Pediatric Scenario – H1N1 Infection, 6 month old Snotty Scotty

Objectives:

- 1. Recognize hypoxia
- 2. Recognize mild dehydration
- 3. Send appropriate lab work
- 4. Manage hypoxia and dehydration

Scenario: 6 m /o male with 1 day of cough, fever, decreased activity and "poor feeding." Yesterday had a fever 101, and so did not attend daycare. He has had decreased appetite, and has not been interested in drinking fluids. This afternoon, his mother noted that he has been less active and so she brought him to the urgent care clinic.

No significant past medical history.

Medications: ibuprofen, acetaminophen prn.

Review of symptoms: mother reports fever, runny nose, cough, difficulty breathing, vomiting post cough

Physical exam:

T 39.2, P 135, BP 70/50, RR 36, SaO2 88% Wt: 5 kg

General appearance: Sleepy but arouses to exam

Respiratory: Airway is patent, no nasal flare with intercostal retractions. Breath sounds are coarse with poor entry to the bases. Rales throughout.

Cardiovascular: Skin is warm centrally, cool distally. There is a 2/6 mid-systolic murmur at the upper sternal margins. The extremities are cool distally with faint pulses. Cap refill is 3 seconds. **Neurologic**: The infant is sleepy but opens eyes and moves extremities in response to verbal stimulus.

Time	Scenario Progression	Anticipated Actions
0-5	Assessment	Assess ABCs
Minutes		• Provide 100% oxygen via blow-by or alternate
		device – Sats improve to 94%
		Place on monitor
		Establish IV access
		• NS bolus 20 cc/kg – should be administered
		over 5-10 minutes
		• Order labs: CBC with Diff, Lytes, Glucose, ABG,
		Blood cultures, viral respiratory panel, CXR
		Consider antibiotics

5 - 10	Response to oxygen and volume	٠	Evaluate response - Improved SaO2, improving
Minutes			perfusion and level of activity
	Lab results:		
	Blood glucose – 132 mg/dl		
	ABG – 7.36/38/88/20.5/-2		
15 Minutes	Stabilization and disposition	٠	Determine transfer not needed
		٠	Follow up pending labs
	Additional lab results	٠	Discharge home for follow-up with primary
	CBC: WBC 6.5 (79% PMN, 11%		care or admit for observation
	lymphs, 12% eos), Hct 31, Plts 259		
	Lytes: Na 141, K 4.3, Cl 109, Bicarb		
	21, BUN 5, Cr .4		