Crying Infant Algorithm

Chief complaint: Increased crying

- **Totally happy, nontoxic, 100% fine**
  - Thorough Hx & PE normal, Vital signs normal, Assess parental support
  - Home with parental education and instructions re: when to return to ED

- **Not crying, but still a little fussy**
  - Thorough Hx & PE VS, monitor, UA, Utox, EKG, flourescein exam
  - Rules out: UTI, Tox, Ischemia or dysrhythmia, corneal abrasion, & gives time to observe
  - Consider Colic

- **Crying non-stop, difficult to console**
  - Add: r/o sepsis incl LP, chem panel, LFTs, lipase, skeletal survey, CXR, KUB/XTL, consider head CT
  - Improved? Home with close follow-up
  - ADMIT

**Hx (including birth hx, feeding hx, vaccine hx) and PE to rule out concern for:**
- Trauma / burn, hair tourniquet (digits, penis, clitoris, uvula), foreign body (eye, ear, nose), glaucoma, OM/OE, oral lesions, teething, CHF, respiratory illness, bowel obstruction or acute abdominal process, testicular / ovarian torsion, anal fissure, osteomyelitis or septic arthritis, cellulitis, abscess, rash, meningitis, hydrocephalus, dehydration / hunger / underfeeding or improper formula mixing

**Rules out:**
- UTI, Tox, Ischemia or dysrhythmia, corneal abrasion, & gives time to observe

**Colic is a diagnosis of exclusion**
- Classically start around 3 weeks old, improved by 3 months old
- Cry for > 3 hours/day, > 3 days/week, typically evening hours
- 5S's to comfort: swaddle, side or stomach positioning (but NOT to sleep), shushing, swinging, suckling; NEVER shaking
- Assess parental frustration and support