Pediatrics QuickREF for 2024 Learning Objectives

Neonatal Resuscitation—Learning Objective 29 > Quick Points
Page 203

Text currently reads:	*Text should read:*

• Neonatal physiology
  ○ Lungs transition from a fluid-filled to air-filled state before, during, and after birth.
  ○ Neonates have a higher metabolic rate, a larger ratio of body surface area:weight, and are born wet; hence, they lose **weight** quickly through:
	• Neonatal physiology
	  ○ Lungs transition from a fluid-filled to air-filled state before, during, and after birth.
	  ○ Neonates have a higher metabolic rate, a larger ratio of body surface area:weight, and are born wet; hence, they lose **heat** quickly through:

Skin Manifestations—Learning Objective 34 > Core Excerpts > Rheumatology > Vasculitides > Medium-Vessel Vasculitides > Kawasaki Disease (KD)
Page 295

Text currently reads:	*Text should read:*
Approximately 1% of these patients can develop overt macrophage activation syndrome **(MAS; see Macrophage Activation Syndrome (MAS))**.	Approximately 1% of these patients can develop overt macrophage activation syndrome **(MAS)**.
Recommendations are to give aspirin and a single dose of IVIG (2 g/kg). **While high dose aspirin (80–100 mg/kg/day) was historically used for anti-inflammatory effects,** there is no evidence **it** reduces coronary outcomes compared to low-dose aspirin **(3–5 mg/kg/day)**. The IVIG typically causes a rapid improvement in fever and clinical symptoms.	Recommendations are to give aspirin and a single dose of IVIG (2 g/kg). **Give aspirin at antiinflammatory doses (30–100 mg/kg/day) initially, and later decrease to antiplatelet doses (3–5 mg/kg/day) when the fever resolves, the CRP and ESR begin to decline, and the platelet count starts to rise. Although** there is no evidence **that high-dose aspirin** reduces coronary outcomes compared to low-dose aspirin**, many centers still use the higher dosage until the presence or absence of an aneurysm can be determined. If there are no aneurysms by 6–8 weeks, aspirin can be discontinued.** The IVIG typically causes a rapid improvement in fever and clinical symptoms.
Infliximab, anakinra, and cyclosporine have also been used safely and successfully in patients who fail to improve with IVIG. **Continue low dose aspirin for antiplatelet effects until you are assured there is no cardiac involvement, which is usually several weeks later. Follow up with a cardiologist can be helpful in making this determination.** Every child with KD should have	Infliximab, anakinra, and cyclosporine have also been used safely and successfully in patients who fail to improve with IVIG. Every child with KD should have initial echocardiography at the time of diagnosis and a 2nd round of echocardiography performed 6–8 weeks later.

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Kawasaki Disease—Featured Reading 1 > Core Excerpts > Cardiology > Kawasaki Disease (KD)
Page 345

Text currently reads:	*Text should read:*
Give aspirin at antiinflammatory doses (30–**50** mg/kg/day) initially, and later decrease to antiplatelet doses (3–5 mg/kg/day) when the fever resolves, the CRP and ESR begin to decline, and the platelet count starts to rise. **While high-dose aspirin (80–100 mg/kg/day) was historically used for antiinflammatory effects,** there is no evidence **it** reduces coronary outcomes compared to low-dose aspirin **(3–5 mg/kg/day)**. If there are no aneurysms by 6–8 weeks, aspirin can be discontinued.	Give aspirin at antiinflammatory doses (30–**100** mg/kg/day) initially, and later decrease to antiplatelet doses (3–5 mg/kg/day) when the fever resolves, the CRP and ESR begin to decline, and the platelet count starts to rise. **Although** there is no evidence **that high-dose aspirin** reduces coronary outcomes compared to low-dose aspirin**, many centers still use the higher dosage until the presence or absence of an aneurysm can be determined.** If there are no aneurysms by 6–8 weeks, aspirin can be discontinued.