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Chairman’s Corner

Welcome to this edition of Pediatric Pulse, a Kentucky Children’s Hospital newsletter published specifically for referring physicians. The newsletter is intended to provide updates on the happenings at Kentucky Children’s Hospital as well as helpful education on pediatric topics and information on any new providers or services.

Things continue to happen at Kentucky Children’s Hospital; our renovation project is still ongoing with approximately one quarter of the inpatient area completed. With the demands on the inpatient service this fall and winter, we will slow down the refurbishing project and restart in the spring. We have started the design process for the new Dance Blue pediatric hematology oncology clinic and similar work is underway for a new Genetic and Metabolic Clinic space. Later this fall, we will begin design work on a new state-of-the-art neonatal intensive care unit.

Recruiting is going well, and we will announce significant additions to our endocrinology division later this fall. Our liaisons will let you know when this happens. We have six new faculty who have recently joined us who we are introducing in this issue. Thank you for being patient and understanding while we continue to work no recruiting.

In this issue, we are pleased to announce the redesignation of our ECMO program by ELSO for neonates, pediatrics and adults and even more proud that ELSO also selected UK HealthCare as one of only five centers in the country as a Center of Excellence Award Winner at this year’s ELSO conference.

Also in this issue, Dr. Leslie Appiah discusses pelvic pain in young pediatric and adolescent females and Dr. Joseph Iocono explains the importance of helmets to prevent serious injury.

For your reference and to further help provide specialty pediatric care close to home, we have included a listing of all our outreach clinics.

As always, we continue 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.

If there’s a topic you would like to see addressed in a future issue of Pediatric Pulse, contact our Marketing Manager, Cynde Estep at cleste2@email.uky.edu.

Carmel Wallace, MD
Physician-in-Chief, Kentucky Children’s Hospital
Chair, Department of Pediatrics
Division Chief, General Academic Pediatrics
Albert B. Chandler Hospital and Kentucky Children’s Hospital have received their second straight Excellence in Life Support designation from the Extracorporeal Life Support Organization (ELSO) for neonatal, pediatric and adult patients.

The center of excellence designation gives UK HealthCare & Kentucky Children’s Hospital national recognition for providing outstanding care in Extracorporeal Life Support. ELSO also selected UK HealthCare as one of only five centers as a Center of Excellence Award Winner at this year’s ELSO conference.

The triple designation recognizes UK HealthCare’s commitment to using extracorporeal membrane oxygenation (ECMO) support for inpatients of all ages experiencing acute failure of the cardiorespiratory system. This technology can make the difference between life or death for patients whose heart and/or lungs are so severely damaged that they can no longer function.

**UK Chandler Hospital and Kentucky Children’s Hospital receive triple ELSO designation**

**Announcements**

Congratulations to Dr. Cheri Landers, Medical Director of Pediatric Sedation, and the sedation service for national recognition for the following awards at this year’s Society for Pediatric Sedation Conference in Charleston, SC.

- Best Abstract by a Physician in-training: Tamika Rozema, MD, Pediatric Resident
- Best Abstract by a non-physician: Shelly Marino, RN
Kentucky Children’s Hospital Outreach Clinics

Kentucky Children’s Hospital has clinics throughout the eastern half of the state, providing parents with additional options to have their child seen by one of our specialists.

<table>
<thead>
<tr>
<th>Cardiology</th>
<th>Kentucky Commission for Children with Special Health Care Needs</th>
<th>Endocrinology</th>
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</thead>
</table>
| Central Baptist Hospital | **Cumberland Valley District**  
Clay County Health Department  
South Court St.  Manchester  
800-348-4279 | (for established diabetes patients only)  
Barbourville – Knox County Health Department  
261 Hospital Drive  Barbourville  
606-546-3486 |
| UK HealthCare – Georgetown  
Landmark Office Complex  
202 Bevins Lane  Georgetown | **Cumberland Valley District**  
Harlan County Health Department  
402 East Clover St.  Harlan  
800-348-4279 | Monticello – Wayne County Health Department  
1020 S. Main St.  Monticello  
606-348-9349 |
| UK HealthCare – Frankfort  
601 Chamberlin Ave., Suite A  Frankfort | **Fiveco District**  
Pike County Health Department  
119 River Drive  Pikeville  
800-594-7058 | Pikeville – Pike County Health Department  
119 River Drive  Pikeville  
606-437-5500 |
| UK Pediatric Cardiology Clinic  
243 Roy Campbell Drive, Suite A  Hazard  
859-323-6754, option 1 | **Cumberland Valley District**  
110 Johnson Lane  Barbourville  
800-348-4279 | Gastroenterology  
UK HealthCare – Frankfort  
601 Chamberlin Ave., Suite A  Frankfort |
| Rockcastle Regional Hospital and Respiratory Care Center  
Medical Arts Building  
140 Newcomb Ave.  Mt. Vernon  
866-940-4938 | **Lake Cumberland District**  
401 Bogle St., Suite 104  Somerset  
800-525-4279 | NICU Graduate Clinic  
UK Center for Excellence in Rural Health  
Bailey-Stumbo Building  
750 Morton Blvd.  
(Adjacent to the Hazard ARH Regional Medical Center)  
Hazard  
859-323-6469 |
| St. Claire Regional Outpatient Center  
1028 E. Main St.  Morehead | **Gateway District**  
214 W. First St.  Morehead  
859-323-6754, option 1 | Nephrology  
Rockcastle Regional Hospital  
140 Newcomb Ave.  Mount Vernon  
Appointments: Contact Karen Parrish or Amanda Frakes-Thompson at 866-940-4938 |
| Call 859-323-6754, Option 1 for above clinics unless otherwise noted. | **Cumberland Valley District**  
Whitley County Health Department  
114 North Second St.  Williamsburg  
800-348-4279 |  
| | **Big Sandy District**  
5000 Ky. Route 321  Prestonsburg  
800-594-7058 | |
Kentucky Children’s Hospital Outreach Clinics continued

**Neurology**

Kentucky Commission for Children with Special Health Care Needs

**Ashland**
5850 U.S. 60, Box 11, Summit Plaza
Ashland
800-650-1329 or 606-929-9155

**Barbourville**
110 Johnson Lane, PO Box 1330
Barbourville
800-348-4279 or 606-546-5109

**Hazard**
68 Independence Drive
Hazard
800-378-3357 or 606-435-6167

**Lexington**
333 Waller Ave.
Lexington
859-252-2689

**Morehead**
214 W. First Street
Morehead
800-928-3049 or 606-784-3049

**Prestonburg**
5000 KY Route 321
Prestonsburg
800-594-7058

**Somerset**
401 Bogle St., Suite 104
Somerset
606-678-4454

**Ophthalmology**

Central Baptist Clinic
1760 Nicholasville Road, Suite 203
Lexington
859-275-4001

UK HealthCare Jessamine Eye Center
100 John Sutherland Dr., Suite 3
Nicholasville
859-881-1400

UK HealthCare EyeCare Center – Richmond
920 Barnes Mills Road, Suite D
Richmond
859-624-3937

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**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.

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**2015**

**Contemporary Pediatrics**

for the Healthcare Professional

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**Save the Date!**

The 2015 Contemporary Pediatrics for the Healthcare Professional

**Thursday & Friday, May 14-15**

Griffin Gate Marriott Resort & Spa
Lexington, Ky.
The importance of helmets when riding, roller-blading or skateboarding

Carol Wright, RN, Pediatric Trauma Coordinator
Joseph A. Iocono, M.D., Pediatric Surgery

Children’s safety is of utmost importance to all of us. This article outlines some of the facts why it is imperative that all kids wear helmets all the time.

Why do we need helmets anyway?

Let’s first look at some statistics. In a recent survey, there were an estimated 418,700 emergency room visits and 28,000 inpatient hospital stays nationwide for bicycle-related injuries. Universal bicycle helmet use by children ages 4-15 can prevent 39-45,000 head injuries, and between 18-55,000 scalp and face injuries annually. Helmets are 85-87 percent effective in reducing a child’s risk for a brain injury. Bicycle deaths are most likely to occur in the summer or fall, and are most likely to happen during dusk, at times when both vehicle and bicycle traffic is higher and visibility decreases (Source: ThinkFirst, National Injury Prevention Foundation). What about skateboards and skating? Skateboarding and in-line skating were at one point considered extreme sports but are now common activities among children. According to the U.S. Consumer Product Safety Commission, in 2010 there were 130,627 skateboard injuries with 46 percent involving children under the age of 15 years old. The American Academy of Pediatrics says that the majority of injuries sustained from skateboarding or rollerblading include wrist, ankle and head injuries. According to ThinkFirst, National Injury Prevention Foundation, nearly 70 percent of all fatal bicycle crashes involve head injuries.

How do I get my child to wear a helmet?

To borrow from a famous athletic shoe company – “just do it!” Our job as parents has gotten a bit easier lately because all the professionals always wear their helmets on TV. It has become more accepted to wear a helmet, but the challenge is consistency and example. When my kids were younger, they knew that if their friends came over to ride bikes, they all had to wear helmets before they were allowed to go ride. I was “that parent.” That meant that we had a couple of extra helmets in the garage, but it also set a good example, something which is now a habit for my kids. Helmets go hand-in-hand with bikes, scooters, rollerblades and skateboards. An easy phrases to tell your kids, “if it has wheels but no roof, you need to wear a helmet!!” You will be hard pressed to find any parents who don’t support their kid wearing a helmet. If a child isn’t wearing a helmet, the child has probably “snuck out” without the helmet or taken it off.

How do I size the helmet for my child?

Helmets must fit properly. Too small and they don’t protect sufficiently; too big and they can slide down and actually impair vision and cause injury. Look for a helmet from a national manufacturer; Bell is a recommended brand. Bring your child with you to the store and have him or her try on the helmet. Have your child pick out the most appealing color and style. Once you have a general size correct, use the self-stick foam padding that comes with the helmet to adjust to a custom fit. Finally, adjust the straps. There are also websites that give you step-by-step instructions to properly fit a helmet, such as helmetsonheads.org.

But what about the expense?

The helmet manufacturing companies have strived to make helmets affordable. The average cost of helmets is $20 or less. If that is still too expensive, there are many programs available for obtaining lower-cost helmets. Visit the bicycle helmet safety institute at www.bhsi.org for details on low-cost helmet programs across the country. Helmets work, cost very little and can make a world of difference in the health of your child.
Meet Our New Physicians

Kentucky Children’s Hospital is pleased to announce the arrival of several new physicians.

Sumit Dang, MD
Neonatology

Dr. Sumit Dang earned his Bachelor of Medicine, Bachelor of Surgery as well as a Diploma in Pediatrics from Government Medical College, India. He completed his pediatric residency at Michigan State University and a Neonatal-Perinatal Medicine Fellowship at the University of Kentucky.

In terms of professional experience, Dr. Dang has served as the Senior Resident in Pediatrics at ESI Hospital and Maharishi Balmiki Hospital, both located in New Delhi, India, as well as Chief Resident in Pediatrics at Sparrow Hospital, Michigan.

Dr. Dang’s research interests include the role of probiotics in improving nutritional outcomes in preterm infants and the neurodevelopment outcomes in NAS infants treated with methadone. His work has been published on numerous occasions in publications such as Clinical Pediatrics, Journal of Clinical & Diagnostic Research and the National Medical Journal of India.

Dr. Dang’s clinical interests include conducting Simulation scenarios and mock codes for Neonatal Resuscitation to improve Resident’s training experience.

Murali Palla, MD
Neonatology

Dr. Murali Palla earned his Medical degree from J J M Medical College, Davangere, India. He completed pediatric residency at both J J M Medical College and University of Kentucky Children’s Hospital. Dr. Palla had pediatric and neonatology experience at Durgabai Deshmukh Hospital & Research Centre, Hyderabad, India and completed a three-year Neonatal-Perinatal fellowship at the University of Kentucky.

Dr. Palla’s research interests are focused on etiology, pathogenesis and management of Polycystic ovarian syndrome in adolescents. Her clinical interests include menstrual disorders, disorders related to puberty, obesity, eating disorders, ADHD and other behavioral concerns during adolescence. She is dedicated to continuing her efforts to promote positive youth development.

Mandakini Sadhir, MD
Adolescent Medicine

Dr. Mandakini Sadhir earned her medical degree from Sarojini Naidu Medical College, India. She completed her pediatric residency at SUNY Downstate Health Center and fellowship in adolescent medicine at the Medical College of Wisconsin. Dr. Sadhir also earned a Graduate Certificate in Public Health from Medical College of Wisconsin in 2013.

Dr. Sadhir’s research interests are focused on etiology, pathogenesis and management of Polycystic ovarian syndrome in adolescents. Her clinical interests include menstrual disorders, disorders related to puberty, obesity, eating disorders, ADHD and other behavioral concerns during adolescence. She is dedicated to continuing her efforts to promote positive youth development.

Aparna Patra, MD
Neonatology

Dr. Aparna Patra obtained her medical degree from the University of Calcutta, India. She completed her pediatric residency at Crozer Chester Medical Center, Pennsylvania where she also served as chief resident. Dr. Patra completed a three year fellowship in neonatology at Woman and Infants’ Hospital of Rhode Island at The Alpert Medical School of Brown University.

Dr. Patra’s research interests involve the pathophysiology of ischemia reperfusion brain injury in preterm neonates for which she was awarded the Basic Science research award by Society of Pediatric Research in 2014. Her clinical interests include improving communication and difficult conversations between physicians and patient families. Dr. Patra has published on numerous occasions and has extensive presentation experience. Dr. Patra is also certified by the American Board of Pediatrics.

Mandakini Sadhir, MD
Adolescent Medicine

Dr. Mandakini Sadhir earned her medical degree from Sarojini Naidu Medical College, India. She completed her pediatric residency at SUNY Downstate Health Center and fellowship in adolescent medicine at the Medical College of Wisconsin. Dr. Sadhir also earned a Graduate Certificate in Public Health from Medical College of Wisconsin in 2013.

Dr. Sadhir’s research interests are focused on etiology, pathogenesis and management of Polycystic ovarian syndrome in adolescents. Her clinical interests include menstrual disorders, disorders related to puberty, obesity, eating disorders, ADHD and other behavioral concerns during adolescence. She is dedicated to continuing her efforts to promote positive youth development.

Dr. Sadhir currently serves as Chair of the task force committee for Adolescent health of the Kentucky AAP chapter. She brings extensive experience in teaching, publication, and presentation to the Kentucky Children’s Hospital and is certified by the American Board of Pediatrics.
**Ana Ruzic, MD**

** Pediatric Surgery**

We are excited to introduce the newest member of the team in Pediatric General and Thoracic Surgery. Dr. Ana Ruzic earned her undergraduate degree at Transylvania University and her medical degree at the University of Kentucky, where she stayed on for her general surgery residency. Following completion of residency, she spent 2 years at the University of Michigan C.S. Mott Children’s Hospital as an ECMO fellow and pediatric critical care physician. Finally, she completed a pediatric surgery fellowship at the University of Florida Shands Children’s Hospital. Dr. Ruzic is a member of the American College of Surgeons, the American Pediatric Surgical Association, American Academy of Pediatrics, and Society for Critical Care Medicine. Her clinical interests include: advanced minimally invasive surgery in infants and children; trauma care and critical care of neonatal and pediatric patients; and improving outcomes through family centered care models. Dr. Ruzic has authored papers on ECMO, surgical aspects of neonatal sepsis, care models for critically ill children, and surgical education, including teaching minimally invasive surgery with cost efficient simulation.

She joins the KCH Pediatric Surgery team, where she will work with Dr’s. Joe Iocono, Sean Skinner, John Draus and Andrew Pulito as well as with Kara Cole, PA-C.

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**Hana Swain**

** General Pediatrics**

Dr. Hana Swain earned her medical degree from the West Virginia School of Osteopathic Medicine. She then completed her three year pediatric residency at the Kentucky Children’s Hospital. Dr. Swain is very involved in the medical community as a member of the Lexington Medical Society, American Academy of Pediatrics, and the American Osteopathic Association.

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**Leslie A. Appiah, M.D.**

**Pediatric and Adolescent Obstetrics and Gynecology**

“Just your mother’s cramps”…or is it? Chronic pelvic pain is defined as pelvic pain of greater than six months duration. In adolescent and young adult females, pelvic pain is often attributed to primary dysmenorrhea, or painful menses. However, pelvic pain may be due to organic disease or musculoskeletal etiology related to injury or protective posturing. Gastrointestinal pathology such as irritable bowel syndrome, gastritis, and inflammatory bowel disease should also be ruled out. Endometriosis is an often overlooked cause of chronic pelvic pain identified at laparoscopy in 47-73 percent of adolescent girls who have pain not responsive to hormonal medications and non-steroidal anti-inflammatories (NSAIDs). Endometriosis has also been identified in premenarcheal girls who have started breast development without menses; therefore onset of thelarche should herald inclusion of endometriosis as a cause of pelvic pain in adolescents. Unfortunately, the diagnosis is overlooked in women who have pelvic pain before age 15 and are evaluated by an average of 4.2 physicians before an accurate diagnosis is made. A major reason for delay is belief that endometriosis does not occur in adolescents. Furthermore, endometriosis presents differently in adolescents with both cyclic and non-cyclic pain that is progressive over time. Endometriosis is viewed as a progressive disease; therefore early diagnosis and treatment prevent long-term sequelae such as pelvic adhesions and infertility.

**Chronic Pelvic Pain**

Evaluation of chronic pelvic pain should include a detailed description of the character of the pain. Family history of endometriosis is important as there is a 7-10 fold increased risk in women with a first-degree relative with endometriosis. Physical exam includes a directed evaluation of the abdominal wall and musculature to rule out a musculoskeletal etiology. Uterine anomalies should also be ruled out as obstructive anomalies cause significant and progressive pelvic pain. Transabdominal pelvic ultrasound will assess ovarian and uterine causes of pain, particularly as the pelvic exam may be difficult to perform in the adolescent female. Adolescent patients identified with musculoskeletal causes of pain as well as those with pelvic disease should be referred to the Pelvic Pain Center at the University of Kentucky directed by Dr. Mark Hoffman for physical and biofeedback therapy as primary and/or complementary care. Referral to gastroenterology to rule out G1 etiology as well as referral to psychology to develop coping mechanisms to manage pain are essential.

Treatment is based on the etiology of the disease with a vast majority of patients benefiting significantly from physical therapy and a comprehensive approach to care, including psychotherapy. Endometriosis has no medical or surgical cure however surgical intervention is warranted to diagnose and treat endometriosis in patients refractory to first-line therapies when other causes of pain have been addressed. Patients diagnosed with endometriosis require long-term management with medical therapy to suppress pain, progression of disease and infertility. Chronic pelvic pain has many potential etiologies in the adolescent female and endometriosis is in the differential. When evaluating an adolescent with pelvic pain, it may be “just your mother’s cramps”, or it may be something altogether different.

To refer a patient, contact UK•MD’s at 800-888-5533.
Dangers of Distractions

Distracted Driving
A distraction while driving is any activity that takes attention away from the driver’s ability to navigate through traffic safely.

All distractions can compromise the safety of the driver, passengers, and bystanders:
• Using a cell phone or any other hands free or hand held device
• Eating, drinking and grooming
• Talking to passengers
• Reading, including maps
• Using a navigation system
• Adjusting a radio, audio player or watching a video

But, because text messaging requires visual, manual and cognitive attention from the driver, it is the most alarming distraction.

Do you know what the distracted driving law is in Kentucky?
• Ban on all cell phone use (handheld and hands-free) for bus drivers (Primary law)
• Ban on all cell phone use (handheld and hands-free) for novice drivers (Primary law)
• Ban on texting for all drivers (Primary law)

Distracted Walking
Distractions while walking and crossing the street have also become a serious problem and an injury risk that few think about.

A recent study released by Safe Kids Worldwide revealed that one in five high school students and one in eight middle school students were observed crossing the street distracted.

Most students were texting on a phone (39%) or using headphones (39%). Twenty percent of distracted students observed were talking on their phone.

So what does this all mean in terms of potential injury and death to our kids?

Distracted pedestrians are less attentive to traffic, have more close calls and collisions with vehicles. Even just talking on the phone presents a risk of distraction.

Follow us on Facebook at www.facebook.com/pages/Safe-Kids-Fayette-County/9191343364