

Central California Pediatrics

Specialty information for physicians who treat children and expectant mothers.

SEPTEMBER 2011



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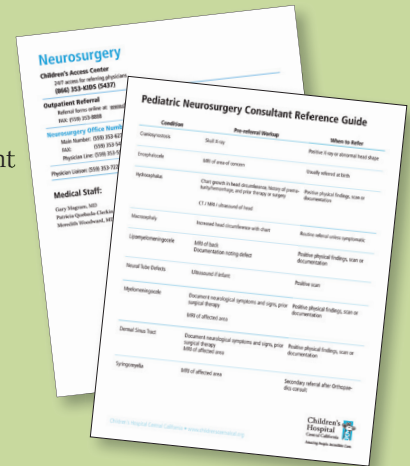
In this issue: Referral Guidelines Online | Serious Headaches | Child Advocacy | Medical Staff News

Pediatric referral guidelines online

New pediatric referral guidelines are online to help answer your questions about referring a patient to Children's. From neurology to orthopaedic surgery, our pediatric clinical guidelines provide information on: indicators for a referral to a pediatric specialist; suggestions for a pre-referral work-up; and how to refer to a Children's pediatric specialist.

The guidelines are not prescriptive and are intended to help primary care and pediatric specialists provide the most appropriate care for your patient.

View or download our referral guidelines at: ChildrensCentralCa.org/refer



When to refer for serious headaches

Nothing can be more irritating – or even debilitating – than a bad headache. Headaches can be a common problem in children. Fortunately most are not caused by an underlying disease or disorder. Recognizing the type of headache the child has, knowing when to seek specialized pediatric medical care, and being aware of testing and treatment options can save your patient from needless discomfort.

Types of headache

As in adults, headache in children can be divided into two categories:

- Primary: Headaches that are not the result of other health problems (migraine, migraine with aura, tension-type and cluster headache).
- Secondary: Headaches that result from some cause or condition (head injury or concussion, blood vessel problems, medication side effects, infection, sinus disease or tumors).

The majority of children with headaches have primary headaches, especially tension-type and migraine.

When to refer

- Patients with persistent headaches (more than one per week) with no response to first-line medications should be referred to a pediatric specialist.

- Children with acute headaches with a focal neurologic deficit or headaches associated with papilledema should be referred to the emergency department.

Testing

- Medical tests for headaches are usually unnecessary, unless the child's history or examination suggests possible cause.
- MRI is preferable to CT except when there's concern for increased intracranial pressure.

Treatment

Treatment is individualized depending on the age and weight of the child and frequency and severity of attacks. Treatment may or may not require medication. Medication may be used to prevent a headache or stop one in progress. It's important to evaluate triggers of the condition, especially in chronic or frequent headaches. For example, the child should avoid a specific food that causes the headache.

Treatment suggestions include:

- Lifestyle and diet changes (regular sleep/eating habits; adequate fluids; limited caffeine/sugar intake)
- For children under 12 with infrequent attacks, analgesics and antiemetics



are useful at time of the attack; avoid narcotic analgesics if possible.

- Migraine-specific medications (triptans) have been studied in children and are safe and effective in certain cases.
- Over-the-counter medications such as acetaminophen with or without caffeine or ibuprofen can produce rebound headaches when used continuously for more than 24 hours. Therefore, replace with an alternative – naprosyn or Aleve does not seem to cause rebound headaches.
- Psychological counseling.
- Biofeedback therapy.

For more information, see our pediatric neurology guidelines.

RETURN SERVICE REQUESTED

Children's Advocacy Update

Beginning with this issue of Central California Pediatrics, Children's Hospital will provide referring physicians information on public policy issues impacting their ability to meet patient needs and to engage them in advocacy when appropriate.

State Budget: The major provisions of the current-year budget impacting healthcare providers include a 10 percent reduction in hospital outpatient and physician Medi-Cal reimbursement; institution of copayments for Medi-Cal enrollees (\$5 for physician office visits, \$100 inpatient stay / per night / \$200 max, \$50 for emergency room visits); increases in copayments and premiums for Healthy Families (HF) enrollees, and; reductions in Medi-Cal disproportionate share hospital payments.

Implementation of the 10 percent reduction is held up in federal court, and the state is awaiting federal approval before implementing

the Medi-Cal / HF copayment and premium provisions, along with the DSH reductions.

Federal Spending Cuts: The debt ceiling extension signed by President Obama in August calls for \$2.5 trillion in spending reductions over the next decade, with programs like Medi-Cal, Healthy Families, and federal physician workforce development initiatives at serious risk of being cut. Representatives from Children's Hospital, along with other children's advocates, will be in Washington, D.C., in September to advocate for these programs.

For the latest information on these and other issues, visit Children's Hospital's Children's **Advocacy Network** at www.childrenscentralcal.org/HelpTheChildren/Advocacy, or contact **Tim Curley** at 559-353-8610 or TCurley@childrenscentralcal.org.

New Physicians - The following pediatric specialists have joined Children's Hospital this year:

Anesthesiology

Marek Domanski, MD
Jorge Galvez, MD
Stephanie Chia, MD
Kamran Husain, MD
Shailesh Shah, MD

Cardiology

Robert Appleton, MD

Emergency Medicine

Joshua Colvin, MD
Janice Kezirian, MD

Gastroenterology

Richard Quan, MD
Anna Hunter, MD

Hospitalists

Ilyas Burny, MD
Jennifer McDermott, MD

Neonatology

Sumithra Kommareddy, MD
Patrick Nwajei, MD

Neurosurgery

Patricia Quebada-Clerkin, MD

Orthopaedics

Gary Arends, DO

Pediatrician (Charlie Mitchell Children's Center)

Autumn Clos, MD

Pediatric Surgery

Adam Gorra, MD
Stephanie Jones, MD

Urology

Andrew Marks, MD
Gaayana Raju, MD

Medical Imaging and Radiology

Edward Nagel, MD

Other Medical Staff Changes

Dr. Monthakan Ratnarathorn, pediatric orthopaedic surgeon, and Dr. Michele Tamse, a pediatrician at the Charlie Mitchell Children's Center, left Children's during the summer.

Referring a Patient - The Children's Access Center

For urgent referrals, or to transfer a patient, call the Children's Access Center toll free at **866.353.KIDS (5437)**.

Or go online to childrenscentralcal.org for a complete list of physician office numbers and information.

Direct link: www.childrenscentralcal.org/services/medicaloffice/refer

Outreach Centers:

Merced Subspecialty Pediatric Center 209.726.0199 / **Modesto Subspecialty Pediatric Center** 209.572.3880



Children's Physician Liaison David Chuhlantseff is available to answer questions or assist you at (559) 353-7229 or emailed at physicianrelations@childrenscentralcal.org.