

# **MANUAL OF EMERGENCY PEDIATRICS**

**THIRD EDITION**

**Robert M. Reece, M.D.**

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**Robert M. Reece, M.D.**

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# FOREWORD

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Now in its third edition, the *Manual of Emergency Pediatrics* has earned a well-deserved place in the libraries of health professionals who provide emergency care for infants and children. This work has succeeded in assisting those of us who give emergency care to children in a broad range of settings.

New technological advances in techniques of transport and diagnosis have increased our ability to intervene successfully during medical crises. In light of these accomplishments, the need for an up-to-date authoritative, clear, and comprehensive source of relevant information is even greater.

For the professional unfamiliar with children, the *Manual* can be a guide through difficult terrain. To the experienced, it can provide a quick review of priorities or a rapid summary of unusual findings. Occasionally it may remind the physician about a pertinent diagnostic test or a possible intervention. On the other hand, it may help prevent reliance on procedures and investigations that are too often unnecessarily ordered and performed.

The *Manual* initially discusses true emergencies, since these conditions require immediate intervention. It appropriately deals with the most common problems encountered in Emergency Departments and, in logical sequence, diagnostic and therapeutic considerations. These are presented in a style both clear and thorough, reflecting the experience of Dr. Reece and his coauthors.

In addition to providing valuable information about the diagnosis and treatment of specific disorders, the authors are concerned with understanding the role of the professional in the management of such situations as the death of a child, sexual assault, or child abuse. All too often we forget—or choose to ignore—the emotional needs of the child's family during an emergency. Furthermore, we may fail to consider the stresses that contributed to precipitating the emergency in the first place. The *Manual* can remind the physician of the importance of the help of a social worker or clergyman and emphasizes the need to provide

psychosocial support to prevent a more severe illness in the patient or another crisis in the family.

Thousands of children come annually for care to pediatric emergency facilities such as the Boston City Hospital. Like any pediatric practice, the problems of Emergency Room patients are large and small events that place children at risk everywhere. These concerns range from a life-threatening emergency to a common upper respiratory infection. Whether the event is an accident or a poisoning, neurological or cardiac in origin, it is in the emergency setting that infants and children experience significant morbidity and mortality.

Considerable investigation has shown that, especially in the hospital Emergency Room, many children are seen who have nonemergency conditions. This is also true in the physician's office and will be true in settings such as free-standing centers that provide only emergency care services. As the *Manual* reminds us, a body of knowledge exists concerning management of these less dramatic pediatric conditions as well as that of the true emergency.

This *Manual* has another important function: to offer guidance and reassurance to individuals who provide health care. Too often we assume that only the patient or parent needs reassurance; in many cases, the frontline health professional may also need to be reassured. This includes the most sophisticated and knowledgeable physician as well as the pediatrician who recognizes that a well-known patient has an unusual complaint. More often, the physician encounters an unfamiliar patient, since frequently emergency care is sought in a facility where the child is unknown and occurs as an episodic event and not as a part of continuous care. Occasionally a health professional who does not usually care for children will also be involved in the pediatric emergency and will require guidance and reassurance. The *Manual* is a proven aid in all these circumstances.

No book, however, can offer clinical judgment, and therefore this one will be no better than the health professional consulting it. Properly used, it is a handy adjunct to good judgment and an important aid in the emergency care of children, whether in the physician's office, a free-standing site, or the hospital Emergency Room.

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# PREFACE

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In 1974, the preface to the first edition of the *Manual* characterized it as "a guide to both medical and surgical emergency care of sick and injured children." Ten years and two editions later, this global objective remains the same. The *Manual* was specifically developed to aid the acute care provider in emergency facilities, private offices, or ambulatory clinics. In the intervening years, the authorship has grown to include 50 contributors from 20 different pediatric centers.

The *Manual* is divided into three parts: True Emergencies (Part I), Presenting Complaints (Part II), and an expanded Part III that addresses organ system diseases that do not present as true emergencies. All sections have been revised, and completely new sections have been written covering the areas of otorhinolaryngology, dermatology, gastroenterology, dental emergencies, psychiatric emergencies and suicide, sexual abuse, and sexually transmitted diseases as well as specific disorders, including Reye's syndrome, arthritis, lymphadenopathy, shock, sepsis, hepatitis, and vertigo.

We have chosen to retain the narrative style that has been so successful in the previous editions, resisting the temptation to use a "cookbook" or algorithm format. Each section provides the reasons underlying the suggested diagnostic and therapeutic maneuvers, calling upon the reader to use logic in reaching clinical decisions. Information is presented in sufficient depth to deal with the immediate situation but also to stimulate thought and interest in further exploring the literature relevant to each topic; for this purpose, brief bibliographies have been included.

I wish to thank my colleagues who have collaborated with me in writing this book and whose cooperation and friendship have made this a personally and professionally rewarding effort. The task was made easier by Diane Q. Forti, who, with patience, care, and competence, smoothed and polished the rough edges. Finally, my gratitude goes to Carroll C. Cann, Medical Editor, and to the staff of the W. B. Saunders Company for their cooperation and dedication.

ROBERT M. REECE, M.D.



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