The Child with Fluid Loss

- Infants more susceptible than older children
- Diarrhoea may not be obvious: the stool has not been passed yet
- **Fluid boluses: 20ml/kg of crystalloid x 2**
- **The third bolus should be albumin.**
- **Also: catheter, chest/abdo xrays, CVC, intubation, inotropes.**

The Child with Sepsis

- Its probably menicococcal
- Group B strep and gram negatives also common
- PURPUREAL RASH IS BAD.
- Typically it is preceded by a blanching non-purpureal rash
- Early administration of antibiotics is vital

- Give antibiotics early
- The fluid boluses should be albumin 4%
- Several boluses will be required
- After the second bolus, consider inotropes
- Measure CVP: keep it under 12
- Give bicarb if pH is under 7.2
- Give glucose at 5ml/kg (10%) if hypoglycemic

The child with duct-dependent congenital heart disease

- You know its duct dependent because <u>oxygen does not improve the saturation</u>
- They are going to have that huge liver
- There may not be a murmur
- There will be poor pulses, and poor perfusion
  - **Oxygen will only make it worse. It causes duct closure.**
  - Use only as much as is required to cause an increase in SaO2
  - **Give Prostaglandin E2 (alprostenol)**
  - **This causes apnoea; they will need to be intubated and ventilated**

The child with cardiomyopathy

- If they are an infant, it might still be a duct-dependent defect and they would not be HURT by a trial of alprostenol
- Echo will generally point the way to cardiomyopathy
  - **Oxygen and diuretics**
  - **IV dobutamine:** make the remaining myocardium work harder