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The Normal Newborn Exam, or Is It? Merlin C. Lowe Jr and Dale P. Woolridge	921
<p>Despite the broad technologic advancements of medicine, screening for illness in infants is highly reliant on a complete physical exam. For this reason it is critical that the examining physician not only have a thorough understanding of abnormal findings but also the normal findings and their variants. The vast majority of infants are healthy and findings predictive of future health problems are subtle and infrequent. Yet, outcomes can be devastating. Therefore it is critical the physician remain diligent when screening for these. It is our hope that this article will assist you in this task and allow for more accurate and timely diagnosis that prevents or minimizes long-term health problems in children.</p>	
Pediatric Resuscitation Update Stephanie J. Doniger and Ghazala Q. Sharieff	947
<p>In 2005, the American Heart Association updated the guidelines for newborn and pediatric resuscitation. These changes are now being</p>	

taught in the current Basic Life Support and Pediatric Advanced Life Support classes. This article reviews the pertinent new changes in caring for the critically ill child.

Pediatric Respiratory Infections

961

Seema Shah and Ghazala Q. Sharieff

Pediatric respiratory infections are a common presenting complaint to the emergency department. This article discusses the presentation and management of infectious conditions, including bacterial tracheitis, bronchiolitis, croup, epiglottitis, pertussis, pneumonia, and retropharyngeal abscess.

Cardiac Emergencies in the First Year of Life

981

Linton Yee

Cardiac emergencies in the first year of life can be anxiety provoking for the health care provider. An understanding of the pathophysiology involved in the most common emergency department presentations is crucial to the development of appropriate treatment plans. This article discusses the most common causes of cyanotic and acyanotic heart disease in infants.

Essential Diagnosis of Abdominal Emergencies in the First Year of Life

1009

Jeffrey P. Louie

There are a myriad of abdominal emergencies in the first year of life. Some are more common than others, but each very serious. Any delay in determining the diagnosis can lead to significant morbidity and even mortality. This article discusses neonatal and infant medical and surgical abdominal emergencies often encountered in the emergency department.

Metabolic Emergencies

1041

Kenneth T. Kwon and Virginia W. Tsai

Metabolic diseases can vary as much in clinical presentation as they can in classification, and neonates and infants frequently present with symptoms similar to those seen with other emergencies. Vomiting, alterations in neurologic status, and feeding difficulties are the most prominent features of metabolic emergencies. This article discusses the recognition and management of specific disorders, including diabetic ketoacidosis, congenital adrenal hyperplasia, inborn errors of metabolism, and thyrotoxicosis. Also highlighted are specific laboratory entities, including hypoglycemia, hyponatremia, and metabolic acidosis.

Childhood Seizures 1061
Michelle D. Blumstein and Marla J. Friedman

Seizures are a common neurologic problem in childhood affecting 4% to 10% of children before the age of 16 years. Seizures must be differentiated from other childhood disorders and correctly classified with regard to type. Emergency treatment focuses on patient stabilization, termination of seizure activity, and determination of seizure cause. Various long-term treatment modalities exist. Appropriate treatment depends on accurate diagnosis and knowledge of medication side effects and benefits.

The Evolving Approach to the Young Child Who Has Fever and No Obvious Source 1087
Paul Ishimine

Fever is a common complaint of young children who seek care in the emergency department. Recent advances, such as universal vaccination with the pneumococcal conjugate vaccine, require the review of traditional approaches to these patients. This article discusses newer strategies in the evaluation and management of the young child with fever, incorporating changes based on the shifting epidemiology of bacterial infection.

An Emergency Medicine Approach to Neonatal Hyperbilirubinemia 1117
James E. Colletti, Samip Kothari, Danielle M. Jackson, Kevin P. Kilgore, and Kelly Barringer

Jaundice (also known as hyperbilirubinemia) is a yellowish-greenish pigmentation of the sclera and skin caused by an increase in bilirubin production or a defect in bilirubin elimination. Management of hyperbilirubinemia is one of the most common reasons for readmission of a newborn. Prolonged unconjugated hyperbilirubinemia can result in acute bilirubin encephalopathy and eventually develop into chronic bilirubin encephalopathy (kernicterus). Kernicterus, the feared complication of hyperbilirubinemia, was considered almost extinct but has recently reemerged despite virtual elimination of Rh disease. This review provides a systematic approach to the presentation, evaluation, and management of the jaundiced newborn.

The Crying Infant 1137
Martin Herman and Audrey Le

Infants with the chief complaint of crying can present a diagnostic dilemma to the health care provider. This article discusses the differential diagnosis and management of the crying infant.

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