

## Fever in children

1. What is the difference between sepsis and bacteraemia?
2. A 14-month male presents with the history of fever and no other symptom. On examination his temperature is 103.9 degree F and no findings suggest the cause. You perform a workup including a CBC and blood culture. What is the incidence of occult bacteraemia in children with this scenario?  
A. 1%; B. 3-5%; C 7-10%; D: 12-15%.
3. An 18-month old child presents with fever of 103.9 degree F rectally. He has had no symptoms prior to the fever developing this morning. On examination there is no obvious focus of infection. A blood culture should be drawn for which possible cause of occult bacteraemia?  
A: H. Influenzae type b; B: Strepto.pyogenes; C: E.coli; D: Strepto. Pneumoniae.
4. A two-week-old male presents to the OPD with a temperature in triage of 96.5 degree F. should he be considered for sepsis workup?
5. The mother of 6-month-old infant says her baby girl has had fever to-day, but she has not used a thermometer to measure actual fever. Do you consider her information reliable?
6. A 20 months old presents in the month of Magh with the history of fever for 2 days and coughing. On examination he is wheezing and mildly retracting and you conclude he has bronchiolitis. Does he need a blood culture and urine culture?
7. A 18-month old female presents in ER with fever of 103.5 degree F. The treatment area is full. Can she wait in the waiting area?
8. Which of the following statements regarding the fever in infant less than 2 months is false?
  - A. The bacterial pathogens are same in this group as compared with older children.
  - B. The immune system of the patient at this age has both less ability to opsonize as well as compartmentalize infection.
  - C. Not all septic young infants will present with fever.
  - D. Careful attention to the recording of the rectal temperature is suggested in all neonates and young infants presenting in the ER.
9. Write T for true and F for false for the following statements regarding fever in a child.
  - A. Hydration should be documented.
  - B. In infants less than 12-15 months meningitis usually presents with meningeal signs.
  - C. Haemorrhagic rash in a febrile child results from overwhelming systemic bacterial infection.
  - D. Regardless of the clinical scale used an important predictor of overall wellness of a child is the presence of the smile.
  - E. A physical finding of pneumonia in a neonate does not need extensive workup to exclude sepsis.
  - F. Temperature elevations after MMR do not occur up to 7-10 days after vaccine administration.
10. A 7-days old neonate presents with a fever of 100.7-degree F rectally with no focus of infection. A full septic examination is completed. What is the antibiotic of choice?
  - A. Ceftriaxone: 50mg/kg/day
  - B. Cefotaxime 50mg/kg/day
  - C. Ampicillin 200mg/kg/day plus cefotaxime 50mg/kg/day
  - D. Ampicillin 200mg/kg/day plus gentamycin 15mg/kg/day.