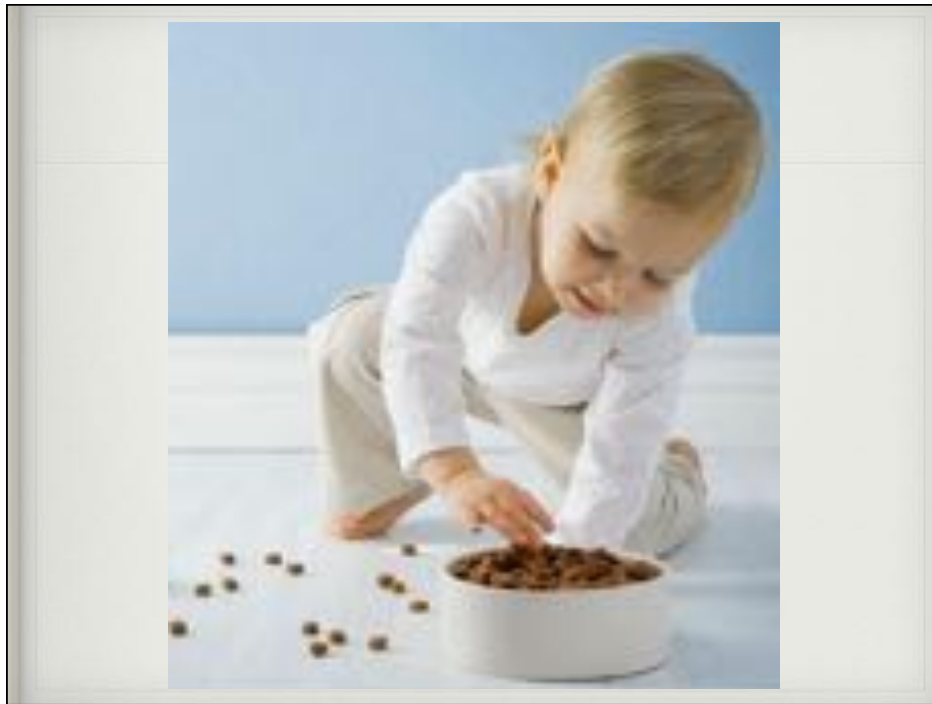




## Objectives

- Describe the most common emergencies that occur in the general pediatric office
- Learn how to prepare your office for these emergencies
- Learn interventions to treat the most common pediatric office emergencies







## Pediatrics, August 2018

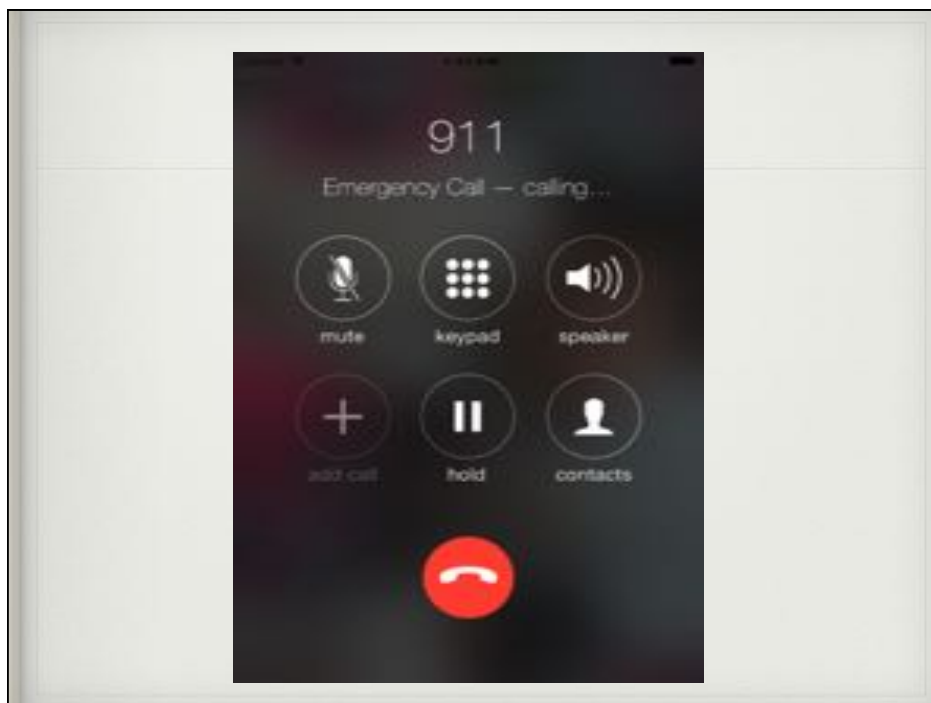
### Frequency of Pediatric Emergencies in Ambulatory Practices

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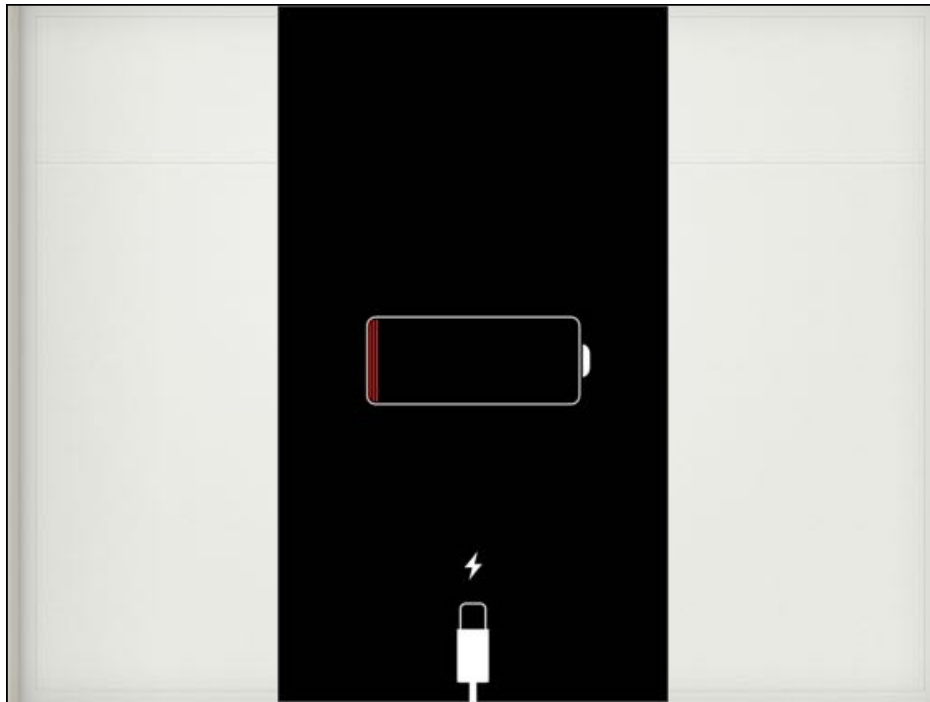
- 42 per 100,000 visits/year
- Not super common but you need to be prepared!



What one tool do you need most in an office emergency?



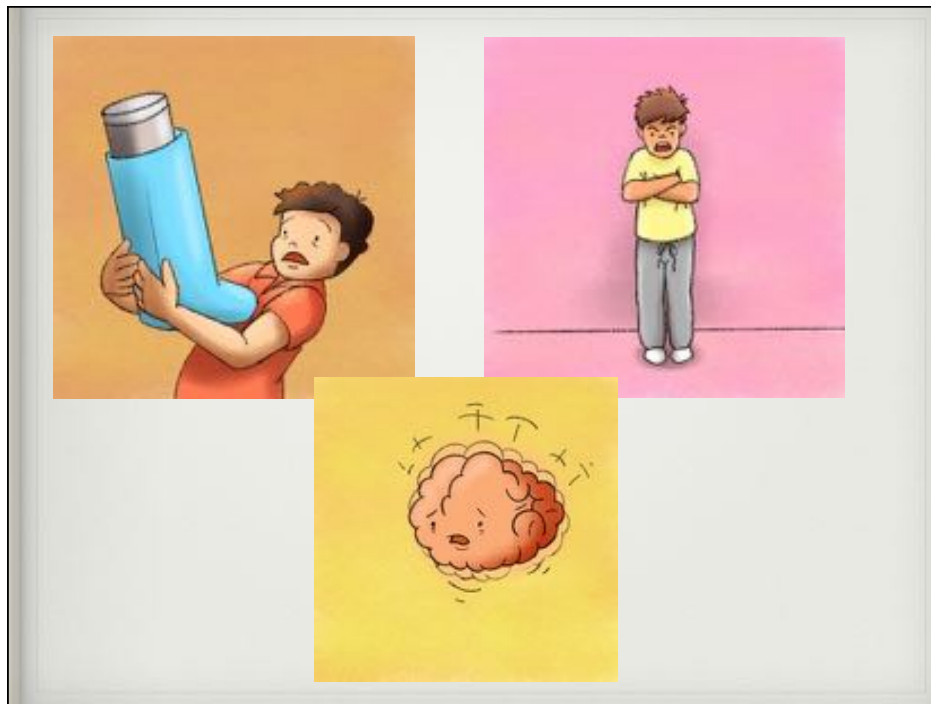




WHAT COULD POSSIBLY GO  
WRONG?







## Respiratory Emergencies

- Asthma exacerbation
- Anaphylaxis
- Infections
  - pneumonia
  - bronchiolitis



## Albuterol: MDI = or > Nebs



- Equally efficacious
- Cheaper
- Teaches them how to use home meds
- ? Albuterol/ipratropium combo may prevent admissions

## Steroids: PO= IM= IV

- PO Dexamethasone
  - 0.3-0.6 mg/kg
  - Max 16 mg
  - Long duration
  - Better tolerated than prednisone



## Infections: providing O's

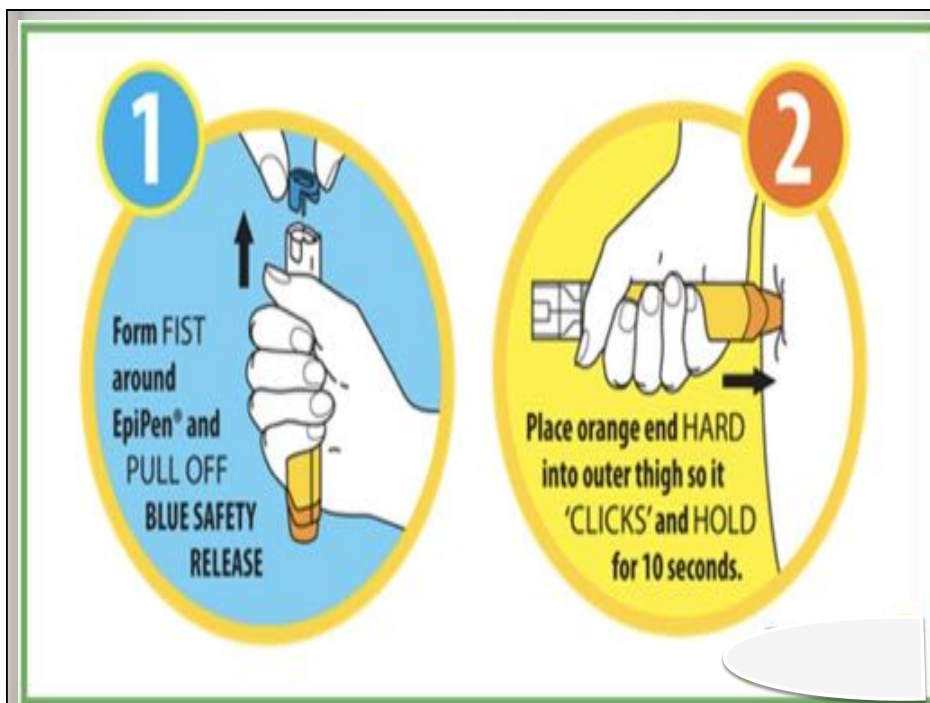
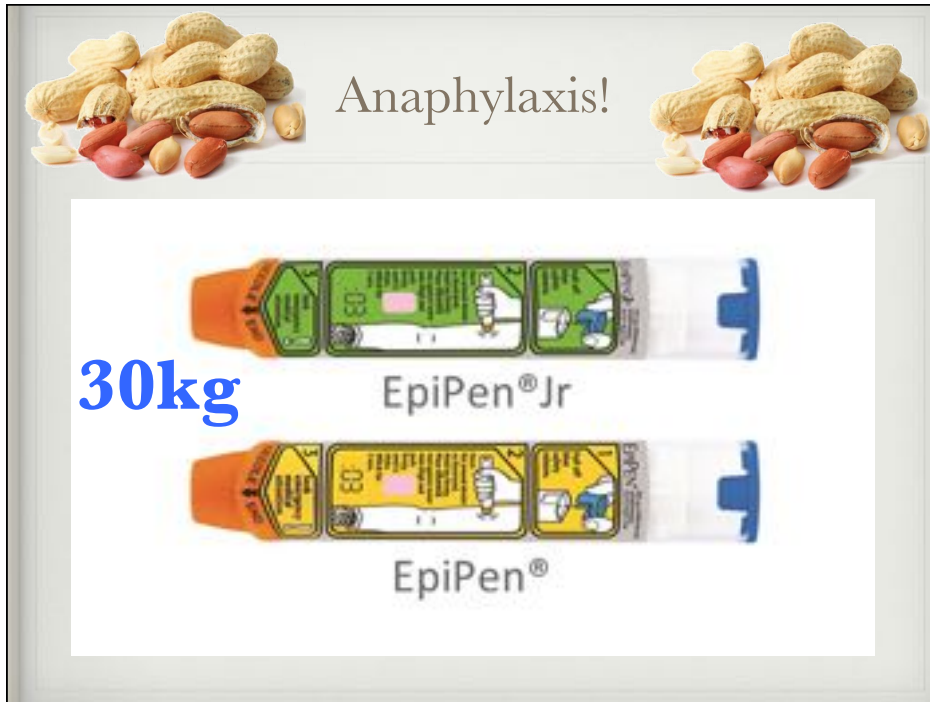
- Nasal cannula
- Face mask
- Non-rebreather
- High flow nasal cannula



## Suction

- Trach plugging
- Bronchiolitis





## Adjuvant therapies

- No evidence they help
- Focus on the epinephrine
- IV Fluids if you can do that



## Seizures

- Febrile
- Breakthrough



## Checklist

- Oxygen
- BVM
- Anti-seizure meds



## Anti-seizure meds

- Routes matter:
  - PR
    - Diazepam 0.3-0.5 mg/kg
  - **IM**
  - (IV)
  - **IN**
    - **Midazolam 0.2 mg/kg**

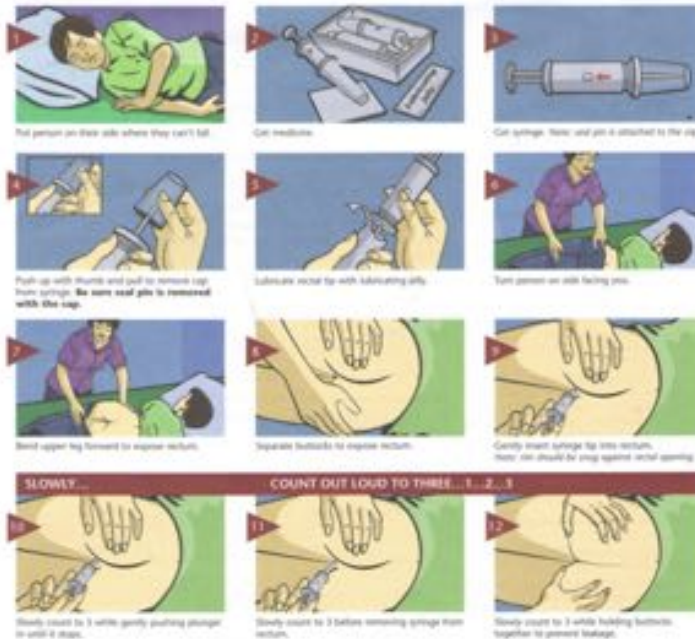




# Rectal diazepam



## CHILD ADMINISTRATION INSTRUCTIONS







## Intranasal midazolam!



If you use this...



You gotta know how to use this...



## Psych/behavioral

- New psychosis is different from established psych abnormality
- Toxidromic?
- Safety first!



## When things are heating up...

- De-escalate
  - Remove sources of stress (mom/dad?)
  - Remove potential “weapons”
  - Calm the room (lights, lower voices)



## Chemical warfare

- Still reasonable?
- ODT olanzapine (Zidus)
- PO Benzos



## Chemical warfare

- Not so much?
- Call for help
- Safety first- yours and your staff
- IM olanzapine (Zyprexa)
- IM lorazepam





## Mock codes



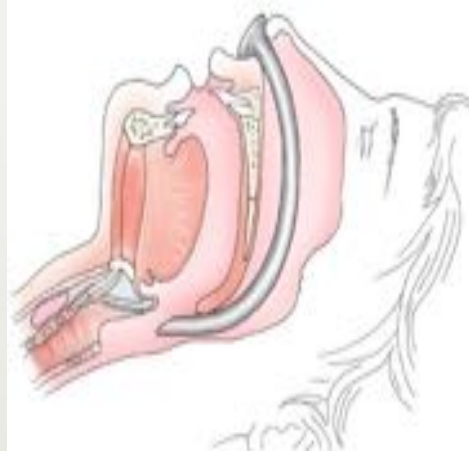
## Emergency Care Cart



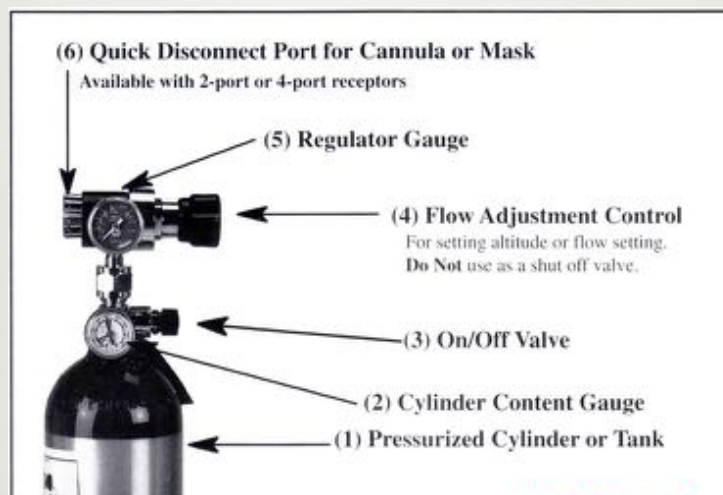
## Airway Supplies: Oral airway/BVM



## Airway Supplies: Nasal Trumpet



## Practice simple things





## Practice simple things



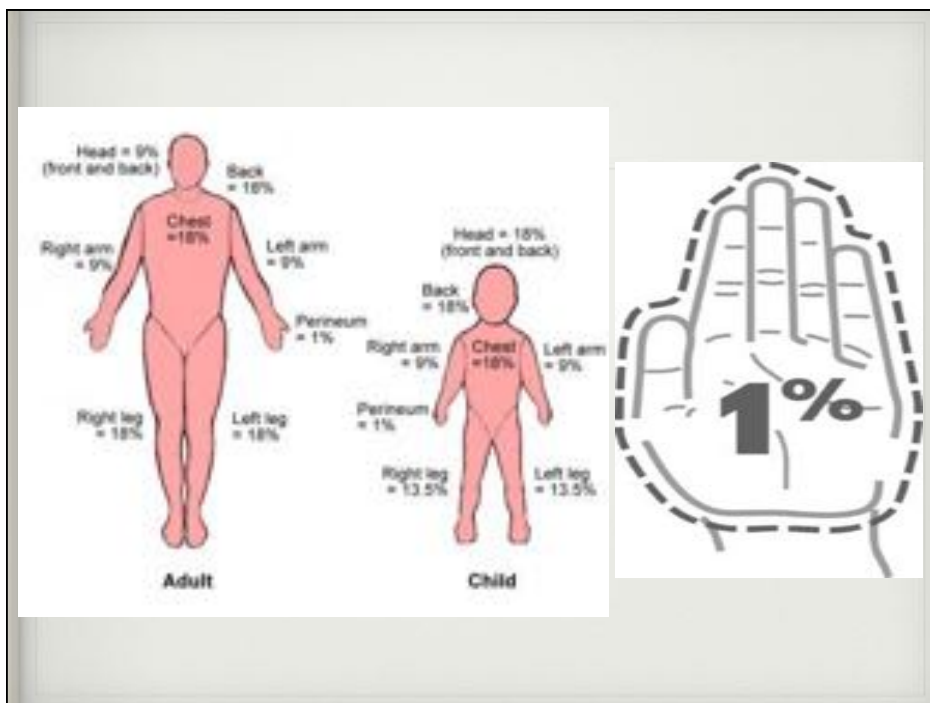
Things that seem like emergencies...

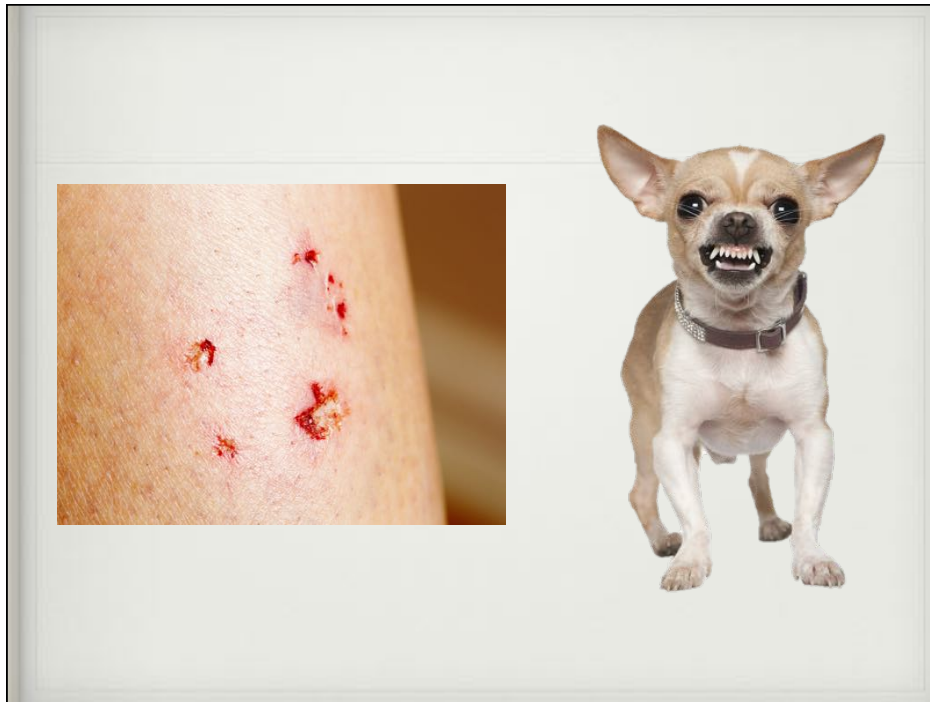
(But you can handle it!)





## When to send to ED?





## Can I take care of it in my office?

- Not on face/GU/hand/feet or needing cosmetic repair?
- Superficial bite?
- Domestic animal?



## Animal bites: infection risk

- Cats > dogs
- Amox/clav ppx
- PCN allergic: 3<sup>rd</sup> gen  
ceph or bactrim  
+clinda

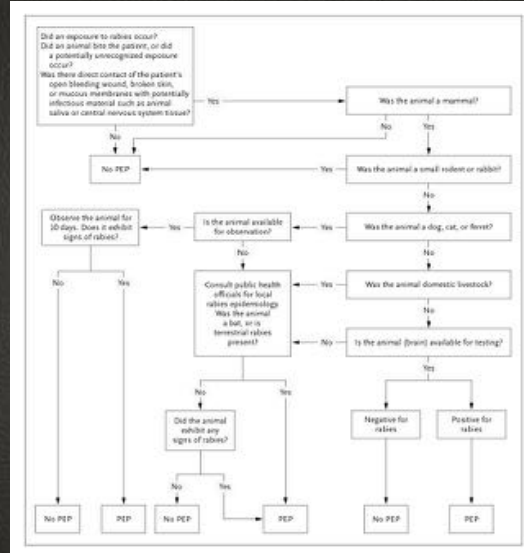


## Animal bite considerations

- Rabies risk



## Guidelines for Prophylaxis against Rabies



Rupprecht CE, Gibbons RV. N Engl J Med 2004;351:2626-2635.





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 CDC A-Z INDEX


### Rabies

Rabies Homepage CDC > Rabies Homepage > Exposure

Exposure


What materials can spread rabies?

**What kind of animal did you come in contact with?**




Any mammal can get rabies. The most common wild reservoirs of rabies are raccoons, skunks, bats, foxes, and coyotes. Domestic mammals can also get rabies. Cats, cattle, and dogs are the most frequently reported rabid domestic animals in the United States.


You should seek medical evaluation for any animal bite. One important factor in deciding if you should have postexposure prophylaxis will be if the animal can be found and held for observation.



Domestic Animals




Bats



Other Wild Animals

## Animal bite: tetanus risk

	<b>DIRTY WOUND</b>	<b>CLEAN WOUND</b>
< 3 TETANUS	(+) <sup>1</sup> TIG BOOST	BOOST
> Or = 3TETANUS	BOOST if >5 years	BOOST if >10 years



## Take Home Points

- Prepare your office for the common emergencies
- Practice using the emergency equipment
- Maintain PALS
- Keep you phone charged and use 9-1-1
- Remember limitations of the office

Thank You!