

11th Edition Pediatrics Core

Growth & Development:

Page 2-12, Development Milestones > Overview

<i>Text currently reads:</i>	<i>Text should read:</i>
The ages for copying various shapes are as follows: circle (3 years of age), square (4 years of age) , triangle (5 years of age) , and diamond (6 years of age) . Most children develop the ability to accurately draw a cross between 4 and 5 years of age.	The ages for copying various shapes are as follows: circle (3 years of age), cross (4 years of age) , and square and triangle (5 and 6 years of age) .

Page 2-18, Developmental Milestones > Overview > Table 2-11: Milestones Overview — Additional Age-Specific Skills to Consider During Developmental Assessment

<i>Text currently reads:</i>	<i>Text should read:</i>														
<p>Fine Motor Skills</p> <table> <tr> <td>Draws a square</td><td>4 years old</td></tr> <tr> <td>Draws a cross</td><td>4 and 5 years old</td></tr> <tr> <td>Draws a triangle</td><td>6 years old</td></tr> <tr> <td>Draws a diamond</td><td>7 years old</td></tr> </table>	Draws a square	4 years old	Draws a cross	4 and 5 years old	Draws a triangle	6 years old	Draws a diamond	7 years old	<p>Fine Motor Skills</p> <table> <tr> <td>Draws a circle</td><td>3 years old</td></tr> <tr> <td>Draws a cross</td><td>4 years old</td></tr> <tr> <td>Draws a square/triangle</td><td>5 and 6 years old</td></tr> </table>	Draws a circle	3 years old	Draws a cross	4 years old	Draws a square/triangle	5 and 6 years old
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Neonatology:

Page 1-11, Prenatal Care > Assessing Fetal Health > Fetal Heart Rate (FHR) Monitoring and Patterns > Characteristics > Table 1-6: Etiologies of Tachycardia and Severe Bradycardia

<i>Text currently reads:</i>	<i>Text should read:</i>								
<table> <tr> <th>Severe Bradycardia</th><th>Tachycardia</th></tr> <tr> <td> <ul style="list-style-type: none"> Fetal hypoxia Maternal fever Hyperthyroidism Maternal or fetal anemia Drugs (e.g., atropine, hydroxyzine, ritodrine, terbutaline) Chorioamnionitis Fetal tachyarrhythmia Prematurity </td><td> <ul style="list-style-type: none"> Prolonged cord compression Cord prolapse Tetanic uterine contraction Paracervical block Epidural and spinal anesthesia Maternal seizures Rapid descent in the birth canal Vigorous vaginal examination </td></tr> </table>	Severe Bradycardia	Tachycardia	<ul style="list-style-type: none"> Fetal hypoxia Maternal fever Hyperthyroidism Maternal or fetal anemia Drugs (e.g., atropine, hydroxyzine, ritodrine, terbutaline) Chorioamnionitis Fetal tachyarrhythmia Prematurity 	<ul style="list-style-type: none"> Prolonged cord compression Cord prolapse Tetanic uterine contraction Paracervical block Epidural and spinal anesthesia Maternal seizures Rapid descent in the birth canal Vigorous vaginal examination 	<table> <tr> <th>Tachycardia</th><th>Severe Bradycardia</th></tr> <tr> <td> <ul style="list-style-type: none"> Fetal hypoxia Maternal fever Hyperthyroidism Maternal or fetal anemia Drugs (e.g., atropine, hydroxyzine, ritodrine, terbutaline) Chorioamnionitis Fetal tachyarrhythmia Prematurity </td><td> <ul style="list-style-type: none"> Prolonged cord compression Cord prolapse Tetanic uterine contraction Paracervical block Epidural and spinal anesthesia Maternal seizures Rapid descent in the birth canal Vigorous vaginal examination </td></tr> </table>	Tachycardia	Severe Bradycardia	<ul style="list-style-type: none"> Fetal hypoxia Maternal fever Hyperthyroidism Maternal or fetal anemia Drugs (e.g., atropine, hydroxyzine, ritodrine, terbutaline) Chorioamnionitis Fetal tachyarrhythmia Prematurity 	<ul style="list-style-type: none"> Prolonged cord compression Cord prolapse Tetanic uterine contraction Paracervical block Epidural and spinal anesthesia Maternal seizures Rapid descent in the birth canal Vigorous vaginal examination
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Rheumatology:

Page 20-15, Systemic Lupus Erythematosus > Diagnosis > Cardiopulmonary Manifestations >

[Preview](#) | [Review Question and Answer](#)

<i>Text currently reads:</i>	<i>Text should read:</i>
Question: Which type of endocarditis is associated with SLE and antiphospholipid antibodies?	Question: What is the most common cardiac abnormality in childhood SLE?
Answer: Libman-Sacks endocarditis (nonbacterial endocarditis with verrucous vegetations) is associated with SLE and antiphospholipid antibodies.	Answer: The most common cardiac abnormality in children with SLE is pericarditis.