

Pediatrics QuickREF for 2025 Learning Objectives

Return to Activity—Learning Objective 24 > Quick Points

Page 321

Text currently reads:

Return to Activity After Infectious Illnesses

- General guidelines
 - Ensure patient is afebrile for at least 24 hours without antipyretics.
 - Confirm resolution of major symptoms (eg, severe fatigue, body aches, cough).
 - Gradual return to activity based on tolerance
- COVID-19–specific considerations
 - Asymptomatic or mild disease: **assessment (telemedicine or in-person) by clinician** prior to return
 - Moderate disease (fever $\geq$ 4 days; myalgia, cough, lethargy $\geq$ 1 week; non-ICU hospital stay; no evidence of MIS-C): in-person evaluation by clinician, electrocardiogram (ECG)
 - Severe disease (ICU hospitalization or MIS-C): exercise restriction for 3-6 months, cardiology clearance prior to return to activity

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 - Moderate disease (fever $\geq$ 4 days; myalgia, cough, lethargy $\geq$ 1 week; non-ICU hospital stay; no evidence of MIS-C): in-person evaluation by clinician, electrocardiogram (ECG)
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Return to Activity—Learning Objective 24 > Excerpts from *Pediatrics Core***Page 323***Text currently reads:*

- Asymptomatic or mild disease—**assessment (telemedicine or in-person) by clinician** prior to return
- Moderate disease (≥ 4 days of fever; ≥ 1 week of myalgia, chills, or lethargy; non-ICU hospital stay; no evidence of multisystem inflammatory syndrome in children [MIS-C])—in-person evaluation by clinician, ECG
- Severe disease (ICU hospitalization or MIS-C)—restrict from exercise for 3-6 months, cardiology clearance prior to return to activity

Text should read:

- Asymptomatic or mild disease—**electronic communication (eg, portal message, phone call, video visit) with clinician** prior to return
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Neck Mass—Learning Objective 29 > Quick Points

Page 242

Text currently reads:

- Infectious/Inflammatory masses
 - Reactive lymphadenopathy (LA): soft, discrete, mobile, minimally tender; may or may not be inflamed; often referred to as “shotty”
 - Infectious lymphadenitis: isolated, may be asymmetric, tender, warm, erythematous, sometimes fluctuant; less mobile and discrete than reactive lymphadenopathy
 - Viral (eg, EBV, CMV, **toxoplasmosis**, adenovirus, enterovirus, HSV, measles, HIV)
 - Typically bilateral, acute LA
 - Bacterial (eg, *Streptococcus*, *Staphylococcus*, tuberculosis)
 - Unilateral acute LA: most commonly due to group A *Streptococcus* or *Staphylococcus aureus*, generally respond to oral antibiotics (eg, amoxicillin/clavulanate, clindamycin)
 - Unilateral subacute/chronic LA: nontuberculous mycobacteria, *Bartonella henselae* (cat-scratch disease), tuberculosis
 - Mycobacterial (tuberculosis, atypical mycobacteria)

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 - Unilateral subacute/chronic LA: nontuberculous mycobacteria, *Bartonella henselae* (cat-scratch disease), tuberculosis
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