**SYMPTOMS AND LABS**

**SYMPTOMS:** Prolonged history (> 14 days), significant lethargy, prolonged fevers, petechiae, weight loss (unplanned > 10%), night sweats, bone pain, respiratory difficulty

**EXAM:** Hemodynamic instability, Jaundice, organomegaly, petechial rash, firm non-mobile LNs > 3 cm, supraclavicular LNs

**LABS:** CBC with abnormal cell lines, significantly increased SED rate and/or CRP

**SUGGESTED PREVISIT WORKUP**

Initial testing – it is appropriate to have a low threshold to send these tests if there are any concerns:

- CBC with Diff, SED rate, CRP
- CXR – especially if any respiratory symptoms
- Consider testing for potential viral etiologies – EBV, CMV (preferably serologies)
- Other test to consider – Cat scratch, other infections depending on history (HIV, TB, STDs), LDH, Uric Acid

**SUGGESTED WORKUP**

Depending of the level of concern, a CT scan of the affected area/area of lymph node enlargement may be indicated

IF THERE IS CONCERN FOR ANY RESPIRATORY DIFFICULT THEN NO SEDATED CT SHOULD BE ORDERED

In general please let MCCP plan any scans and/or biopsies

**SUGGESTED MANAGEMENT**

- **High Risk** - Pediatric heme/onc will determine etiology and management
  - Please call and we will set up visits/scans/biopsies
- **Moderate Risk** - Patient may need additional imaging and or biopsy to be determined by pediatric oncology
  - **Low Risk** - Depends on the etiology – if looks like lymphadenitis trial a course of antibiotics, if viral supportive care
  - AVOID steroids without discussion with MCCP

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**

**SYMPTOMS/HISTORY:** Duration of 7-10 days, no improvement on trial of antibiotics, but patient is clinically well, patient otherwise has unremarkable history

**EXAM:** Fairly well appearing patient

LNs are slightly enlarged – nothing over 3 cm

**LABS:** Normal or only slightly elevated SED rate and/or CRP, essentially normal CBC

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**

**SYMPTOMS/HISTORY:** Short duration of enlargement – especially if LNs are red/tender, patient is otherwise clinically well, responds to antibiotic management

**EXAM:** Unremarkable clinical exam except for focal enlarged LN

The LN may be tender and/or erythematous but should NOT be firm or rubbery

**LABS:** Positive viral serologies, essentially normal CBC, CRP and SED rate

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**

**SYMPTOMS/HISTORY:** Short duration of enlargement – especially if LNs are red/tender, patient is otherwise clinically well, responds to antibiotic management

**EXAM:** Unremarkable clinical exam except for focal enlarged LN

The LN may be tender and/or erythematous but should NOT be firm or rubbery

**LABS:** Positive viral serologies, essentially normal CBC, CRP and SED rate

**SUGGESTED ROUTINE CARE**

**CLINICAL PEARLS**

- PLEASE let MCCP plan any biopsies and additional scans
- Antibiotic management for potential lymphadenitis:
  - Consider if clinically well and normal labs and especially if LN are erythematous or tender.
  - 1st generation cephalosporin or Augmentin as first line
  - Consider Clindamycin if pen allergic or no improvement after a couple of days.
  - Ways To Improve Referral Process: Get us involved early – we are available by phone.