

# ConnectED



## CONTENTS

### PAGE 1

#### INFLUENZA UPDATE

A review of H1N1 visits and future plans in the Dell Children's ED

### PAGE 2

#### FINDING A SPECIALIST FOR YOUR PATIENT

A review of how to access pediatric specialty care in our area

#### RESEARCH AT DELL CHILDREN'S ED

Ongoing research in the Dell ED

### PAGE 3

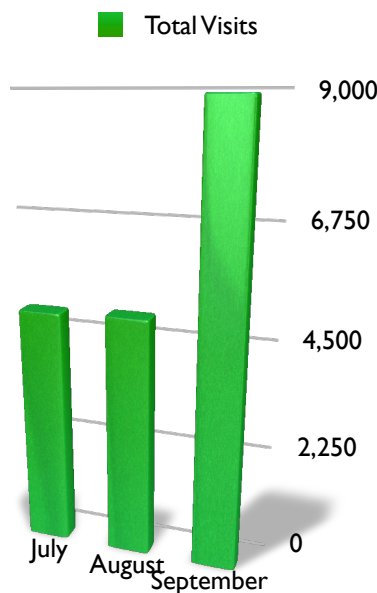
#### PATIENT AND PEDIATRICIAN EXPECTATIONS IN THE ED

Useful tips before your patients comes to the ED

### A bimonthly publication

## Influenza Cases and Future Plans

The past month in Austin has been a challenging one for both primary care offices and emergency departments. Dell Children's ED has garnered national attention for our use of medical tents to deal with the massive overflow of flu patients and emergency preparedness planning. During the month of September the emergency department saw more than double the number of patients from August without adding extra staff (Figure 1). Patients triaged to our influenza tents on average were seen and treated and discharged in less than 30 minutes!



During high volume days Dell Children's ED saw more than 350 patients a day, most with flu-like symptoms. So far Dell Children's has two confirmed deaths with Influenza A, both awaiting PCR confirmation for H1N1.

As some of you may have seen in the local media the flu triage and treatment tents at DCMC have now been removed,

and we have slowly noted a trend toward patient volumes (250 to 300 patients per day) that are beginning to match our expected seasonal norms over the last two to three weeks. We hope this trend will continue for the time being to give everyone a respite until seasonal flu is upon us.

We are still seeing a number of patients that are concerned with H1N1, as I'm sure all of you are in the community. We are complying with the CDC guidelines for treatment with oseltamivir (any child less than 2 years and any child less than 5 with chronic medical conditions). Given the sensitivity of the test (at best 60-70% in ideal conditions) we are not relying on the test to dictate treatment in these high-risk groups.

Over the last week we have been seeing an increase in the number of children that were flu positive, treated with oseltamivir and now have continued fever often with complaint of cough. We are being vigilant in these children to exclude other sources of fever, especially post-influenza bacterial pneumonias and recently noted severe viral pneumonias that have been noted to develop in these children.

If you refer any of your patients to our Emergency Department please fill free to contact us with specific concerns and your preference on how to be contacted by dialing (512) 324-0150 and asking to speak to a physician.

**Eric Higginbotham, MD, FAAP, FACEP**  
 Assistant Medical Director  
 Emergency Department  
 Dell Children's Medical Center of  
 Central Texas  
 (512) 324-0000 ext 86643  
[eahigginbotham@seton.org](mailto:eahigginbotham@seton.org)

### Maurie Paul Specialty Care Center

- **Appointments:** (512) 324-0137

- **Programs include:**

Cast Clinic	Hospital Follow Up	Development
Down's Syndrome	Foot and Ankle	Neuromuscular
Orthopedics	Spasticity	Spine Program
Spina Bifida	Sports Medicine	Tracheostomy
Nutrition	Trauma Follow Up	Craniofacial
Thoracic Insufficiency		Musculoskeletal Tumor

### Strictly Pediatrics Medical Office

- [www.speciallyforchildren.com](http://www.speciallyforchildren.com)

- **Appointments:** (512) 628-1800

- **Programs include:**

Allergy, Asthma & Immunology	International Travel/Adoption
Dermatology	Nephrology
Endocrinology	Neurology
Gastroenterology	Palliative Care
Genetics	Rheumatology
Hematology/Oncology	Nutrition
LIVESTRONG Survivor Center	
Infectious Disease	

## HOW CAN MY PATIENT SEE A SPECIALIST?

### REFERRALS FOR SPECIALTY CARE

Dell Children's Medical Center has two specialty care centers with an expansive list of programs.

The Marnie Paul Specialty Care Center is located on the second floor of Dell Children's Hospital and integrates the primary care pediatrician in all care. Maurie Paul clinics take uninsured, Medicaid and insured patients. Some clinics require direct referral from the ED (cast clinic, trauma clinic, etc.)

The Strictly Pediatrics Medical Office Building is located across the street from Dell Children's Hospital and also offers a variety of specialty care for pediatric patients in central Texas. These specialties will take all insured patients, but will see uninsured patients if referred by the emergency department and authorized by the primary care doctor.

### Research in the ED

The emergency department continues to be a leader in clinical research at Dell Children's with an array of NIH, industry and investigator initiated trials underway.

#### RAMPART Study

Dell is a spoke hospital in the NINDS Neurological Emergency Treatment Trials Network (the NETT) and will soon take part in the RAMPART prehospital seizure trial comparing intramuscular Versed to intravenous Ativan.

#### Comfort Zone Study

The Comfort Zone Study is tracking patient and family response to our new approaches to pediatric pain control. We are using a variety of tools including topical anesthetics for IV access, intranasal fentanyl and midazolam, inhaled nitrous oxide, ketamine, and child life presence for painful procedures.

#### Hylenex Clysis Study

Dell EM researchers are also actively enrolling patients in the Hylenex trial, funded by Baxter Healthcare, a randomized study examining subcutaneous rehydration with recombinant hyaluronidase compared to intravenous fluids. Dell is already a high-enrolling center after only being up and running for two months.

#### PEWS Scoring study

The Pediatric Early Warning System study allows us to objectively score patients with respiratory distress and hopefully prevent unplanned admissions to a higher level of care once in the hospital

In a continued effort to improve our patient care the ED has now developed the Patient Loyalty team focused on the needs of our patients (See page 3), and would always appreciate to hear your

compliments and feedback regarding care of your patients in the ED.

#### Ongoing Research

Researchers are applying for federal grants to support serum assay studies in traumatic brain injury and crotonal envenomation, and investigators have several protocols before the IRB examining use of ultrasound guidance for central and peripheral venous catheters.

For interests in participating in research studies with the Dell Children's ED please contact:

TJ Milling, M.D.  
Director of Clinical Research  
Emergency Department  
[tjmilling@yahoo.com](mailto:tjmilling@yahoo.com)



## Preparing your patient for the ED

The emergency department can be a stressful and confusing environment for children and families. We are asking for your help to manage expectations on the process of care patients can expect in our ED. The steps that all patients will encounter include:

- **Quick Look:** This initial nurse assessment determines when patients will be seen. The most critically injured and sickest children will always be seen first.
- **Triage:** A short history will be obtained as well as an initial set of vital signs.
- **Registration:** Non-critical patients will proceed to registration while waiting for a room. All patients are treated regardless of insurance status and receive a free screening for financial assistance if needed.
- **Waiting room:** Patients will wait in one of our three waiting rooms when our exam rooms are full, we are experiencing incoming ambulance arrivals, or critically ill patients are being treated.
- **Treatment:** The number of tests and procedures needed will be determined by one of our attending emergency medicine physicians. If testing and treatments are needed patients' length of stay can be expected to be longer.

## How Pediatricians Can Help Expectations

Preparing your patients for what to expect in our emergency department greatly helps us in managing patients' needs once they arrive to our ED. There are some ways that you can vitally help your patients receive the most effective and efficient care:

- **NPO:** Please remind your nursing and after hours call center to remind patients that if they are being referred in to the ED for possible need for a procedure (surgery, abscess drainage, laceration repair, fracture reduction) that they **MUST be** without **food or drink** for four hours before we can perform a safe sedation in our ED (or in some cases taken to the OR)
- **Specialists:** Please let your patients know that an emergency physician will assess the child and make decisions on what is the best way to utilize consultants. Sometimes we can expedite referrals to consultants or discuss cases on the phone while setting up outpatient follow up without the need for consultants to see that patient in the ED. Concerns for issues such as need for plastic surgeons will be determined by the emergency medicine physician, and consultation will be utilized for cases out of the scope of our practice. This reflects direction from our plastic surgery group.
- **Let us know your concern:** Pediatricians should **always** feel free to directly speak to a ED physician about cases they are considering referring to the ED or are already referring and would like us to know about the case ahead of time. Simply call **(512) 324- 0150** and ask to speak to an ED physician. If you would like us to call you back after the patient is seen simply leave a convenient number for us to call back.

### STAFF

#### Dr. Pat Crocker Chief

(512) 324-0000, ext 86641 - office  
(512) 484-1140 - cell (can text to this phone)  
[pcrocker@seton.org](mailto:pcrocker@seton.org)

#### Dr. Eric Higginbotham Assistant Medical Director

(512) 324-1000 ext. 86643  
[eahigginbotham@seton.org](mailto:eahigginbotham@seton.org)

#### Laurie Toth RN, BSN, NE-BC Director

Emergency Services  
(512) 324-0151  
[ltoth@seton.org](mailto:ltoth@seton.org)

#### Dr. Sujit Iyer Newsletter Editor

[sujit.iyer@gmail.com](mailto:sujit.iyer@gmail.com)

### Subscription

Find ConnectED online at:

[http://www.dellchildrens.net/for\\_healthcare\\_professionals/connected/](http://www.dellchildrens.net/for_healthcare_professionals/connected/)

**This is YOUR newsletter!**  
**So please send suggestions, comments, requests, or compliments - as well as your preference for receiving the ConnectED electronically to [sujit.iyer@gmail.com](mailto:sujit.iyer@gmail.com)**