



1 Disminuye el dolor y el tiempo de llanto en determinados procedimientos como las venopunciones.

2 En recién nacidos pretérmino, adelanta la alimentación a base de biberones y la mejora. Así como disminuye el tiempo de estancia hospitalaria.

3 Parece que reduce el riesgo del síndrome de muerte súbita del lactante.

4 Se recomienda posponer la introducción del chupete hasta que la lactancia materna se encuentre bien establecida (aproximadamente al mes de vida).

5 Por encima de los 2 años de vida, se asocia con una mayor incidencia de mala oclusión dental.

6 No se relaciona con el aumento de la incidencia de caries dentales.

7 Los chupetes de látex se encuentran más frecuentemente colonizados por *Candida* y *Stafilococo* que los de silicona.

8 Incrementa el riesgo de desarrollar otitis media recurrente.

9 Parece ser beneficioso en los 6 primeros meses de vida, siempre que comience a utilizarse una vez bien establecida la lactancia materna.

10 Los riesgos comienzan a superar a los beneficios entorno a los 6-10 meses de vida y parecen incrementarse superados los 2 años de edad.

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# The Corner

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## 2. Role Play: Bronchospasm

**Doctor:** Hi, I'm the pediatrician who is going to be in charge of your child. I see he is not breathing well, what is wrong with him?

**Father:** Hello, I'm worried about Jim, we have slept nothing because he has been coughing all night, and we could hear strange noises coming from his chest.

**Doctor:** Has this happened to him before? How old is he?

**Father:** His birthday was yesterday, so he is now 2 years old. When he was a baby *he was admitted* for three days in the hospital and the doctors said he had a problem in his lungs; I think they called it *bronchiolitis*, or something similar.

**Doctor:** I see, and apart from the coughing does he have anything else? Fever or a *runny nose*?

**Father:** Well, it's difficult to say because he has spent these days with his mother, because we are divorced. But it's true that he has always a runny nose since he goes to the nursery, but as far as I'm concerned, he has had no fever.

**Doctor:** And when did the coughing start? Is he eating normally?

**Father:** It started a couple of days ago, but tonight he is clearly much worse. I didn't know what to give him to make it stop. He sometimes vomits when he coughs, but only in small quantities. The rest of the day he eats well.

**Doctor:** Don't worry, let me *listen to his chest* with a *stethoscope*, he doesn't seem to have severe *respiratory distress*, so we can probably manage him as an *outpatient*.

The difficulty in breathing he has is what we call respiratory distress. This happens because of an *airway inflammation* and an intermittent *airflow obstruction*, which can be *triggered* by environmental exposures such as irritants, viruses, exercising or pollen among many others. These symptoms are reversible but can reappear. Management includes both the treatment of acute episodes and control of chronic symptoms. But since it's only his first episode, we are going to give him *short acting bronchodilators* which will relieve his respiratory distress and *oral steroids* which reduce the inflammatory process in the airway.

The short acting bronchodilator that we use is called salbutamol, which is an *inhaler*. You have to administrate this with a *spacer*, which will make it easier for the medication to reach the lungs and act instantly. You must complete 5 days of treatment with the inhaler (2-3 puffs every 4-6hours), and give the oral steroids every 8 hours during 4 days.

### PHYSICAL EXAMINATION:

Good general condition. Well nourished and hydrated. Capillary refill time: 2 seconds. Mild respiratory distress with intercostal retraction. Increased respiratory rate (35 bpm). No *nasal flaring*.

Cardiac auscultation: regular, no heart murmur.

Pulmonary auscultation: general good bilateral ventilation, some isolated *wheezes* in left lung.

HEENT: swollen tonsils. Normal tympanic membranes.

Abdomen: soft, *nontender* to palpation. No liver edge or spleen felt. No masses.

Neurological: awake, alert, and fully orientated.

### KEY WORDS:

To be admitted in a hospital: ingreso hospitalario.

Runny nose: rinorrea.

Chest listening: auscultación.

Outpatient: paciente ambulante.

Airway inflammation and obstruction: inflamación y obstrucción de la vía aérea.

Trigger: desencadenante.

Short acting bronchodilators: broncodilatadores de acción corta.

Oral steroids: corticoides orales.

Inhaler: inhalador.

Spacer or aerosol-holding chamber: cámara espaciadora.

Nasal flaring: aleteo nasal.

Wheezes: sibilancias.

HEENT: head, eyes, ears, nose and throat examination.

Nontender: deprimible.



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