

Spring 2009

Issue 1 Volume 3

Spring has arrived and hopefully the busy pace of winter is becoming a distant memory in your practice. This is a lighter edition of the *Link Letter* as several interesting case reports did not meet the deadline (stay tuned for the summer edition). However, we now have the opportunity to shine a greater spotlight on updates from our colleagues.

From the Emergency Department at Dell Children's Medical Center, Pat Crocker gives us a timely update on the tremendous work that has been done to accommodate record-breaking numbers of ER visits, numbers that represent a significant increase over prior years. You might think that a sharp increase in volume would lead to less attention by staff, but the **Comfort Zone** program is a clear example of the Emergency Department's focus on process improvement and perhaps a reason for its burgeoning popularity.

And, we have our very first "Letter to the Editor," (see "Think this").

Children's Urology responds to an article from the Winter 2008-2009 *Link Letter*, and as an editor, I am overjoyed because:

1. I know someone actually reads our updates, and
2. Dialogue does more to advance learning and understanding than almost any other activity.

Enjoy!

Mark Shen, M.D.

Medical Director, Hospital Medicine
Pediatric Consultation and Referral Service
Dell Children's Medical Center

ED Volumes Soar, but "Comfort" still a Priority

It has been a busy year at the Dell ED with peak winter volumes of over 6,000 patients per month! We have spent significant time this past year with our work team focusing on efficiency of care and are pleased to report that our average patient treatment time has been reduced approximately 40 - 60 minutes per patient visit compared to last year. With the high winter patient volumes tapering off, our *door-to-door* ED treatment times are trending back down towards our goal of below 140 minutes, which will put us back in the top performing tier of hospitals nationally. Despite the very heavy volume which stressed our ED beyond its built capacity, we are happy to report that almost 90% of our surveyed patients rated their care as good, very good, or excellent, even during this extra busy period!

We have also been very busy establishing our new **Comfort Zone** program for patients and families. While it is unreasonable to promise a totally pain free encounter for patients, we have established a comprehensive program focusing on minimizing discomfort during the ED visit. The program includes the use of topical anesthetics applied to wounds, abscesses, and potential IV sites beginning in triage; a complete pain control protocol based on the *child's* perception of pain; expanded use of our *Child Life* staff and more distraction interventions; direct parental involvement with "position of comfort" assisting with their children; parental presence in the rooms for procedures; and some exciting new pain control options. The first new option is the use of intra-nasal sprays containing fentanyl and midazolam that provide for immediate relief of pain and anxiety. For small children the sprays are administered using "Maddie the Blowfish" in a very non-threatening fashion. The use of these medications is becoming our first-line

therapy for children in pain, and can be started before an IV is established. These also make actually establishing an IV afterwards much easier for the patient, staff and family.

The other exciting new option is Nitrous Oxide administered by the ED physician staff, sometimes in combination with the above agents, for pain and anxiety control during procedures. The Nitrous Oxide option works best with children four years-old and older, and so far we are having GREAT results with many patients having no recollection of their procedures despite remaining apparently awake and conversant during the procedure. Of course full sedation with ketamine is still an option for the most painful procedures but this does require an NPO period of four hours.

Please remember - when referring patients to the ED that may need a procedure: we do require an NPO period of at least one hour for the Nitrous Oxide options, and four hours for full sedation with ketamine.

We look forward to an exciting new year with more improvements and an ever expanding staff of Pediatric Emergency Medicine physicians joining our team.

Pat Crocker, D.O.
Chief, Emergency Medicine, Dell Children's Medical Center

Letter to the Editor: **THINK THIS**

We welcome this opportunity to engage in a community-wide forum via the *Link Letter* and we applaud the efforts of our pediatric colleagues in bringing important topics up for discussion.

The article, "**Re-Thinking the Child with a First Time UTI**," by Toni Wakefield, MD (see *Link Letter* Winter 2008-2009) briefly outlines a few of the controversies regarding UTIs, and draws attention to a recent study challenging current Practice Guidelines.

While we recognize that our understanding of Urinary Infections and Ureteral Reflux continues to evolve, and our treatment paradigm has improved, we agree that Guidelines as set forth by the AAP in 1999 remain the "standard of care" at least until these recommendations are revised by rigorous studies soon to be completed.

Thus, for our current evidence-based response to Dr. Wakefield's query, "What imaging studies are appropriate?" (in a three month-old female with a febrile Gram Negative UTI), we would suggest that the standard diagnostic studies include a Renal and Bladder Ultrasound (**RBS**) and a Voiding Cysto-Urethrogram (**VCUG**), with the caveat that the new guidelines will probably suggest a greater role for DMSA nuclear scanning as part of the initial risk assessment.

Why? Because, infants with UTI and severe Reflux (grades 4 and 5) or Obstructions (UPJO, UVJO, Ectopic Ureters, Ureteroceles, Complicated duplication anomalies) are at higher risk for renal scarring. Experience and Evidence-based Studies have shown that three month-old infants, most likely to have significant anatomic abnormalities, gain the most from early diagnosis, stratification into risk groups, regular Urologic follow-up and early intervention when appropriate. **If we exclude these infants from imaging how will we know who they are?**

We should remind our colleagues that Renal Scarring secondary to UTI was a major cause of childhood ESRD 30 to 50 years ago. Over the last 20 years, with

the trend towards early imaging, and early intervention (medical and surgical) these numbers have decreased significantly. While we can't claim to save all kidneys from scarring, the development of severe scarring and ESRD in our patients today is a rarity when they have good urologic management.

Are we over-evaluating some of these infants? Probably. However, at this time, clinicians clearly do not have a marker that can assure them that they are excluding low-risk infants from imaging. If we fail to evaluate the first febrile infection, how do we know that we missed an opportunity to alter the natural history of a disease with significant long term sequelae? Furthermore, what is to say that the second, third or fourth UTIs will be disregarded similarly as had been common practice many years ago.

So, as pediatric urologists, privileged with the task of evaluating and managing complicated and uncomplicated UTIs, we suggest that before we "Re-Think" doing a RBS/VCUG on an infant girl with a first-time febrile UTI, that we **"think" this:**

1. Not all research studies are created equal. Some have major limitations and therefore the conclusions should be limited.
2. Although recent studies are challenging everything that we **'think'** we know about UTIs, Antibiotic Prophylaxis, and Reflux. At present, each febrile infant UTI should be handled on a case-by-case basis **after** their initial imaging evaluation. Until new guidelines are put forth, we should be cautious to scrap what appears to have served our patients well thus far.
3. Image **before** discharge so we can identify all infants at risk.
4. Urinary Tract Infections are a manifestation of a heterogeneous group of disorders (functional, anatomical, host related) presenting with variable degrees of severity across many age groups with unique risk impact on the patient. Thus, the diagnostic approach to the three

month-old, versus the seven year-old Dysfunctional Voider, versus the 12 year-old with enuresis versus, the five year-old with neuropathic bladder should likewise all be tailored by risk assessment.

5. Consult with your friendly neighborhood Pediatric Urologist at **Children's Urology (Doctor's Line: 512-474-6642)**. If the studies are abnormal, we are a phone call away.

Once again, we thank the PCRS physicians for initiating this thoughtful newsletter.

CHILDREN'S UROLOGY

Jose Cortez, MD FAAP
George Seremetis, MD FAAP
Stephen Canon, MD

"Caring for the children of the Austin Community and Central Texas since 1992"

Editor's note: I am excited by the dialogue that has been created surrounding this topic. I fondly recall that managing the infant with a UTI was the first time that I felt truly competent as an intern – the reasoning was simple and logical, so I knew exactly what to do. Many years later, although what we do may be similar, we are now critically re-examining the justifications for our actions. Too often we reflexively tell families and trainees what to do without a clear discussion of areas of uncertainty, and it is my hope that this dialogue will reinforce the complexity of thought required for decision-making in the management of a 'simple' UTI. A well-written summary may also be found in the supplement to the December issue of Pediatrics. mws

Hi, Friends!

HeartGift invites you to join us in a family-fun event, raising money for the HeartGift Foundation. HeartGift is a non-profit foundation, founded in Austin, and working in partnership with Dell Children's Medical Center, dedicated to providing life-saving cardiac interventions for children from regions of the world where such care is unavailable to them. Visit us at www.HeartGift.org for more great info!

This event will be tons of fun. We at HeartGift would love for you to consider a family sponsorship for this event. Individual tickets can be purchased for \$15, if you prefer.

Please share this information with friends, neighbors, and anyone who would enjoy a great morning out with their kids, all for a great cause!

Please contact me with any questions.

Karen Wright, MD
Children's Cardiology Associates
klwrightmd@yahoo.com



Saturday Park in the Park



Saturday, May 9, 2009

10 AM - Noon

The Park at the Triangle
47th & Guadalupe

Honorary Chairs: Elizabeth Blackbird & Sharon Hubbard

Featuring
**The
Biscuit
Brothers!**

\$150 Family Sponsorship

**4 Passes to the Event
4 T-shirts**

Food
Fun & Games
for the
Entire Family

\$600 Activity Station Sponsorship

**6 Passes to the Event
6 T-shirts**

Signage with your name at the Activity Station

Private Reception & Professional Photograph with The Biscuit Brothers

Corporate Sponsorships Also Available

More information: Alison Meador - ameador@heartgift.org or 512.656.3715

www.heartgift.org

all proceeds benefit The HeartGift Foundation, a 501(c)3 non-profit



Still time to Register for May 16 Pediatric Conference

The 2009 Annual Pediatric Conference, "Keeping Texas Children Well," will be held Saturday, May 16 at DCMC. This year's conference will build upon the successes and audience responses from the 2008 conference and will continue to focus on the health and well-being of Central Texas children. The morning plenary session will be anchored by a keynote address. Afternoon activities will consist of break-out sessions that promote dialogue among conference faculty and participants on a range of issues.

The Karen W. Teel, M.D. Lecture at the 2009 DCMC Annual Pediatric Conference will be presented by:



Carol J. Baker, MD
Professor of Pediatrics, Molecular
Virology & Microbiology
Baylor College of Medicine
Presentation: "Group B Streptococcal
Infections in the 21st Century"

For more information go to http://www.dellchildrens.net/for_healthcare_professionals/keeping_central_texas_children_well

New Email Requirement for All Medical Staff Members

Effective March 25, 2009, Medical Staff leadership has developed a new policy to transition the majority of important Seton physician communications to electronic mail (e-mail). Your e-mail address must be a personal account to which you maintain sole access and that you check regularly. Use will be limited. If you have not already provided a preferred e-mail address, please submit it online. Contact mmjohnson@seton.org if you have questions.

Pediatric Grand Rounds at SMCW

For our physician friends in northern Travis and Williamson counties, Pediatric Grand Rounds are also held at Seton Medical Center Williamson (SMCW) in Round Rock, the newest member of the Seton Family of Hospitals. Please mark your calendars with dates for 2009:

June 3, July 1, August 5, September 2, October 7, November 4, December 2

Where: The Learning Center, Room 3 First Floor – SMCW

Time: 12:15 – 1:15 p.m.

Directions: From I-35, take exit #256 (University Boulevard). Go east on University Boulevard approximately 2.5 miles. An entrance to the facility is on the right. Park near the Women's Center entrance and enter through the associates' entrance (silver canopy). The Learning Center is located on the left hand side after you enter the building.

Lectures are free and open to physicians, nurses and other interested clinical staff. Physicians receive one CME credit per lecture. Lunch will be served. **For more information, contact Patricia Bardole @pbardole@seton.org or 512-289-2683.**

Sister Teresa George to Present Aug. 5 Grand Rounds

Sister Teresa George, chief operating officer for Dell Children's Medical Center will present, "Hospital Key Performance Indicators" at the August 5 Pediatric Grand Rounds at Seton Medical Center Williamson in Round Rock. Physicians will receive 1 CME credit. Space is limited so RSVP early to pbardole@seton.org.

2009 Pediatric Section Meetings

Come join us at the Pediatric Section Meetings for networking, new physician introductions, updates on pediatric issues, a great lunch and more! There are only two Section meetings left in 2009 – please mark your calendar for July 8 and October 14. The meetings are held at Dell Children's in the Sig Auditorium beginning at 12:15 p.m. Physicians can park in any visitor parking lot or in physician parking. Your TCMS badge will allow you access to any lot. The Sig Auditorium is located inside the Pat Hayes Education and Conference Center, near the main entrance of Dell Children's.

IMPORTANT DATES AND UPDATES

Grand Rounds at Dell Children's

Friday, May 8, 2009

7:30-8:30 AM in Sig Auditorium

"Clinical Conundrum: Fever of Unknown Origin"

Dr. Lynn Thoreson

(Chief Resident, UTMB Austin, Dell Children's Medical Center)

Dr. Marisol Fernandez

(Pediatric Infectious Disease Specialist, SFC,
Dell Children's Medical Center)

Friday, May 15, 2009

7:30-8:30 AM in Sig Auditorium

"Intestinal Failure, Rehabilitation and Transplantation"

Robert H. Squires

(Clinical Director, Division of Pediatric Gastroenterology,
and Director of Hepatology at Children's Hospital of
Pittsburgh of UPMC)

Friday, May 22, 2009

7:30-8:30 AM in Sig Auditorium

"Management of DVT in Children"

Linda Shaffer, MD

(Pediatric Hematologist, Specially For Children,
Dell Children's Medical Center)

Friday, June 12, 2009

7:30-8:30 AM in Sig Auditorium

"Jeopardy: Residents vs. Community Physicians vs.
DCMC Physicians"

Friday, June 19, 2009

7:30-8:30 AM in Sig Auditorium

"Obesity Intervention Program at Dell Children's
Medical Center "

Dr. Stephen Pont

(Assistant Professor of Pediatrics, UTMB-Austin , UT -Austin,
Dell Children's Medical Center)

Friday, July 10, 2009

7:30-8:30 AM in Sig Auditorium

"Hematologic Emergencies in the Non-Cancer Patient"

Dr. Nidra Rodriguez-Cruz

(Pediatric Hematologist, MD Anderson Children's Cancer
Hospital, Houston, TX)

Friday, July 17, 2009

7:30-8:30 AM in Sig Auditorium

"The Ethics of Pain: Those Who Have It, Those Who Help It,
and Those Who Have to Hear About It"

Dr. William Streusand

(Child and Adolescent Psychiatrist, Dell Children's
Medical Center)