

This quiz and study guide are designed to help you review key concepts related to pediatric diarrhea for your board certification examination, based on resources from *Pediatric Education*.

Study Guide: Pediatric Diarrhea & Gastroenteritis

- **Definition:** Acute gastroenteritis (AGE) is characterized by a decrease in stool consistency (loose/liquid) and/or an increase in stool frequency, with or without fever or vomiting.
- **Rehydration Priority:** Oral and nasogastric rehydration are preferred over intravenous (IV) rehydration due to being less invasive and more effective. IV therapy should be reserved for shock, altered consciousness, severe acidosis, or failure of enteral rehydration.
- **Pharmacotherapy:**
 - **Ondansetron:** Useful for emesis associated with AGE in children (often considered for 6 months–12 years) to facilitate oral rehydration. *Note:* A known side effect of ondansetron is diarrhea; it is not recommended if the illness is primarily diarrhea-driven.
 - **Probiotics:** Agents such as *L. rhamnosus GG* and *S. boulardii* can be considered as adjunct therapy.
 - **Avoid:** Agents such as loperamide, bismuth subsalicylate, prebiotics, and symbiotics are generally not recommended.
 - **Antibiotics:** Routine use is discouraged for most healthy children; they are indicated only for specific pathogens or defined clinical settings.
- **Complications:**
 - **Hypernatremic Dehydration:** Common in severe diarrhea. Management involves gradual correction (often over 48+ hours) to minimize the risk of cerebral edema, using fluids like D5W with 0.2% NaCl.
 - **Rectal Prolapse:** Can be associated with chronic diarrhea due to decreased ischiorectal fat and loss of rectal support.

Flashcards (Key Concepts)

- **Q:** What is the first-line treatment for acute gastroenteritis with mild-to-moderate dehydration?
 - **A:** Oral rehydration therapy (ORT).
- **Q:** When is ondansetron indicated in pediatric AGE?
 - **A:** For children 6 months–12 years with emesis preventing successful oral rehydration.
- **Q:** Why is rapid correction of hypernatremic dehydration dangerous?
 - **A:** Risk of cerebral edema due to intracellular osmotic shifts.
- **Q:** Which probiotics have shown potential utility in AGE?
 - **A:** *L. rhamnosus GG* and *S. boulardii*.
- **Q:** Name a common anatomical complication of chronic diarrhea in young children.

- **A:** Rectal prolapse.

Pediatric Diarrhea Board Review Quiz

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Great work taking this step in your board preparation! Reviewing these concepts will help build your clinical confidence. Keep going—you're doing a fantastic job!