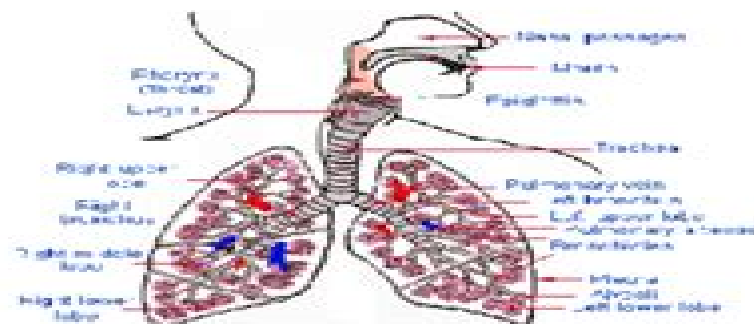


Pediatrics - Unit 2 Study Guide

Respiratory Infection →

- Described according to anatomic area of involvement →
 - Upper respiratory tract** → consists of oronasopharynx, pharynx, larynx, and upper part of trachea
 - Lower respiratory tract** → consists of lower trachea, mainstem bronchi, segmental bronchi, subsegmental bronchioles, terminal bronchioles, and alveoli
 - Infections of epiglottitis and larynx** → categorized as croup syndromes
- Often spread from one structure to another due to contiguous nature of mucus membrane lining entire tract
- Account for majority of acute illnesses in children
 - Infants are nose breathers
 - < 6 years old → most common breathing pattern = diaphragmatic
- Most infections caused by viruses → respiratory syncytial virus (RSV), adenoviruses, parainfluenza viruses, pneumonia
 - RSV can cause severe respiratory compromise in infants
 - ≤ 5 years old = very susceptible to upper respiratory infections (URIs)
 - ≥ 6 years old = ↑ bacterial infections
- Etiology** → influenced by age of child, season, living conditions, and preexisting medical problems



Age	Size	Resistance	Seasonal Variations
< 3 months = ↓ infection rate vs. older children → due to protective function of maternal antibodies 3 - 6 months = ↑ infection rate (maternal antibodies disappear and infant develops own antibodies) - Viral infection rate remains ↑ during toddler and preschool years	- Smaller child = smaller airway - Diameter of airways is smaller in young children = ↑ risk for considerable narrowing from edematous mucus membranes and ↑ production of secretions - Distance between structures within respiratory tract is shorter in young child → organisms may move rapidly down respiratory tract = ↑ extensive involvement - Relatively short and open eustachian tube in infants and young children allows pathogens easy access to middle ear	- Deficiencies of immune system place child at risk for infection ↓ resistance due to malnutrition, anemia, fatigue, and chilling of body - Allergies, preterm birth, broncho-pulmonary dysplasia (BPD), asthma, history of RSV infection, cardiac anomalies, cystic fibrosis (CF) - Day care attendance - Smoke in home	- Most common season for URI = late fall - Most common respiratory pathogens appear during winter and spring months - Mycoplasmal infections occur more often in autumn and early winter - Infection-related asthma occurs more frequently during cold weather - RSV typically occurs during winter and spring

- Manifestations** → Infants and young children, especially between 6 months - 3 years, react more severely to acute respiratory tract infection vs. older children

Respiratory Sounds	Sore Throat	Anorexia
- Sounds associated with respiratory disease → hoarseness, grunting, stridor, wheezing, cough - Common feature = cough → may be evident only during acute phase and can persist several months after disease - Auscultation sounds → wheezing, crackles, absence of breath sounds	- Frequent complaint of older children - Young children are unable to describe symptoms → may not complain even when highly inflamed - Child will often refuse to take oral fluids or solids	- Common with most childhood illnesses - Frequently 1st evidence of illness - Persists to a greater or lesser degree throughout febrile stage of illness - Often extends into convalescence

Respiratory Care Study Guide

**Steven E. Lucking, Frank A.
Maffei, Robert F. Tamburro, Neal J.
Thomas**

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