Welcome to this edition of Pediatric Pulse, a Kentucky Children’s Hospital newsletter published specifically for referring physicians. In this quarterly newsletter we provide updates on the happenings at Kentucky Children’s Hospital in addition to information about new or interesting services we offer.

I am pleased to let you know that we have added 14 new faculty members to our team in several specialties including behavioral/development, rheumatology, critical care, cardiology, general pediatrics and palliative care. We also have two new division chiefs in neonatology and genetics, and our new infectious disease physician has been named the medical director of infection, prevention and control for UK HealthCare. We hope you will meet some of our new team members and find them to be a valuable resource.

We recently finished remodeling the fourth floor Welcome Center and expanding the family waiting area. We’ve also revamped and improved the Child Life Center. We have more projects ahead of us and hope your patients enjoy some of the changes.

In this edition, Sean Skinner, MD and Erich Maul, DO, provide information on the ECMO simulation training that we conduct at UK. Dr. Vishwas Talwalkar discusses the orthopaedic research on which we’re currently working, and Cheri Landers, MD, introduces you to our new pediatric sedation suite for children in need of medical tests, procedures and minor surgery.

Finally, I’d like you to be aware that some of our primary care providers have moved to a new office located in the Professional Arts Center across from UK Good Samaritan Hospital, which provides easier patient access and free parking.

Also, Kentucky Children’s Hospital records now are available through the physician portal. The most utilized information is the online discharge notes from the newborn nursery and units, along with lab results and procedural notes. More daily progress notes also are being made available online. Our liaisons will be glad to instruct you or your office staff in accessing the portal.

As always, we are continuing to focus on improving communication with our referring providers. In the meantime, if you have trouble getting in touch with your patient’s attending physician, please contact me through UK•MDs (toll free 800-888-5533), email at cwall4@uky.edu, or my office phone 859-323-1432.

Carmel Wallace, MD
Physician-in-Chief, Kentucky Children’s Hospital
Chair, Department of Pediatrics
Division Chief, General Academic Pediatrics
Meet Our New Physicians

Kentucky Children's Hospital is pleased to announce the arrival of several new physicians including new division chiefs for genetics and metabolism and neonatology. We also are excited to announce the re-establishment of our pediatric rheumatology division. Welcome!

Stephen S. Amato, MD, PhD
Chief, Genetics and Metabolism

Prasad Bhandary, MB, BS
Neonatology

Peter Giannone, MD
Chief, Neonatology

Elie G. Abu Jawdeh, MD
Neonatology

Ashwin S. Krishna, MD
Pediatric Critical Care

Daniel W Larrow, MD
Development / Behavioral

Phyllis A. Lewis, MD, FAAP
Hospitalist

Pai-Yue Lu, MD
Pediatric Rheumatology

Majd Makhoul, MD
Pediatric Cardiology

Sean McTigue, MD
Pediatric Medical Director of Infection, Prevention and Control
Pediatric Infectious Disease

Lindsay Ragsdale, MD
Hospitalist and Palliative Care

Asha Narasimha Shenoi MD, DCh, FAAP
Pediatric Critical Care

Holly Sparks, MD
General Academic Pediatrics

Michael Wittkamp, MD, FAAP
Pediatric Critical Care
Extracorporeal membrane oxygenation (ECMO), also known as extracorporeal life support (ECLS) is a life-saving support device for neonates or children who develop severe cardiac or respiratory failure.

This form of temporary lung and heart support is used when all other therapies in the intensive care unit fail. Common diagnoses that may require ECMO are meconium aspiration, pneumonia, pulmonary hypertension, persistent air leak syndrome, congenital diaphragmatic hernia, severe asthma, sepsis, cardiomyopathy or cardiac arrest. Overall survival for patients requiring ECMO is 73 percent according to the Extracorporeal Life Support Organization, or ELSO.

UK HealthCare is one of only 60 centers in the world designated as Centers of Excellence by ELSO. This globally distinguishes our program as one that has the processes, procedures and systems in place to promote exceptional care in ECMO. As a result, our recovery rates are higher and our patient mortality is lower than matched high-risk patients from other institutions.

In order to further improve our processes and outcomes, we have intensified our simulation training. Medical simulation is the imitation of a certain situation in order to safely facilitate education. With the use of high-fidelity simulators, ECMO can be simulated in a laboratory environment, and the care team can practice high-risk situations without fear of adverse outcome to a real patient. These simulated events allow for a broad array of training possibilities. By incorporating standard situations with real events from real ECMO patients, training is further enhanced.

“They were very realistic. I was impressed at the set-up of equipment and the availability of actual staff available for the scenarios. Having the ability to push the drugs and volume into the patient was very real. I did appreciate how you let the nursing staff run the codes. It made it a more “true” scenario, since that is what usually happens as the first line of response to an ECMO emergent situation. Thank you for including scenarios that actually happened in our unit.”

— ECMO simulation participant

Because of the complexity of the circuit, the severity of the patients’ illness and the team required to take care of these patients, the individuals involved require complex training. In order to obtain adequate training, the team requires several hours of didactic education to understand the physiology of ECMO as well as several hours of hands-on patient care of patients on ECMO. Since there are only 10-15 cases per year, often with weeks to months between cases, quarterly simulation training allows caregivers to keep their skills sharp and their knowledge up to date.

The Keeneland Concours d’elegance Pediatric Simulation Center is a critical tool in the training and education of physicians, nurses, medical students and advanced practice providers. The center is capable of simulation training on patients from premature infants through adolescence. It has recently acquired new technology that includes tetherless simulators, allowing for a more realistic training experience. These simulators are very portable and have been used for regional simulation experiences at conferences and regional training events in hospitals and offices. Facilities interested in simulation training should contact their UK HealthCare physician liaison representative to assist in scheduling simulation training.
Pediatric Pulse

2014
CONTEMPORARY PEDIATRICS
for the Health Care Professional

Save the Date!
The 2014 Contemporary Pediatrics for the Healthcare Professional

Thursday – Saturday, May 15-17, 2014
Griffin Gate Marriott Resort & Spa
Lexington, Ky.
For more information, visit www.cecentral.com/live/6742

Orthopaedic Research

Vish Talwalkar, MD
Pediatric Orthopaedics

One of the essential activities of the pediatric orthopaedic section is ongoing scientific inquiry. Research allows the physicians to constantly assess established treatment methods and evaluate innovative new techniques. Clinical research in the areas of clubfoot, slipped capital femoral epiphysis, Legg-Calve-Perthes disease, ATV injuries, spinal deformity surgery and limb reconstruction at both the Shriners Hospital and UK HealthCare has recently won awards at international meetings and been published in peer reviewed journals.

The pediatric orthopaedic section is actively engaged in basic science research as well. These initiatives are done in collaboration with the Biomedical Engineering group at the University of Kentucky, which is headed by David Puleo, PhD. Three areas of focus direct our investigations into biological solutions to pediatric orthopaedic diseases. The first is regeneration of a damaged growth plate. Using bio-absorbable materials that mimic the growth plate structure, we have attempted to recreate a growth plate in a rabbit model. The second focus is using bio-absorbable materials that release long-term antibiotics for infections in infected fractures. This work was sponsored by the U.S. Department of Defense. The final area that we are investigating is the recreation of bone in a model for avascular necrosis of the hip in children (called Legg-Calve-Perthes disease). These experiments centered on creating an avascular bone event and using bio-absorbable materials that release bone-protective and bone-formation substances to assist in preventing collapse of the hip in a pig model.

We find our basic science collaboration to be very beneficial because it has created a deeper understanding of the disease we treat and has the potential to create new therapeutic options for the future.

New Location for Primary Care

Kentucky Children’s Hospital primary care services are now being offered at:

UK Good Samaritan Hospital
Professional Arts Center
135 E. Maxwell St., Suite 200
Lexington, Ky.

Christopher Boorman, MD, and Philip B. Latham, MD, are seeing patients at this new clinic location and no longer see patients at Kentucky Clinic South. To schedule an appointment with Dr. Boorman or Dr. Latham, please call 859-257-9800.

The following physicians and providers also are seeing patients at the new location:
• Miriam Behar, MD
• Tanya Crockett, APRN, CPNP
• Kimberly R. Ringley, MD
• Holly Sparks, MD

To schedule an appointment with one of the above providers, please call 859-323-6211.

Physician Liaison Program

The Physician Liaison Program works to improve service to providers who refer patients to UK HealthCare physicians, hospitals and clinics. The team’s role is to facilitate communication between you, the referring provider and our physicians and staff so you get the access and information you need.

If you have questions, or would like to schedule portal training, contact Tarra Crane Lowe at 859-559-7602 or tlcran2@email.uky.edu.
Pediatric Pulse

Sedation Services

Cheri Landers, MD
Pediatric Critical Care and Sedation Services

The Kentucky Children’s Hospital Sedation Service has moved into a new era with the opening of the “CSPU” or Children’s Sedation and Procedure Suite. The CSPU area opened in early January to care for children along the entire continuum of care — from preparation to sedation induction, performance of the diagnostic test or minor procedure to recovery and discharge. The CSPU primarily serves outpatients but also is available for inpatient needs. It is staffed by pediatric specialty nurses, a child-life specialist and dedicated support staff, all with the goal of making the child’s experience as pleasant as possible.

Formerly the waiting area for the main operating rooms, OR prep and recovery, and minor OR suites, the space has been transformed into a spacious child-friendly waiting area, two procedure rooms, and four bays used for preparation and recovery. In developing the CSPU, particular attention was paid to patient safety in preparing for staffing, equipment and patient flow requirements. Pediatric surgical cases continue to occur in two of the OR rooms in the area as well. The Circle of Blue, a “society of women philanthropists” partnering with Tiffany & Company “adopted” the CSPU and has generously funded the renovation of the waiting area and the prep and recovery areas.

The CSPU is far from complete, however. Future needs already have been identified, and plans are underway for the opening of another treatment room, further additions of whimsical décor and expansion of the recovery area.

Community Corner

Join us for the next Community Wide Morning Report
Wednesday, May 21, 2014
Wheeler Room – MN136
UK Chandler Hospital Pavilion H

For more information or to register, contact Tarra Crane Lowe at tarra.crane@uky.edu or 859-257-5736.

Do you have any suggestions for streamlining the admission process? Email me. I am interested to hear from you.

Please send me an email if you have suggestions for upcoming conferences. Also, I would appreciate any suggestions related to Community Pediatrics at UK.

Katrina Hood, M.D.
Chief, Division of Community Pediatrics
khood@paalex.com

Pediatric Cancer Survivor Picnic

The 8th annual Pediatric Cancer Survivor picnic was held on Aug. 10 at E.S. Good Barn Field on the UK campus. More than 40 cancer survivors attended. It was a day filled with celebration, laughter and fun. There were games, inflatables, pony rides, face painting and other activities. Each survivor received a goodie bag and survivor medal. This special event gave patients, families and caregivers time to celebrate together in a relaxed and fun atmosphere. There also was a balloon release ceremony to remember those children who lost their battle to cancer.
Concussion Care for Young Athletes – Prevention is the Best Strategy

The facts:
• All concussions are serious.
• Most concussions occur without loss of consciousness.
• Recognition and proper response to concussions when they first occur can help recovery and prevent further injury or even death.

Steps to prevention:
• Ensure that your child follows the coaches’ rules for safety and the rules of the sport.
• Encourage good sportsmanship.
• Make sure the right protective gear is worn during all practices and games.
• All gear should fit properly, be well maintained, and be worn consistently and correctly.

Observed signs of concussion:
• Appears dazed or confused.
• Forgets an instruction or play.
• Moves clumsily, poor balance.
• Shows mood, behavior or personality changes.
• Cannot recall events prior to hit or fall.
• Loss of consciousness only occurs in a small percentage of concussions.

Symptoms reported by athlete:
• Headache or “pressure” in head, nausea, dizziness.
• Sensitivity to light or noise, feeling sluggish.
• Concentration or memory problems.
• Feeling more emotional, nervous or anxious.

Suspect a concussion? Remove from play!

Before return to play:
• Athletes should be evaluated and cleared by a healthcare professional experienced in evaluating for concussion before returning to play in any sport.
• A repeat injury that occurs before the brain is allowed to fully recover can be very dangerous and cause long-term disability.
• Children, especially young teens, require longer recovery times and a more conservative treatment approach than adults.
• Immediately after a concussion, complete cognitive rest is beneficial to help reduce symptoms. This means no school, no homework, no computer, no games, no texting and no TV. Light cognitive activity can be resumed after significant improvement at rest.

Visit our website: safekidsfayettecounty.com. Follow us on Facebook: Safe Kids Fayette County