PEM-Connect

A newsletter of the Pediatric Emergency Medicine Department-Egleston and Hughes Spalding

Who are we?
Community Outreach

A group of physicians dedicated to improving ED communication with General Pediatricians and Community Emergency Departments and Urgent Care Facilities. We currently have 12 physicians as part of this dynamic group. We currently are visiting pediatric offices, offering hot topic lectures to Emergency Departments, and helping to facilitate the care of your patients at our hospital Emergency Departments. The division of Pediatric Emergency Medicine at Egleston and Hughes Spalding is proud to present this third edition of our newsletter. It is one of the many tools we will use to improve communications between you and the Emergency Department in order to better care for our mutual patients. We are Dedicated to All Better.

In this Issue

We want to hear from you! -Ways to Contact us…

1. Our web page-www.epgatlanta.org then click on Community Outreach hyperlink
2. Contact Outreach Coordinator-Kiesha Fraser Doh-404-785-7924 or kiesha.fraser@emory.edu

Pediatric Head Injury: To Scan or Not to Scan

By Mike Greenwald

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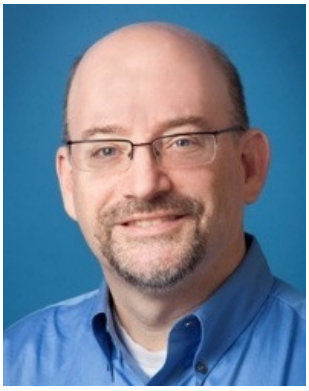

It's 3:00 on a Friday afternoon. You are seeing an 18 month old who fell out of a shopping cart and hit his head 1 hour ago. He cried immediately, in fact he cried so much he vomited once. He's calmer now and has a large goose-egg on the forehead. Overall his neurologic exam is normal for age. What do you do with this patient? What is his risk for clinically important brain injury (ciTBI) – a head injury that would require immediate medical or surgical intervention?

In the end it often boils down to the question: to scan or not to scan. So which symptoms or sign raises the risk of head injury? We are well trained to ask questions about the mechanism or injury, height of the fall, vomiting, loss of consciousness, amnesia, seizures following head injury - but none of these symptoms are independently predictive of ciTBI. Moreover, our ability to assess higher cognitive functions in the pediatric patient is very limited so our clinical assessment is crude at best.

Shouldn't we just scan them all just to be sure? Up to 80% of head injury complaints in the ED are deemed "minor head injury" yet up to 50% will receive head CT imaging depending on the institution. Overall we've seen a 10% annual increase in CT use in general and from 1995-2005 the use of head CT more than doubled. This is occurring despite the growing concerns about the connection between imaging studies using ionizing radiation and the risk of developing cancer.

To help better ground our approach with evidenced based medicine the Concussion Workgroup at Children's Healthcare of Atlanta came up with an algorithm in 2010 to help guide clinical decision making.

This algorithm is based largely on the results of the PECARN study published in *Lancet* October 2009. This remains the largest pediatric head injury study published (> 42,000 children) involving 25 emergency departments over nearly a 2-year period. This study confirmed the findings of many smaller studies that preceded it with regard to the low predictive value of common symptoms listed above. The most predictive signs or symptoms included abnormal findings on neurologic exam, evidence of skull fracture, the presence of multiple symptoms, or worsening symptoms. Subsequent studies have also demonstrated that patients who present with symptoms following head injury may be safely watched without imaging and that if the patient has returned to normal 6 hours following head injury their risk of ciTBI is close to 0.

As always, we are happy to discuss a case with you by phone or evaluate your head injured patients' in the ED and can review the pros and cons of CT imaging versus observation.

LET's FOAM TOGETHER-PEM Education Update

By Maneesha Agarwal

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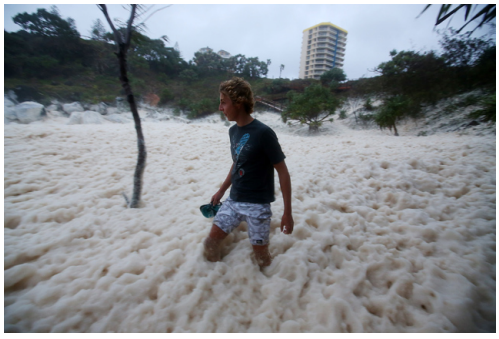
The division of pediatric emergency medicine at Emory has re-launched its blog: PEM Education Update. This blog generates and shares educational content related to pediatric emergency medicine on a weekly basis. Posts include interesting case presentations, synopses of recent medical literature, introduction to #FOAM (free open-access medical education), and more. Please join us and follow along at www.pemeducationupdate.com; you can even sign up for email updates. If you'd like to contribute or see something on our blog, please contact the site's academic administrator, Maneesha Agarwal MD, atmaneesha.agarwal@emory.edu.



Message of the Quarter!!!

In an effort to reduce radiation risk in children we recommend in the future that you limit the ordering of CT's scans for Trauma patients. We are happy to accept the patient without a CT scans once they have been stabilized.

TRAUMA Statistics for CHOA 2014

1861-Concussion related injuries

204 –Motor Vehicle Crash related Injuries

57 -Bicycle injuries

11-Gunshot wound victims

Just in time for Summer!

On JUNE 19TH from 12p-4p

CHOA and SAFE Kids are hosting a Summer Safety Fair at Hughes Spalding and Scottish Rite Campuses

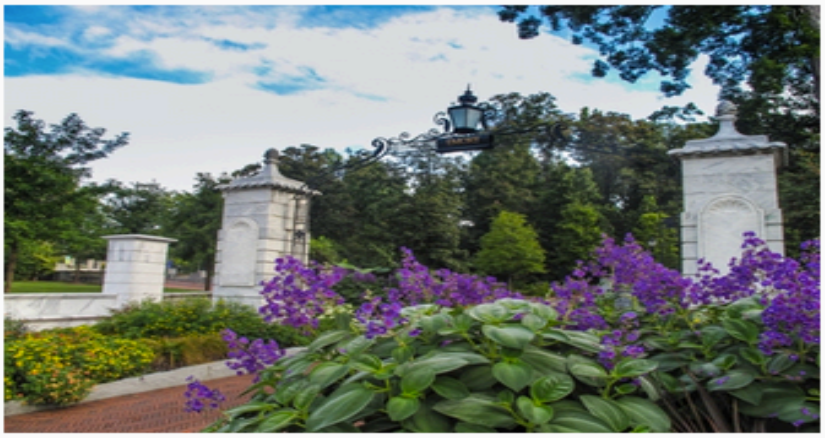
Please notify any of your patients who might benefit.

Community Outreach Webpage

(epgatlanta.org)

Community Outreach

Welcome to the Emory Pediatric Emergency Medicine Community Outreach webpage



Our Goals are to:

1. Develop and enhance our relationships with community pediatricians
2. Enhance our relationship with community emergency departments and provide them [illegible] educational resources through our speakers bureau
3. Impact school health policy to improve outcomes for children in Georgia

We would love to hear your feedback, concerns or suggestions. Simply [illegible] on the suggestion box link below to send us a message:

Leave us a message and we will respond.

Link to common ED guidelines

Click on this link to foam with us! (see page 3 for more info)

Feel free to peruse our Clinical Guidelines and our PEM Education Update

Check back every other month for our ***PEM Connect*** Newseletters:

February 2015

April 2015

Previous Newsletters

Clinical Service Announcement

In an effort to reduce radiation exposure in children we are happy to accept any patient with a concern for appendicitis based on physical exam alone.

A CT scan is NOT necessary.

We are available to coordinate lectures and updates related to pediatric emergency medicine at your request.

Contact

Please feel free to contact our community outreach coordinator Kiesha Fraser Doh, MD (Email: kiesha.fraser@emory.edu /Office: 404-785-7924) at any time with questions, concerns or to coordinate lectures.

What is a Trauma Center?

Outlining CHOA Trauma Facilities Capabilities

By Kiesha Fraser

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Warm fun filled summer days, longer days and summer vacation ushers in the trauma season. Lets review what the various CHOA facilities can do for your injured patient. In Georgia there are two hospitals that are designated Pediatric Trauma Centers. Both of these hospitals are CHOA facilities. Egleston is a level one trauma center and Scottish Rite a level two center.

What does that mean for your patients? Let's say your patient Emma Grace is riding her scooter and gets hit by a car in Buckhead. Where would she be transported? Depending on the location of the accident she could be transported to either CHOA-Scottish Rite or CHOA-Egleston. A communication center helps to route EMS calls to the proper facilities.

What about your patient Tavarius Johnson? He is attending sleep-away camp in the North Georgia Mountains he is impaled by an arrow in his chest. He on the other hand would be transported to CHOA-Egleston.

The reason is the difference between the capabilities of the facilities. Scottish Rite, a level 2 facility, has pediatric surgery, radiology, anesthesiology, neurosurgery and critical care available 24-7. In addition Egleston a level one facility has Cardiac surgery available 24-7. The difference between Emma Grace who was hit by a car vs. Tavarius Johnson who was impaled by an arrow at camp is the type of injury and the resources at the different facilities. One exception to make note of is pediatric burns. If your patient requires hospitalization for their burn they would be transported to Grady Medical Center.

So what happens to Ahmad Shah who fell off his bike at Piedmont Park with an obvious deformity to his right arm? Well if he is alert and oriented with an isolated fracture, laceration or other minor injuries without signs of intracranial injury or other significant injuries he can be transported to CHOA-Hughes Spalding. Where an orthopedic physician can reduce his fracture while under sedation provided by an Emergency Medicine Physician. As always please contact us via the transfer center with any questions at 404-785-7778 or 888-785-7778. We wish you and your patients a safe and healthy summer. Remember we are here if you need us!!!

We are happy to talk with you! Tips on using the Children's Transfer Center

- ☐ *Call* 404-785-7778 or 888-785-7778 to speak to a physician at any CHOA facility
- ☐ *If you want to be called back with results we recommend that you provide us a direct telephone number preferably a cell phone number where you can be reached over the next 6-8 hours*
- ☐ *We recommend providing the following Information to give to the Transfer Center- Patient's name, chief complaint, your concerns and recommendations for patient care plan*
- ☐ *Fax pertinent information to* 404-785-7779.
- ☐ *Remember if you are not sure if the patient needs to be transferred you can call for advice and speak with a sub-specialist.*
- ☐ Never hesitate to call us. We are here to help.