

Communicable diseases

[Health & Medicine](#), [Disease](#)



Communicable Disease * Keep in mind all have fever, swollen LN, rash etc.
Scarlet Fever: * Cause: Group A beta Hemolytic Streptococcus * Spread via direct contact/droplet * May lead to RF * Uvula/pharynx beefy red; tonsils have white exudate, pinpoint lesions on palate * Sandpaper rash * Pastina Sign: hyperpigmentation at joints * TONGUE (white furry white strawberry strawberry) * So throatcultureif they have strept/sore throat *** Anybody with a sore throat that comes down to school nurse- do not send them back to class, have them sent for throat culture *** Varicella: Infectious before rash and until vesicles crust * kid cant go back to school until vesicles are crusted

* Strict isolation (from A. those who haven't had varicella vaccine B. < 12months of age) * ACUTE PHASE: maculopapular rash turns to vesicle with erythematous base oozes and crusts * Itchy scratch spread/2nd infection * @ Risk for Reye's Syndrome * Itchiness - give Benadryl * PREVENTION vaccinate Rubeola: (measles) * Koplik spots (white circumscribed in red in mouth) * May have photophobia - wear sunglasses * PREVENTION: MMR Rubella: * Fever is not marked Birth defects if mother exposed in first trimester * **Tylenol for (fever, pain, H/A) * ISOLATE FROM PREGNANT WOMEN Roseola Infantum: * HHV6 * Rash appears AFTER a DECLINE in fever * At risk for febrile seizures-manage temperature Erythema Infectiosum: - ISOLATE FROM PREGNANT WOMAN EVEN IF OWN CHILD HAS IT. CAN NOT BE AROUND MOM -" 5th Disease" - spread via droplet, no specific TX -Stage I - "slap cheek" 1-120days may last; Stage III- RECURRENCE of rash (with exercise temperature change etc) Impetigo:

* Group A beta hemolytic STREPT, STAPH AUREUS * Insect bite Contact isolation as long as vesicle present * Lesion begin as honey color serum then yellow to brown crusts * Complication: poststreptococcal glomerulonephritis (decrease urine, change color) * Culture vesicle * Children should remain home from school and daycare for 48 hours until on antibiotics or lesions are dry * PREVENTION: handwashing, child should not touch lesion, don't share towel etc Pediculosis: * Preschooler at increased risk * All socioeconomic classes * Pediculosis vs. Dandruff (* can brush dandruff out; ped. stays in hair when brushing) * Nit (egg) louse (insect) DO NOT JUMP FROM HEAD TO HEAD, spread via direct contact * Part hair, magnify to Dx * Shampoo, disinfect sheets with HOT water, teach not to exchange combs, headgear Scabies: * Happen to anyone

* Burrow - leaves debris under skin * Cleanliness is NOT protection * Scabicide Q12h- apply everywhere besides genitalia and face Parasitic Infections * Roundworm (GI); Hookworm (human feces); Pinworm (cecum) * PINWORMS: cause intense itching- child doesn't wash hands- touches door knob etc. * PINWORMS: may be displayed as ADHD problem; so itchy PINWORM: Dx by anal scotch tape= lay eggs in anal tissue, examined then by microscope * PINWORM: Vermox; Tx all household members Fungal: Tinea Cruris: jock itch Tinea Pedis: athlete foot Tinea Capitis: ringworm Tinea Corporis: skin (to tx these use po griseofulvin or OTC fungal cream) Conjunctivitis: -inclusion (newborn), allergic (in response to allergen), gonorrheal (infant passing thru birth canal), bacterial (self limiting, HIGHLY contagious), or via foreign obj (metal) - TX Edema: cold compress; Tx crust:

warm compress; don't want to lay there with warm compress b/c bacterial growth, child don't rub eyes

Immunologic Dysfunction (ANEMIA) * *Incidence: most common hematologic D/O child * *Etiology: decrease reticulocyte count and Hgb * effects amount of Hgb available to carry O2 * activity intolerance: pallor, no energy, fatigue **Takes a while for H& H to decrease so this wouldn't be first s/s * anemia develops slowly * will have increased HR and cardiac output to compensate * cluster care, frequent rest periods, safety (SICKLE CELL ANEMIA) * defective Hgb molecule that changes RBC shape to sickle cell * PAIN extremeeeeeee CRISIS: Sickle cells destroyed by spleen - tangle- hypoxia - tissue eschemia - necrosis * Most common in African American * Decreased life p * Each person has different thing that causes crisis (weather, temperature, elevation) * S/s develop after 6months because up to 6month fetal Hgb is in use * Crisis Long Term Complications: Heart, lung, kidney brain changes; blood becomes thicker each time * CVA # 1 cause death (complication) b/c cerebral occlusion * 4 crisis: 1.

Vaso-occlusive = tangled cells; 2. Aplastic = decreased bone marrow, infection; 3. Acute Sequestration Crisis= massive entrapment of RBC in spleen, hypovolemic shock; 4. Hemolytic = combo glucose 6 and sickle cell * No labs are definitive * No cure...treat s/s * Pain control keep hydrated keep away from things that cause crisis * Dx: peripheral smear * Assess all body parts * Monitor I& O, weigh pt