

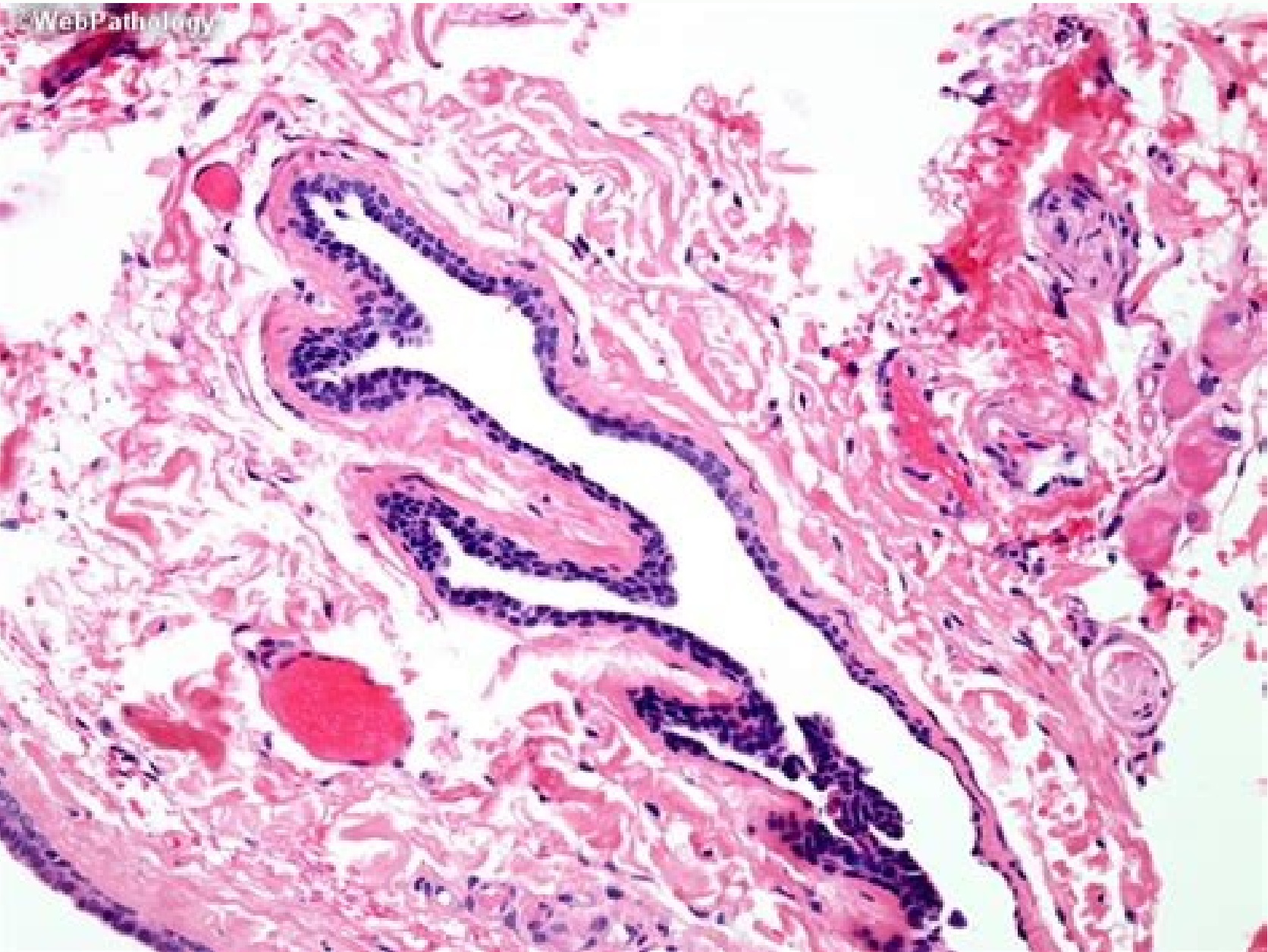
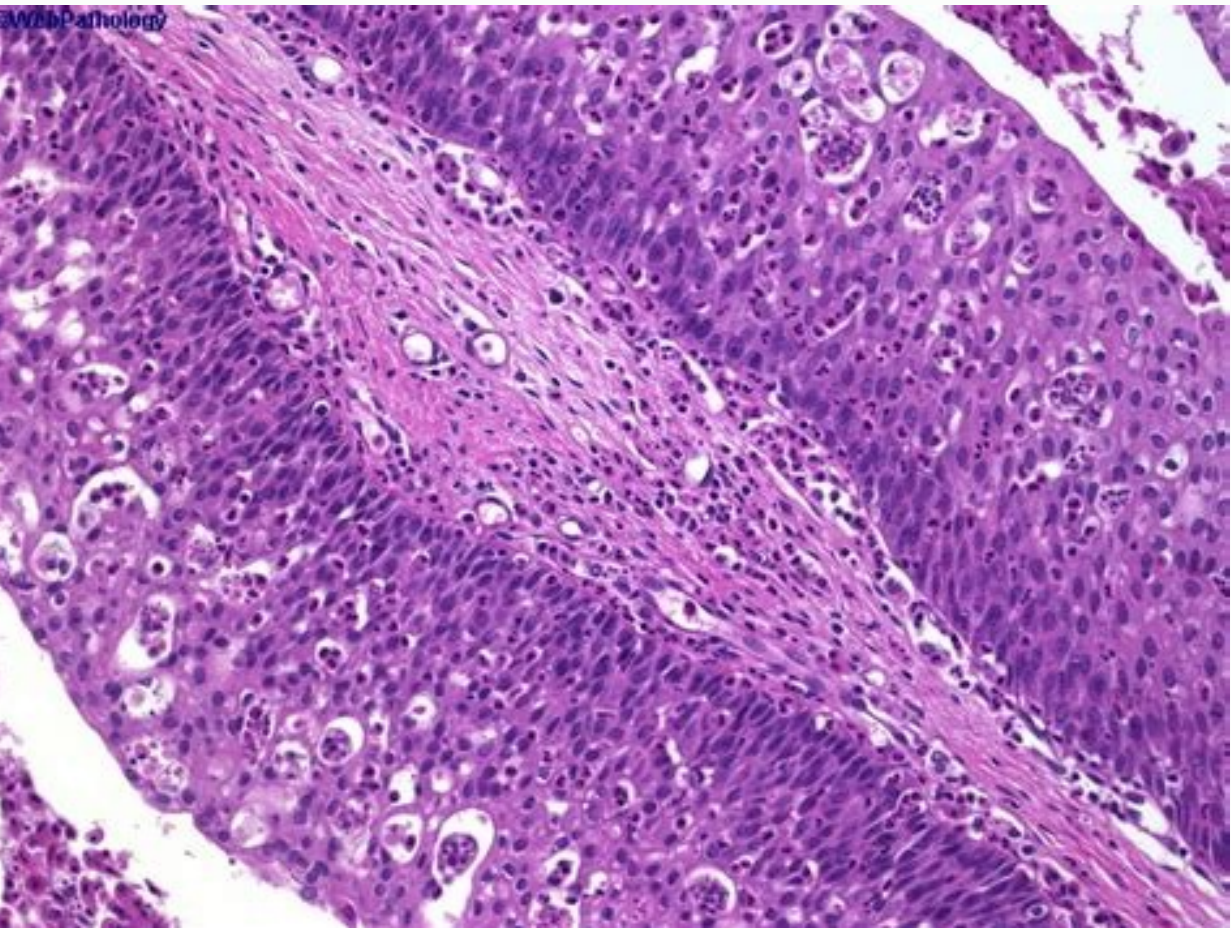
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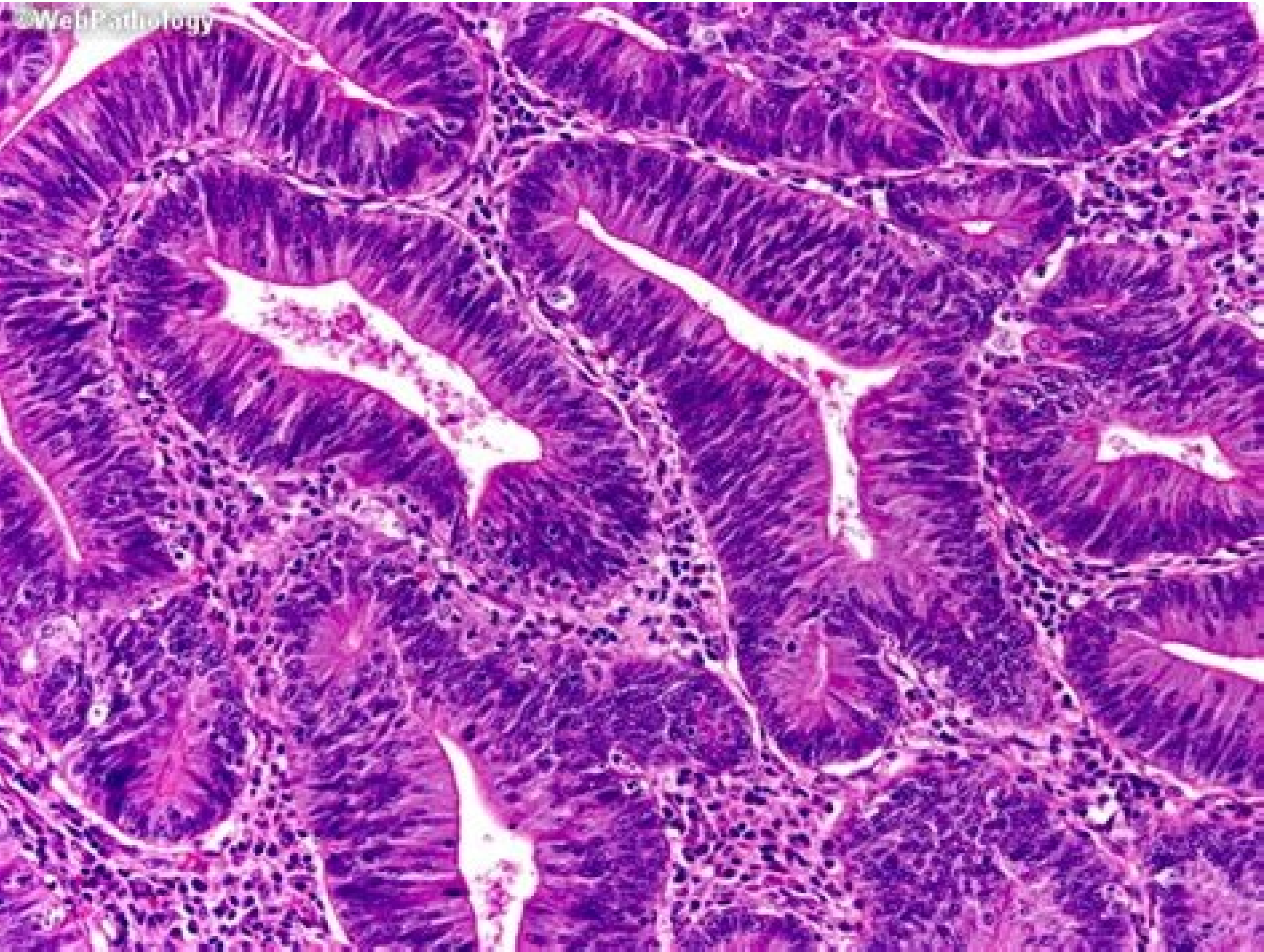
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Pediatric gastrointestinal disorders pdf



Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

	1	2	3	4	5	6	7
	never true	very seldom true	seldom true	sometimes true	often true	always true	always true
1. I am able to take action on a problem even if I am uncertain what is the right thing to do.							
2. When I feel depressed or anxious, I am unable to take care of my responsibilities.							
3. I try to suppress thoughts and feelings that I don't like to put on thinking about them.							
4. It's often too hard to get on with my work.							
5. I have trouble about getting my emotions, worries, and feelings under control.							
6. In order for me to do something important, I have to have all my doubts worked out.							
7. The way I feel about my feelings.							
8. I try hard to avoid feeling depressed or anxious.							
9. Anxiety is bad.							
10. Despite doubts, I feel as though I can not come to my life and then end it.							
11. If I could magically remove all the painful experiences I've had in my life, I would do so.							
12. I am in control of my life.							
13. If I put down my feelings, I can still complete it.							
14. Worries can get in the way of my success.							
15. I find it difficult to move forward in the future.							
16. If I promised to do something, I do it, even if I don't feel like it.							
17. I often catch myself daydreaming about things I've done and wish I could do them again.							
18. When I evaluate something negatively, I usually recognize that this is just a reaction, not an objective fact.							
19. When I compare myself to other people, I realize that most of them are handling their lives better than I do.							



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Diagnosing abdominal pain in children is also a challenging task. New York: McGraw-Hill; 2005: 1493-1494. [Internet] 2011 [updated 2010 Oct 19; cited 2011 Mar 6]. Available from: Minor sources Diaz JJ Jr., Bokhari F, Mowery NT, et al. Guidelines for the construction of the small intestine. UpToDate. 8th ed. Worsening factors: anything that increases pain "body position", movement, relationship with food intake. Ask for information about ingestion of toxins or foreign objects; accidental or non-accidental trauma Ask for information about diet history: In young children, too much milk can lead to constipation. (Relevant results: see Table 2) Ask for information on bowel movements and stool quality Hard / soft, smell). The recurrent respiratory tract infections suggest mesenteric adenite. Volvulo in newborns, intuss giving in small children) and the attempt to carefully evaluate a child who suffers can make the process even more difficult. bruising, swelling) and e Auscultation: auscultation before palpation in the abdominal exam, listening to intestinal sounds, abdominal sounds, stethoscope pressure also tenderness tests Percussions: assess the general tone (tympanic vs non-tympanic), percussion for the liver opening and the tip of the spleen, check the ascites (find edge of percussive pitch) change). Approach to acute abdominal pain in children. Red flag signs include: Biliary vomiting Bloody stools or emesis Night awake with abdominal pain Hemodynamic instability Weight loss Questions to ask HISTORY PORSTAA: Place/Position: Identify the specific location of the pain, have the child use a finger to locate the pain. Inspection: look for contour, symmetry, pulsation, peristalsis, vascular irregularities, skin markings, wall projections (hernias), any signs of trauma (e.g. Assessment of abdominal pain in children. Acknowledgements Writer: Christopher Cheung Edited by: Gaby Yang, Pediatric Resident Conditions vary by age group (e.g. ask about past medical history and medical comorbidities). Cystic fibrosis predisposes to gallstones. Acute appendicitis CBC (normal or elevated WBC), urinalysis, urine pregnancy Gastroenteritis Serum electrolytes, stool culture, stools for virology Irritable bowel syndrome None, based on medical history and results CBC trauma for blood loss, abdominal CT with contrast Celia disease Anti-TTG, IgA Inflammation IgA Inflammatory bowel disease CBC, ESR/CRP, electrolytes, albumin, LFTs, bilirubin, stool culture, AXR Genital urinary infection Urine dipstick (for leukocyte esterases and nitrites), urine culture urine (better if suprapubic aspirated) Primary dysmenorrhea None, Based on medical history and results Pneumonia and empyema CBC, chest x-ray, sputum culture Additional information a) Uncommon differential diagnosis and potential complications Table 6: Uncommon differential diagnosis for abdominal pain Relevant medical conditions al eredeivr ,otimov e aesuan inoizacilpmoC italerroc e aznadivary elausseas airots al idnerp acivlep airotammaifni aittalam al ,onaifnog ehc aciravo itsic alled aruttor aerraid al ,otimov li ,aesuan al noc ociravo erolod led otimov led otimov li ,aesuan al ,atuca aznegrosni'l noc eralocitseT erolod noisroT eralocitseT eniugni rep etnaidar oncaif led erolod ,sisaitilorfen alled atuca isaitilorfen alled atuca sisaitilorfen alled sisaitilorfen alled eclaf alled anilloC erallimaf o elaudividni otafraini otafraini isaitileloc alled airots al ,otimov li ,aesuan al ,aneihcs al osrev aidarri is ehc osivvorpmi oidrose da erolod li e atuca etitaercnap led elacitrev enoissimsart al o elacef enoissimsart al enoizaredisnoc ni erednerp ,orettri e eresselam ,etitape elariv erbbef al erarofrep *Äup areclu'l ,otsap nu eraignaM o ,T ovitaler erolod ,irutamerp itanoen led acirtsagipe azzerenet allen etnemlapicnirp ,caidracrydarb ,aizecotame ,ametire ,elanimodda ,elanimodda ametire

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Key points: 1. Determine if abdominal pain is acute or chronic 2. Ä e Ä e Ä e Ä e Ä e is the acute / surgical or benign abdomen 3. "The red flags are present. Basic anatomy and physiology when taking a story and examining a child with abdominal pain, consider all the organs in Lower lung disorders (e.g. pneumonia) can often be interpreted as abdominal pain; similarly, genito-urinary disease (e.g. testicular torsion). Acute dagger pain may suggest somatic involvement ä this type of sensation is usually well localized: while boring, non-specific Specific and throbbing pain suggests visceral involvement difficult to localize.Remember, the differential diagnosis of a child varies depending on their age. By continuing to use this website you consent to our use of cookies. Genito-urinary tract infection Dysuria, polyuria, haematuria, may progress to pyelonephritis Primary dysmenorrhea History of menstrual periods and regularity, consider sexual history Pulmonary pneumonia and Empyema Consider respiratory history, clinical history and infections recurrent respiratory tract Physical examination and investigations a) physical examination ABC s; vital; and growth parameters (there is evidence of inability to thrive). Got it, thanks! Click for the pdf: Approach to Pediatric Abdominal Pain Overview CONTROL Abdominal pain in a child is one of the most common presentations with both mundane and life-threatening etiologies, ranging from functional pain to acute appendicitis. Most abdominal disorders paediatric patients are relatively benign (e.g. constipation), but it is important to pick out cardinal signs that might suggest a more severe underlying disease. Digital rectal examination: first for fissures and skin tags, then for tone, stool and blood Special examinations: there are several special tests for each differential diagnosis Table 4: Physical examination results for common differential diagnoses Medical conditions Physical examination results Gastrointestinal constipation Abdominal tenderness, palpable fecal mass, look for imperforated anus Stenosis, bifida spine, development delay, acute acute cerebral paralysis ammalfni civleP)cipotce .e.i(ycnangerP aehrronemsyD gminosiop doof ,noitsegni nixoI amuarT)sraey 8I ÄÄeÄ 2I(stnecselodÄ sitineda ciretneseM sititsycelohc ,sititaerncap ,siticidneppA ,ainomuennp ,ssenlli yrotaripseR arupruP nielonhCS-hconeH noisrot ralucitseT amuarI noitcurtsbo lanitsetnl gminosiop doof ,noitsegni nixoT noitapitsnoC sitirhpenoleyP /noitcefni tcart yranirÜ sitiretneortsag etuca)sraey 8I ÄÄeÄ 2(nerdlihC ssenlli yrotaripseR ciloC aizehcsyd elitnafnl noitpeccussutni ,suluvlov ,ainreH amuarT sitiretneortsag etuca noitsegni nixoT noitapitsnoC)sraey 2

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