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 second 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- http://www.pediatrics.emory.edu/divisions/emergencymedicine/Community Outreach/index.html
2. Contact Outreach Coordinator- Kiesha Fraser Doh-404-785-7924 or kiesha.fraser@emory.edu

ED Asthma Guidelines

By Jacob Beniflah

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As we approach the beginning of allergy season it is timely to address the topic of asthma. The updated Children's Healthcare of Atlanta asthma guidelines were implemented in December 2013 for patients 18 months or older with symptoms of asthma such as wheezing, cough, shortness of breath and increased work of breathing.

The guidelines recommend starting with an initial clinical respiratory score (CRS) to determine severity of symptoms and subsequent management. Components of the CRS include dyspnea, hypoxia, respiratory rate, and coughing. Based on the initial CRS, nurses/respiratory therapists will initiate the following interventions based on protocols for CRS from 0-2, 3-5, 6-8, and ≥9

Patients with lower severity asthma exacerbations with CRS scores (0-2) receive 6 puffs of albuterol via an MDI and a repeat CRS post treatment. Patients with CRS scores of (3-5) or (6-8) will get a continuous albuterol treatment, (with ipratropium bromide if CRS 6-8, or if cough is present with CRS 3-5). These patients also receive oral steroids. The new guideline recommends dexamethasone as the steroid of choice because of ease of dosing and compliance. The first dose of dexamethasone is administered in the ED and the second dose is given to the parents to take home for administration 24 hours after the first dose. Because dexamethasome comes in tablet form nursing staff teaches families how to crush tablets and mix in liquid to dispense. This two-dose regimen has been shown to be equivalent to a 5-day course of prednisone and should increase patient compliance. We give 0.6mg/kg dose that is rounded. The dose is 8mg for patients 12-<15kg, 12mg for 15 <25kg and 16mg for ≥25kg. Patients with CRS of 3-5 and 6-8 will be reassessed post treatment at 45-60 minutes and 30 minutes respectively

For severe asthma exacerbation with a CRS of 9 or higher, a physician will be notified immediately. Patients will get a continuous albuterol treatment with ipratropium bromide, oxygen, an IV will be placed and the patient will be put on oxygen between treatments. Additionally, physicians order steroids and can choose to use additional interventions such as IV magnesium sulfate, heliox, high flow nasal canula, or noninvasive positive-pressure ventilation, IV fluids, IV ketamine IV steroids and ongoing assessment and response to therapy.

For any of the initial CRS above, if the treatments above do not result in adequate improvement, the guideline outlines escalation of therapy. Admission to the hospital is recommended if CRS is ≥ 4 after 2 continuous albuterol treatments, there is persistent oxygen requirement, or parents feel they will be unable to manage at home. PICU admission will be considered if acute respiratory failure

Asthma Guidelines Cont'd from page 3

If the patient is improved, discharge criteria include a CRS ≤ 3, easy breathing with good air exchange, oxygen saturations>90% on room air, patient is able to maintain 02 sats, respiratory rate, and work of breathing thru feeding, and the family is able to manage at home. Prior to discharge, patients will be screened for risk of admission based on factors such as previous hospitalizations and their severity, frequency of ED visits, and amount of outpatient albuterol use. Please note unless indicated medically we do not routinely give patients xopenex.

In addition, a case management and/or subspecialty referral will be considered based on certain risk factors in patients being discharged home. Finally, patients with moderate to severe asthma by history who are not already on a controller will be prescribed inhaled steroids at discharge.

We hope that this updated asthma guideline will help to standardize the ED management and subsequent home care and follow up of this very common condition in children, and one the most frequent reasons for ED visits. For questions on the asthma guideline contact jlinzer@emory.edu lead ED MD on Asthma Guideline or Shabnam Jain sjain@emory.edu Director of Quality.

Trauma Information-As we start the busy "trauma season"

Trauma Referrals

Remember at Children's Healthcare of Atlanta we are the ONLY regional Trauma Center for Children under 15. We accept referrals for all Traumatic Injuries under age 15 and certain injuries in patients over 15. When considering referral please contact our transfer center at 404-**785-7778** or **888-785-7778** who will help you discuss with Emergency Medicine Physician the best place for your patients

Measles

By Debbie Marinca

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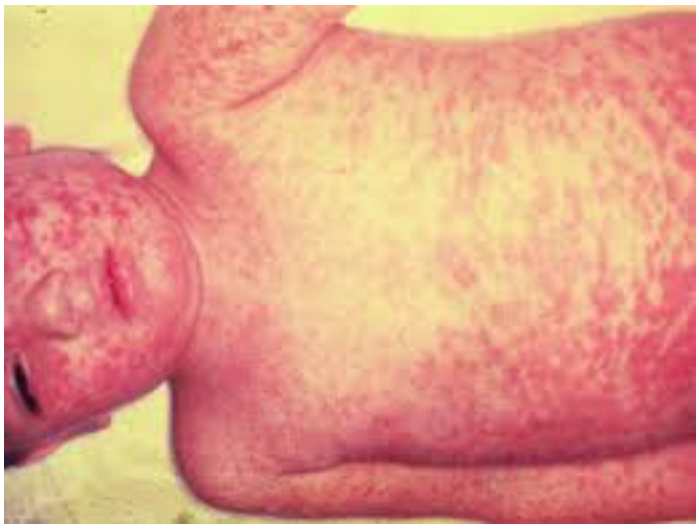

Measles has been in the news recently due to the outbreak that has been occurring across the nation. It was originally eradicated in the United States in 2000 but it is making a come back. The resurgence is due to the increasing amounts of unvaccinated or partially vaccinated children and increasing global travel. In 2014, measles was diagnosed in over 20 states.

What is Measles? It's an acute viral respiratory illness that initially present like most viral illness. It is highly contagious. It has a classic prodrome of high fevers, malaise, cough, coryza, conjunctivitis, Koplik spots (pathognomonic), and a maculopapular rash that appears 14 days after initial symptoms. The incubation period is 7-21 days. The rash spreads from head to toes and is not always present in immunocompromised patients.

Why is measles so concerning? Some of the common complications of measles are otitis media, bronchopulmonary pneumonia, laryngotrachealbronchitis, and diarrhea. The severe or life-threatening complications of measles are acute encephlatitis

Some of those at highest risk for life threatening complications are children under 5 years and the immunocompromised and can occur in up to 1 in 1,000 children diagnosed with Measles. Measles can also cause subacute sclerosing panencephalitis that is a rare, but fatal complication 7-10 years after the initial infection.

What do you do if you suspect measles in a patient? In order to better serve the community, physicians, and prevent the spread of measles please call the Children's Healthcare of Atlanta Transfer Center at (404)-785-7778. The transfer center can help connect you to the infectious disease services, infection prevention services, and a representative from the Georgia Health Department if needed. It will also help guide you on how to send a patient for evaluation and where to send them.

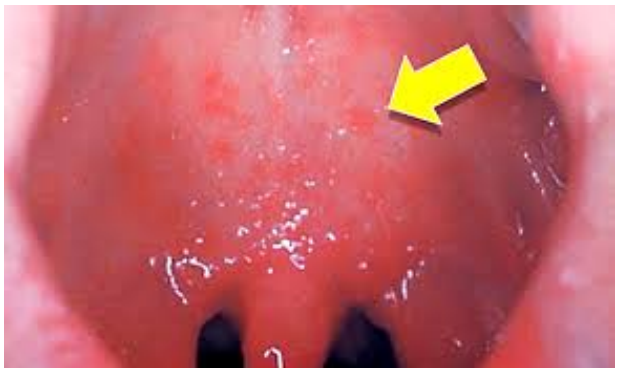

Image Gently Reminder!

In an effort to reduce radiation exposure we do not recommend routine Chest xrays in infants or children with suspicion for bronchiolitis

HeLP-Health Law Partnership

By Robert Pettignano

The Health Law Partnership (HeLP) is an inter-disciplinary community collaboration among Children's Healthcare of Atlanta, Atlanta Legal Aid, and Georgia State University College of Law. Each partner contributes to the enterprise in essential and crucial ways. The goal of HeLP is to improve the health and overall wellbeing of low-income children receiving health care services through Children's. HeLP's primary premise is that by combining the health care expertise of hospital professionals with the legal expertise of lawyers, together we provide a holistic set of services to address the multiple determinants of children's health.

The social and economic conditions in which children live can seriously affect their medical health. Poor housing conditions (mold, pest infestations, lack of heat, electricity, and air conditioning) can exacerbate health conditions such as asthma, sickle cell disease or threaten the health of children who are immunocompromised. Failure to protect the legal rights of children diagnosed with chronic illnesses and/or disabilities prevents them from accessing the free and appropriate public education to which they are entitled. Attorneys alongside physicians and other healthcare professionals can intervene to address legal and medical issues so as to improve the physical, social, or economic environments in which many children live, resulting in their improved health and quality of life. Dedication to cooperation and collaboration by each partner is the fundamental building block of our success. For more information see our website: http://www.healthlawpartnership.org

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

- ☐ *The Transfer Center specialist will happily connect you to the physician working in the Emergency Department if you want advice or need to give specific instructions. You just need to ask.*
- ☐ *If you want to be called back with results or plans please give the Transfer Center Specialist a direct phone number to reach you within the next 6-8 hours (seems long but it covers the time it takes the patient to arrive and for us to complete the work-up)*
- ☐ *NEVER HESITATE TO CALL US. WE ARE HERE TO HELP. EVERY CHILD DESERVES CHILDREN'S AND WE ARE DEDICATED TO MAKING ALL CHILDREN BETTER*

Please Join Us for Cocktails and Martinis at the 3rd Annual

SHAKE IT UP

for

HeLP℠

HEALTH LAW PARTNERSHIP

FOUNDATION

The Health Law Partnership is a medical-legal collaboration among Children's Healthcare of Atlanta, Atlanta Legal Aid Society and Georgia State University College of Law to assist low-income children and their families with legal matters that affect health and well-being.

Thursday, April 30, 2015 • 6:00pm – 8:30pm
Nelson Mullins Riley & Scarborough, LLP
201 17th Street, NW, 18th Floor, Atlanta, Georgia 30363

• Silent and Live Auctions •

Please contact Kiesha.Fraser@emory.edu for more information regarding ticket purchase or sponsorships