**Pediatric Medicine:**

1. **Tinea capitis** – Fungal infection of the scalp – Teach good personal hygiene to avoid spread.
   1. Treat with Terbinafine (Lamisil) - Dose by weight, and treat for 6 weeks:
      1. 62.5mg/day in patients weighing 10-20kg
      2. 125mg/day in patients weighing 20-40kg
      3. 250mg/day in patients weighting 40+kg
   2. If they have a KERION and inflammation, add a steroid:
      1. Prednisone 1mg/kg/day for 5-10days
      2. Triamcinolone (Kenalog) IM 5 mg/kg x 1, (Max 60g)
   3. Treat secondary infection if present (fever, pus, malaise) with oral antibiotics:
      1. Cephalexin (Panixine Disperdose) 50mg/kg x 10 days
2. **Eczema** – Chronic pruritic condition that usually involving flexor surfaces – MOISTURIZE damp skin and avoid triggers (certain soaps, clothes, perfumes)
   1. Cetaphil or Dove Soap (Samples)
   2. Thick emollient creams 🡪 Eucerin or Cetaphil 🡪 Rub over moist skin.
   3. Topical Steroids 🡪 Class IV or V for children with large body surface area 🡪 Hydrocortisone Cream 0.5-1%.
   4. For more localized, severe eczema you may use a II or III for a short period of time (Less than 2 weeks) 🡪 Topical steroids should be listed on the formulary by class.
3. **URI** – Runny nose, cough, congestion, sore throat
   1. D-allergy for the drippy runny nose or allergic rhinitis.
   2. Guaifenesin for the thick congestion and possible bacterial sinusitis.
   3. Amoxicillin (Dispermox) at 70-80 mg/kg divided BID
4. **Otitis Media** – Not always associated with ear pain or fever, and ear pain does not always indicate OM.  Likewise a RED ear is not OM! An infant with a fever or who is crying will have a red ear; most of these babies are bundled too much and you will see a lot of red ears – do not treat all of these children!
5. **Cough** –Very common - If they truly do have an acute cough, treat the symptoms.
   1. WHEN do they have the cough?
   2. Is it DRY or WET?
   3. How long have they had it?
   4. Does mom cook in the house?  (Most of the people cook over and open wood burning stove and it is inside a small house with poor ventilation, breathing in the smoke will cause their lungs to burn and make them cough).
   5. Also ask HIV risk and exposure to TB?
6. **Burning Eyes** – Very common – Can give saline drops if they patient has very red eyes that are bothersome (Refresh Drops)
   1. Educate about covering their eyes when the dust blows.
   2. Educate about resting their eyes when they read at night because they have poor lighting.
7. **Chest Pain** – Common, especially during exercise
   1. Rule out cardiac or respiratory cause (Asthma, Heart Murmur)
   2. Explain that this is common during exercise and to take frequent breaks if necessary, most of the time this pain is musculoskeletal in nature.
8. **Infected Sores/ Bug Bites** – Most all of the kids because they don’t bathe well or often, and there are lots of bugs
   1. Use topical antibiotics and soap.
   2. Consider oral if the infection looks widespread.
9. **Parasites** – Very common complaint – Most people will have stomach pain and bloating, diarrhea, and some will say they have seen worms in their stool (Note: Some people use long drops and do not actually see their stool).
   1. Treat with Albendazole 400mg (Age 2+) – Give 1 tablet and *watch them chew tablet in front of you*.
   2. Treat with Albendazole 200mg (Age 1-2)
   3. DO NOT treat any child less than 1 year of age.
10. **Giardia** – Typical symptoms are watery or foamy yellow diarrhea with mucous +/- fever; usually have a few episodes a day
    1. Treat with Metronidazole 50mg/kg/day divided BID-TID x 7 days (Max 250mg TID)
    2. Alternative treatment with Albendazole 400mg qd x 5 days
11. **Constipation** – Very common because patients are often dehydrated
    1. Educate on drinking water.
    2. May treat with Senna ½ - 1 tab qd-BID (Stool Softener)
    3. May also give enema if greater than 10 days without a BM.
12. **Diarrhea** – Rule out infectious cause – Is there blood in the stool?
    1. Treat for dehydration 🡪 Usually VIRAL and usually self-limited.

ORAL REHYDRATION – Homemade Saline: ¼ tsp salt to 1 cup water. Drink ~1-2 oz for every loose stool.  Eat bananas for potassium.  Avoid sugary drinks as these will cause third spacing of fluid within the cells and further dehydration.

* 1. **DO NOT** give children Imodium as this may cause further damage to the GI motility of children and risk of intussusception.
  2. **We usually have oral rehydration salts that you can mix with water and give to children in the clinic who are dehydrated.**

1. **AIDS** – Mostly small infants for the MALNUTRITION
   1. Educate patients about where they can go to be tested and treated (There is a nearby clinic).
   2. Most people do not want to know their HIV status because of the stigma around AIDS in their community
   3. PRAY, PRAY, PRAY.
   4. We do not have medicines to treat them.
2. **Fever at Night** – Ask about the duration of the fever, if the answer is “every night” this is not from an infectious cause, most of the children do NOT have TB.  They are over bundled and therefore sweat at night.
   1. Educate about over dressing. Infants need the same clothing we do plus one extra (light) blanket.
   2. Treat a fever with Tylenol 10-15mg/kg q 4-6 hours and Motrin is 10mg/kg q 6-8 hours.
3. **Heat Rash (Itchy)** – Often from over bundling so education is important.
   1. May treat with a mild topical steroid.
   2. Protopic (Tacrolimus Topical) 0.03% ointment, apply BID to affected area and continue for 1 week after clearing (Age 2-15)
4. **Rape** – You will see this.  Usually by a family member or someone they know.  There are no real laws to control this within the tribes.  Some of the girls may only be 5 or 6 years old at their first sexual contact.  Some 13 year olds are carrying or have already had their father’s child.  Talk to these girls, pray with them and encourage them.

1. **Teen Pregnancy** – Give prenatal vitamins and educate the patient.
2. **Cerumen Impaction** – Irrigate ear if you need to look in the child’s ear to diagnose a possible infection.
   1. Use manual ear irrigator to soften the wax and clear the ear so you can re-evaluate the ear.