

## NURS 629 exam 4

Rovsing sign - apply pressure to lower left abdomen. Pain felt on right side of abdomen when pressure released.

+ Ant/ Post Drawer sign - assess for injury of ant/post cruciate ligament

Osgood- Schlatter disease - most common in later childhood and early adolescence. Painful swelling and tenderness of tibial tuberosity. Most common in children in sports. \*initial TX is stretching.

TX for sprained ankle - apply cold for 20 min, off for 20-45 min. Repeat 1st 24-48hrs. Rest, elevate, compress (RICE)

Legg-calve perthes - idiopathic osteonecrosis of femoral head. 4x more common in males. Hip pain, knee pain, painless limp that is worse at end of day. Frog leg xray best to diagnose.

Viral gastroenteritis - Most common complication is dehydration. Tx is small, frequent amounts of oral rehydration solution.

BG for 4y/o - goal of 90-130

Suspected growth hormone deficiency - short, slow growth. Childlike faces with prominent forehead. \*Initial eval include TSH, BG (hypoglycemia), GI illness, CBC, sed rate, UA, growth factor.

Initial eval in cases of isolated menarche - \*sexual abuse should be ruled out first

essentials for child's mental health - predictable home, childcare, school routines

Migraine - unilateral, pulsating, occasional photophobia.

Iron deficiency anemia - \*Microcytic, hypochromic. Most common cause is poor dietary intake/ breastfeeding risk. Prevalence is 25% of children between ages 10-15 mos.

Depression Comorbidities - anxiety disorder, mixed anxiety/depression. ADHD, conduct/learning/oppositional defiant disorders. SAD, eating disorders, stress.

Depression risk factors - attention, conduct, learning disorders. Chronic illness (diabetes). abuse/neglect. other trauma or natural disasters. \*Separation anxiety.

PHQ9 - depression screening tool for ages 11 and up

signs of PTSD - re-experiencing trauma thru intrusive distressing recollections of event, flashbacks, nightmares. Avoidance of places, people, and activities that are reminders of trauma, and emotional numbness. Increased arousal such as difficulty sleeping and concentrating, feeling jumpy, easily irritated and angered. \*Extreme temper tantrums in preschool aged kids.

slipped capital femoral epiphysis risk factors - Obesity, males, sports, femoral retroversion, hypothyroidism, avg age presentation is 12y/o for females and 13y/o for males.

slipped capital femoral epiphysis clinical findings: - limping, knee/hip pain, pain worse with activity, localized pain to ant thigh or knee. May be unable to bear wt all together, loss of internal rotation of hip with flexion, affected extremity is usually shorter. Loss of abduction and extension

slipped capital femoral epiphysis DX and TX - -xray. Always refer to peds ortho. Keep non wt bearing until surgical eval.

Scoliosis - most common type is idiopathic. \*In order to confirm suspected, get AP and lateral standing Xray view of spine