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Topic Outline

- INTRODUCTION
- DEFINITIONS
- RATIONALE FOR INTERVENTION
- NONPHARMACOLOGIC THERAPY
 - Weight reduction
 - Exercise
 - Sports participation
 - Diet
 - Salt restriction
 - Potassium intake and the DASH diet
 - Avoidance of excess alcohol
 - Other CVD risk factors
- PHARMACOLOGIC THERAPY
 - Whom to treat
 - Antihypertensive drugs
 - Thiazide diuretics

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SUMMARY AND RECOMMENDATIONS

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- BP change and salt intake

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- FIGURES
 - BP change and salt intake
 - Thiazide dose and fall in BP

Avoidance of excess alcohol — Multiple studies in adults have shown that excess alcohol intake and the development of hypertension. Adults who have a 1.5- to twofold increase in the incidence of hypertension compared with those who do not drink alcohol. The increase in hypertension is dose-related and is most prominent when intake exceeds five drinks per week. The applicability of these findings to children has not been well studied. Nevertheless, excess alcohol intake may improve weight loss, BP control, and other health concerns. (See "[Cardiovascular risk factors in children](#)".)

Other CVD risk factors — Smoking should be avoided by hypertensive children and adolescents because it increases the risk of CVD as well as lung cancer. In addition, smoking by family members should be avoided to prevent second-hand smoke exposure, which has been associated with premature atherosclerosis in exposed children. (See "[Smoking and hypertension](#)" and "[Secondhand smoke exposure in children](#)", section on 'Coronary heart disease'.)

Dietary measures should be initiated in children with dyslipidemia, which is defined as a total cholesterol level of ≥ 170 mg/dL. (See "[Management of the child at-risk for atherosclerosis](#)", section on 'Dyslipidemia'.)

PHARMACOLOGIC THERAPY — Although antihypertensive drug therapy in children produces side effects and has not been proven to improve long-term cardiovascular outcomes, there is supporting evidence that lowering elevated childhood BP reduces the risk of premature CVD. These data include findings that demonstrate hypertensive children are at risk for accelerated atherosclerosis and are likely to remain hypertensive as adults, who are at risk for CVD. (See "[Rationale for intervention](#)" above and "[Identifying the child at-risk for atherosclerosis](#)".)

As a result, drug therapy for HTN in children should be limited to those who are most likely to benefit and a regimen should be chosen to minimize the incidence of side effects and provide the best possible compliance.

Whom to treat — In our practice, we utilize the 2004 NHBPEP guidelines to initiate pharmacologic therapy in children with one or more of the following conditions [1]:

- Symptomatic HTN (eg, headache, seizures, changes in mental status, focal neurologic complaints, visual disturbances, and cardiovascular complaints indicative of heart failure, such as chest pain, palpitations, cough, or shortness of breath).
- Stage 2 HTN defined as BP levels that are 5 mmHg greater than the 99th percentile.
- Stage 1 HTN (without any evidence of target-organ damage) that persists despite a trial of four to six weeks of nonpharmacologic therapy.

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Treatment of hypertension in children and adolescents

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DEFINITIONS

RATIONALE FOR INTERVENTION

NONPHARMACOLOGIC THERAPY

- Weight reduction
- Exercise
 - Sports participation
- Diet
 - Salt restriction
- Potassium intake and the DASH diet
 - Avoidance of excess alcohol
 - Other CVD risk factors

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INFORMATION FOR PATIENTS

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RECOMMENDATIONS

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- BP change and salt intake
- Thiazide dose and fall in BP

Avoidance of excess alcohol — Multiple studies in adults have shown that excess alcohol intake and the development of **hypertension**. Adults who have a 1.5- to twofold increase in the incidence of **hypertension** compared with those who do not. The relationship between alcohol intake and hypertension is dose-related and is most prominent when intake exceeds five drinks per week. The applicability of these findings to children has not been well studied. Nevertheless, excess alcohol intake may improve weight loss, BP control, and other health concerns. (See "[Cardiovascular risk factors](#)" and "[Moderate alcohol consumption](#)".)

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- Stage 2 **HTN** defined as BP levels that are 5 mmHg greater than the 99th percentile.
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Treatment of radiation injury in the adult

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- Generation of radionuclides

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- Irradiation of blood products

Treatment of radiation injury in the adult

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different exposures, as described below:

Accidental — Accidental exposure involves the release of radioactivity from small, usually sealed, sources (ie, nuclear medicine, brachytherapy, industrial gauges, small calibration sources), accidental overtreatment

Treatment of radiation injury in the adult

TOPIC OUTLINE

- INTRODUCTION
- SCENARIOS FOR RADIATION ACCIDENTS
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INTRODUCTION — The occurrence of industrial and medical radiation accidents and the threat of terrorist events involving radioactive material mandate the development and implementation of an appropriate medical response. Medical professionals who would logically be involved in such events include, among others, radiation safety officers, radiologists, radiation oncologists, nuclear medicine physicians, emergency department physicians, hematologists, medical oncologists, gastroenterologists, infectious disease specialists, as well as primary care providers. All will be asked to play a significant role in evaluating and treating victims of an accidental or deliberate exposure to radiation. Due to their experience in managing patients with cytopenias and/or marrow aplasia, hematologists will most likely be asked to take primary or consultative responsibility for medically treating individuals exposed to a significant dose of radiation.

However, all physicians, and especially medical triage personnel, must have a basic understanding of how radiation alters the function of cells, tissues, and organ systems, how radiation injury can be recognized and how victims receiving a significant radiation dose can be recognized and managed. This information is discussed separately. (See "[Biology and clinical features of radiation injury](#)".)

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...nse to terrorist events resulting in the release of radioactive material. The International Atomic Energy Agency (IAEA) Radiation Working Group has published guidance on the management of radiation exposure [1]. In the case of a radiation emergency, clinical assessment of exposed individuals, and medical management of radiation injury, are the primary responsibilities of the medical personnel. Responding medical personnel must have access to the appropriate resources that may be employed in the case of a radiation emergency, as well as the treatment of patients with radiation injury.

...in children is covered separately. (See "[Management of radiation exposure in children](#)".)

ITS — Excessive radiation doses may result from a number of

Accidental — Accidental exposure involves the release of radioactivity from small, usually sealed, sources (ie, nuclear medicine, brachytherapy, industrial gauges, small calibration sources), accidental overexposure to a radiation source, or accidental ingestion of a radioactive substance. (See "[Accidental radiation exposure](#)".)

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Treatment of radiation injury in the adult

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- Internal contamination

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- Potassium iodide radiation exposure
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- Acyclovir: An overview
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- Approach to the immunocompromised patient with fever and pulmonary infiltrates
- Biology and clinical features of radiation injury in adults
- Clinical and laboratory aspects of platelet transfusion therapy
- Clinical features of radiation exposure in children
- Collection and storage of umbilical cord blood for hematopoietic cell

Initial laboratory testing

— If internal contamination is suspected, collection and monitoring of secretions and excreta can be helpful. For example, obtaining bilateral nasal swab samples within the first hour of the incident can provide valuable information. As an example, the extent of nares contamination is approximately 5 percent of that received by the pulmonary alveoli. For victims in whom internal contamination is suspected, peripheral blood (for the same tests as ordered for an external exposure), urine, nasal smears, spontaneous vomitus, and stools should be obtained for radiological monitoring. Hospital staff must take precautions with the handling of these samples as they may be radioactive. Any patient with wound contamination or imbedded with radioactive fragments should be evaluated for such internal contamination.

Initial laboratory testing should include a complete blood count (CBC) with white blood cell differential and platelet count, along with routine chemistry tests. The time of CBC collection must be carefully noted, because of important time-related changes in the lymphocyte count ([table 3](#)).

If possible, serial CBCs should then be obtained every 6 to 12 hours for at least three samples. Twenty-four hours after any significant exposure, a blood sample should be drawn into a [lithium](#) heparin tube and sent to an appropriate referral lab for confirmatory chromosomal aberration analysis. This information may also aid in the patient's treatment and the determination of overall prognosis ([table 3](#)).

Additional monitoring should be based on the whole-body dose, as the onset of neutropenia and its severity are dose dependent ([figure 1](#)). Patients with low exposures may need a weekly or twice-weekly CBC for 4 to 6 weeks to document their WBC nadir and subsequent recovery.

For patients felt to have internal contamination, a 24-hour urine and stool sample every day for four days should be collected and analyzed for radionuclide contamination. Treatment guidance should be based on expert assistance, such as that obtained from the NCRP Report 65, Management of Persons Accidentally Contaminated with Radionuclides. Advice is also available on the following website: www.orau.gov/reacts.

High risk populations

Pregnancy

— The dose to the gravid uterus is approximately 65 to 70 percent of that received on the surface, affording some protection to the fetus from external radiation. However, when internal radiation contamination is present, the fetus may receive a high dose due to its proximity to the maternal bladder. In addition, the fetal thyroid begins to take up iodine after 12 weeks, adding to the potential for injury (see ['Thyroid protection'](#) below and ["Management of radiation exposure in children following a nuclear disaster"](#)).

Because the fetus is very susceptible to the effects of ionizing radiation, any pregnant female exposed to radiation should also see a health physicist and a maternal fetal medicine specialist.

Children

— Several unique features encountered in children enhance their vulnerability to the effects of

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Radiation biodosimetry

Dose (Gy)	Vomiting (%)	Time to vomiting (hours)	ALC day 1 (/microL)	Lymphocyte fall rate constant (k)*	Lymphocyte dicentrics (per 1000)
0	0	-	2450	-	1-2
1	19	-	2160	0.126	88
2	35	4.6	1900	0.252	234
3	54	2.6	1680	0.378	439
4	72	1.7	1480	0.504	703
5	86	1.3	1310	0.63	1000
6	94	1.0	1150	0.756	
7	98	0.8	1010	0.881	
8	99	0.7	890	1.01	
9	100	0.6	790	1.13	
10	100	0.5	700	1.26	

Gy: absorbed whole body dose in Grey units; ALC: absolute lymphocyte count per microL.

* The lymphocyte fall rate constant is derived from a semilogarithmic plot of the absolute lymphocyte count (ALC) versus time in days, in the form of $2450 \times e(-kt)$. The time (in days) for the ALC to fall to one-half of its original value [half-time, $T(1/2)$] can be obtained from the following equation: $T(1/2) = 0.693/k$.

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REFERENCES

1. Waselenko JK, MacVittie TJ, Blakely WF, et al. Medical management of the acute radiation syndrome: recommendations of the Strategic National Stockpile Radiation Working Group. *Ann Intern Med* 2004; 140:1037.
2. Hall, EJ. *Radiobiology for the Radiologist*, 5th ed, Lippincott, Williams & Wilkins, Philadelphia 2000.
3. Management of terrorist events involving radioactive material. NCRP Report No.138, National Council on Radiation Protection and Measurements Bethesda, MD 2001. p.125.
4. Second General Accounting Office Report on Sealed Radioactive Sources. June 16, 2003.
5. Mettler FA Jr, Voelz GL. Major radiation exposure--what to expect and how to respond. *N Engl J Med* 2002; 346:1554.
6. The federal response plan: FEMA 229. Federal Emergency Medical Agency, Washington, DC 1999.
7. Weapons of mass destruction incident contingency Washington, DC 1998.
8. Additional information available on the Oak Ridge www.orau.gov/reacts (Accessed 8/10/04).
9. Fliedner, TM, Friesecke, I, Beyrer, K. Medical Mana on the Acute Radiation Syndrome. *British Inst Rad*
10. Dainiak N. Hematologic consequences of exposure 2002; 30:513.
11. Sin, RC, et al. Biodosimetry assessment tool: a po management of radiation accidents. *Mil Med* 2001
12. Becker SM. Psychosocial assistance after environmental accidents: a policy perspective. *Environ Health Perspect* 1997; 105 Suppl 6:1557.
13. Mental Health and Mass Violence, Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. NIH Pub.02-5138. Washington, DC: National Institute of Mental Health Workshop; 2002.
14. Medical consequences of nuclear warfare. Walker, RI, Cerveny, RJ, eds. Office of the Surgeon General 1989. Available at www.afri.usuhs.mil (Accessed 8/10/04).
15. Goans, RE. Clinical care of the radiation-accident patient: patient presentation, assessment, and initial diagnosis. In: Ricks, RC, Berger, ME, O'Hara, FM (Eds), *The medical basis for radiation-accident preparedness: The clinical care of victims*. Parthenon, Washington, DC 2002:11.
16. Abbott B, Ippoliti C, Bruton J, et al. Antiemetic efficacy of granisetron plus dexamethasone in bone marrow transplant patients receiving chemotherapy and total body irradiation. *Bone Marrow Transplant* 1999; 23:265.
17. Brook I, Elliott TB, Ledney GD, Knudson GB. Management of postirradiation sepsis. *Mil Med* 2002; 167:105.

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Society of America's web site [56].

Immunization of unaffected family members can be useful to reduce the risk of exposure to infectious agents and provide some protection to the patient during the period before immunization is possible. The patient should avoid exposure to any individual who has received the oral polio vaccine, since transmission of virus is possible for weeks after the immunization. The inactivated polio vaccine is advisable for family members to avoid risk of transmission.

Actic **penicillin V** or another antibiotic considered. Live vaccines should not be administered only in patients with some immunosuppression with an Immunologist.

Myelosuppressive chemotherapy or radiation therapy effects on immune recovery [69-71].

causes", section on 'Ionizing radiation' and 'Prolonged T cell deficiencies in regeneration of CD4 + T cells, and T-cell receptor repertoire leave the

7, 17, c-kit ligand (KL), flt-3 (FL), and growth factor (KGF) have been shown to enhance thymopoiesis and functional T cells, but there is no experience with their use. This subject is explored in depth separately [21].

decontamination will eliminate or reduce the risk of internal contamination' and 'Initial triage' above.)

high enough to cause the acute effects of internal contamination will be much less than as radiation-induced carcinogenesis.

ant the age and co-morbidities of the patient. Children are more susceptible than adults and have a longer life expectancy (see [Penicillin V potassium: Drug information in children](#)). In contrast, older patients may not benefit from treatment of internal contamination as much as younger patients.

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Penicillin V potassium: Drug information - Windows Internet Explorer

http://www.uptodate.com/contents/penicillin-v-potassium-drug-information

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- Generic Equivalent Available: U.S.
- Administration
- Use
- Adverse Reactions Significant
- Contraindications
- Warnings/Precautions
- Drug Interactions

Penicillin V potassium: Drug information

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(For additional information see ["Penicillin V potassium: Patient drug information"](#) and see ["Penicillin V potassium: Pediatric drug information"](#))

Medication Safety Issues

Sound-alike/look-alike issues:

Penicillin V procaine may be confused with penicillin G potassium.

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Информация о лекарствах. База данных Lexi-Interact

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The screenshot shows a web browser window titled "Lexi-Comp Online: Lexi-Interact - Windows Internet Explorer". The address bar shows the URL "http://www.uptodate.com/crslq/interact/frameset.jsp". The browser's menu bar includes "Файл", "Правка", "Вид", "Избранное", "Сервис", and "Справка". The page content features the Lexi-Comp logo and the text "Lexi-Interact™". Below the logo is a "Lookup" button and a text input field with the instruction "Enter item name to lookup." To the right, a large heading reads "Welcome to Lexi-Interact™ Online". Underneath, a bolded paragraph states: "Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program". A red "NOTE" follows: "NOTE: Lexi-Interact does not address chemical compatibility related to I.V. drug preparation or administration." Below the note, a paragraph describes the service: "Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients." The browser's status bar at the bottom shows "Интернет" and a zoom level of "125%".

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