



Holtz Children's
Hospital

UM/JACKSON MEMORIAL
MEDICAL CENTER

Question 1

CC/HPI: An otherwise healthy 12 yo girl presents to your ED in Boston at the end of October. She complains of episodic chest pain and nausea for the past 2 weeks, worse when she wakes up in the morning and better at the end of the school day.

The pain is retrosternal, pressure-like and she says it makes her chest feel tight and “takes her breath away”.



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Question 1

History: She is otherwise healthy, fully immunized, has no allergies or pets and lives in a second story walk-up apartment with no air conditioning and individual space heater units. Her paternal uncle has asthma but there is no family history of sudden death or cardiac disease.



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Question 1

Pex: Her BMI is 19, VSS and apart from rosy cheeks, which her mother attributes to the chill setting in, her physical exam is unremarkable. The pain is not reproducible on exam and she says that right now it's not as bad as when she woke up 4 hours ago.



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Question 1

What is the next most important step in the management of her chest pain.

- a) Obtain a Chest X-ray
- b) Administer 2 mg IV morphine
- c) Obtain a stat 12-lead EKG
- d) Provide a heating pack to place over the chest

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Question 1

Effects of CO poisoning

- Headache, malaise, nausea, dizziness, LOC, AMS
- Myocardial injury
- Lactic acidosis
- Delayed neuropsychiatric syndrome (cognitive deficits, focal neurologic deficits, personality changes, movement disorders).



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Question 2

CC/HPI: A 9 yo girl with a PMH frequent AOM your ED in Boston at the end of November. She complains of non-productive cough, fatigue, light-headedness and nausea for the past 3 weeks. Symptoms are worse in the evenings after her 4 hr long gymnastics practices and tend to resolve by morning.

Her mother initially suspected hypoglycemia and now gives her a snack 30min before practice but there has been no improvement. She wonders if dust in the large studio, a former warehouse, is a contributor.



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Question 2

History: She has had only a few episodes of AOM when she was younger but none in 3 years. She is fully immunized, premenstrual, has no allergies or pets and lives in a 7-bedroom newly constructed home in Mattapan. Her maternal grandmother had ulcers but there is no family history of atopy or migraines.

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Question 2

Pex: Her BMI is 16, VSS and is somewhat small and thin for her age. She is still dressed in her gymnastics clothes and looks fatigued. She has an occasional nonproductive cough but her chest is clear and her physical exam, including full neuro exam is otherwise unremarkable.



Question 2

This being Manz Greatest Hospital, a comprehensive panel of lab tests is sent and the results are below.

- Hb/Hct/MCV - 13.1gm/dL/42%/85
- Lead- 0.0
- Urine toxicology - neg
- Carboxyhemoglobin level - 25%
- TSH/FT4 - 2.7U/ml/1.2ng/dL

Question 2

What is the next step in management?

- a) Administer an emergency dose of methylene blue.
- b) Place her on high flow oxygen through a non-rebreather mask.
- c) Send for a stat type and screen of 2 units of PRBC.
- d) Begin cardiopulmonary monitoring and arrange for exchange transfusion.

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Question 2

Treatment of CO poisoning

- Oxygen via non-rebreather
- Hyperbaric oxygen
- Pediatric considerations
 - Acute otitis media
 - Hypothermia
 - Congenital abnormalities

Thank You

