Craig Carter, MD, assesses a baby in the pediatric emergency department at UK Albert B. Chandler Hospital.

The new Makenna David Pediatric Emergency Department

As the medical director of pediatric emergency medicine at UK HealthCare, as well as the medical director of air transport, Craig Carter, MD, is a busy physician with a vested interest in getting pediatric patients to UK HealthCare for treatment. Here, he discusses the pediatric emergency department and the new Makenna David Pediatric Emergency Department.

"UK HealthCare completed a renovation of the current emergency department (ED) last year, which allowed the opening of the second pediatric ED in the state. We have a separate eight-bed area for pediatric care, as well as a pediatric waiting room. My position is to develop the current pediatric emergency department, and plan and develop the opening of the new Makenna David Pediatric Emergency Center. Our current facility and the new pediatric ED allow for quality care for sick children and their families in a separate location away from adult patients," said Dr. Carter.

The new facility was designed with both patient and the medical team in mind. Each room has pediatric friendly décor, a flat screen TV and an Xbox video game console to keep children entertained during their visits. More importantly, the pediatric ED has dedicated pediatric emergency staff, both nurse specialists and physicians, who are experienced managing pediatric patients. “Our peds ED provides an area for the pediatric transport service to bring children to complete their medical evaluation prior to admission. It also provides a location for emergent patient evaluation by an attending physician if the child decompensates or has significant changes in status during transport. This allows better placement and management of the child for admission to the Pediatric ICU or the general pediatric floor," said Dr. Carter. (continued on page 2)
2009 Transport Nurse of the Year: Tina McCoy RN, MSN

Tina McCoy became a Neonatal Transport Nurse in 1991. In 2007, she received a master’s degree in nursing administration from the UK College of Nursing. She has been the recipient of several awards, including the M.J. Dickson award, Core Value of the Year Award for Sense of Urgency, and the Magnet Recognition Award as part of the transport team.

“As a senior member of the Neonatal/Pediatric Transport Team, Tina is a guidepost and example to others. Diligence, attention to detail, and compassion are just a few traits that make her an outstanding nurse. She embodies what a Magnet nurse is and sets a positive example for others. Her education, holistic care and patience contribute to the success of the transport team. She uses evidenced-based practice to facilitate her nursing care, even in the most critical of situations. As an ambassador for UK HealthCare, she is friendly and respectful to all of our referring hospitals and participates in outreach activities to enhance UK HealthCare’s affiliation with them.”

Shelly Marino, RN, C-NPT
Emergency Transport Manager

2009 Dispatcher of the Year: Randy Baber, EMT

“I believe Randy Baber was an excellent choice for Dispatcher of the Year because he encompasses the qualities and characteristics that all professionals seek to achieve. Randy’s level of professionalism as a dispatcher and EMT far exceed those set forth for the entire department. Randy recently retired from the Winchester Fire Department, and we are lucky to have an individual with such a vast knowledge of emergency medical services and ambulance operations. I, along with the entire department, congratulate Randy on receiving the distinguished honor of being named Dispatcher of the Year for 2009.”

Jamie Alcorn, EMS/Communications Supervisor
Molly’s Story

Meconium aspiration syndrome (MAS) is a common respiratory problem in newborn infants that has the potential to be very serious. Meconium is the first bowel movement in a newborn baby. Meconium aspiration occurs when the newborn breathes a mixture of meconium and amniotic fluid into the lungs around the time of delivery. This happens in approximately 5-10 percent of births. Stress during labor related to fetal distress, decreased oxygen to the fetus while in the womb, diabetes in the pregnant mother, difficult delivery, high blood pressure in the pregnant mother, or an infant born after the due date are common causes. If the infant breathes while still in the uterus or while still covered by this fluid after birth, the mixture can enter the lungs and partially or completely block the infant’s airway.

Molly* was born with this condition and was very sick. She was transported to Kentucky Children’s Hospital via helicopter by the Kentucky Kids Crew. At the referral hospital, the neonatal/pediatric team stabilized her by intubation and placing a chest tube to re-expand her collapsed lung.

Upon arrival to the KCH neonatal intensive care unit, Molly’s condition continued to deteriorate despite medical intervention; therefore, Molly was placed on ECMO (see ECMO Quick Facts). After spending several days on ECMO, Molly improved significantly as her lungs began to heal. Despite being critically ill as a newborn, Molly is home and thriving today and just celebrated her very first Christmas and New Year!

*Name changed for privacy reasons.

“Molly’s family is deeply appreciative of the flight personnel who have very diligently gone above and beyond to care for our little ones when they need it most. Being a parent and not being able to care for your child when they are ill is heart breaking and it is very comforting knowing such a skilled and caring group of individuals are with them as they make their way to hospitals that are more equipped to handle their medical conditions. I personally owe Molly’s flight personnel a lifetime of gratitude for taking such good care of her when I couldn’t be with her. They not only took excellent care of her before and during her flight to UK HealthCare, but they made several visits to her PICU and NICU bedside to check on her and I am in awe of them. Molly is an extraordinary baby with extraordinary circumstances that she had to battle at such a young age. With flight personnel like Deb Rice, I could not be happier not only that Molly is doing well, but Deb is such an extraordinary part of the transport team that brought her to UK and took such wonderful care of her.”

—Molly’s mom.
Kentucky Kids Crew
2009 Statistics

- 699 transports
- 436 were neonates transported to the Neonatal Intensive Care Unit at Kentucky Children’s Hospital.
- 10 were neonates who were “back-transferred” to their home hospitals.
- 253 were pediatric patients transported to the Pediatric Intensive Care Unit, pediatric emergency department, or pediatric floor at Kentucky Children’s Hospital.
- 599 were ground transports.
- 100 were air transports.
- In addition, the team made 13 public relations appearances and taught 13 neonatal or pediatric outreach classes.

For emergency transport of a neonatal or pediatric patient, contact UK•MDs:

1-800-888-5533

Have ideas or suggestions? Contact the CatScratch staff

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