

# Communicable disease

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



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 throat culture if 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), gonorrhoeal (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 O<sub>2</sub> \* 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 extreme \* CRISIS: Sickle cells destroyed by spleen — tangle- hypoxia — tissue eschemia — necrosis \* Most common in African American \* Decreased life span \* 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