

Central California Pediatrics

Specialty information for physicians who treat children and expectant mothers.
SPRING 2011

Children's Hospital
Central California



Amazing People. Incredible Care.

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Treating bronchiolitis and RSV with good supportive care

Every winter bronchiolitis affects thousands of infants in the Central Valley. This year the bronchiolitis season began early, in December, and is expected to run through March. Bronchiolitis is common and usually caused by the respiratory syncytial virus (RSV). There is no specific treatment for RSV infection, but here are some things to be aware of regarding testing at Children's, hospitalization, outpatient care and symptom relief.

Bronchiolitis is a disease of the lower airway and some abnormalities will usually show on a chest X-ray. Often read as pneumonia, it is almost always viral or airway inflammation. Routine chest X-rays frequently lead to unnecessary antibiotics or referrals. Infants with bronchiolitis often run a fever. The presence of fever does not usually indicate a bacterial process.

Testing and Hospitalization.

Children's does not run RSV tests on every child with symptoms of bronchiolitis. A healthy 4-month-old child who presents with congestion and wheezing in the middle of January, for example, does not require a RSV test. We do test the following to determine whether hospital observation is necessary and/or to rule out other diagnoses:

- Former preemies (<36 weeks)
- Infants who present with apnea
- Infants with a history of pulmonary or congenital heart disease
- Infants under 6 weeks old

A small percentage of infants with bronchiolitis will require hospital admission. Neonates (< 28 days) are often admitted for 24-hour observation. Other indications include hypoxia, dehydration and children with congenital heart disease.



Outpatient Care.

Most children with bronchiolitis do well with outpatient care – the key is good supportive care. At home, this means:

- Bulb suctioning with saline drops or spray
- A cool mist vaporizer
- Pedialyte rather than formula may help infants feed better during the worst symptoms

Symptom Relief.

Unfortunately, very little medical treatment is proven to help bronchiolitis symptoms. Antibiotics are ineffective and shouldn't be prescribed. Liquid albuterol does not improve symptoms and will usually make infants tachycardic and fussy. In 2008 the Pediatric Emergency Care Applied Research Network published data showing that steroids also do not prevent hospitalization or improve bronchiolitis symptoms. Therefore, steroids should not be routinely prescribed. Inhaled beta-agonists will help some bronchiolitis patients improve. A trial of albuterol via metered-dose inhaler and aerochamber is a treatment option.

Parent education is very important. Parents should expect their child with bronchiolitis to have a fever, wheezing and a cough for up to two weeks.

Medical Staff News

The following pediatric specialists recently joined Children's Hospital Central California:

Michael Haight, MD Pediatric Gastroenterology

Board certified in pediatric gastroenterology, Dr. Michael Haight has returned to Children's. His areas of interest include medical nutrition, short gut rehabilitation, total parenteral nutrition and specialized procedures of the small bowel.

Dr. Haight, a member of Specialty Medical Group, has more than 25 years' experience as a physician, administrator and teacher. He received a masters of health administration from USC. Dr. Haight completed his pediatric internship and residency at UC-San Diego. He completed his fellowship in pediatric gastroenterology and nutrition at Children's Hospital Los Angeles/USC.

Sumithra Kommareddy, MD Neonatologist

Board certified in neonatal/perinatal medicine, Dr. Sumithra Kommareddy has more than 20 years' experience in her field. Her past positions include serving as medical director, neonatology, at Beverly Hospital in Montebello, Calif., and medical director, neonatology, at Methodist Hospital in Arcadia, Calif.

Dr. Kommareddy completed a pediatric residency at Columbus Cuneo Cabrini Medical Center, Columbus Hospital in Chicago, Ill., and a neonatal/perinatal medicine fellowship at UC-Irvine, Miller Children's Hospital.

Torri Miller, PhD Pediatric Psychology

Torri Miller, PhD, earned her doctorate in clinical psychology at Michigan State University. Her clinical interests include pediatric oncology. Dr. Miller completed an internship in pediatric psychology at Texas Children's Hospital, and a postdoctoral psychology fellowship in oncology at Children's Hospital of Orange County.

Clavicle fractures rarely require emergency referral

The clavicle is the most fractured bone in children, but most clavicle fractures are uncomplicated and rarely require emergency referral.

The patient often has a history of falling on an outstretched arm and presents with pain and swelling directly over the clavicle. The diagnosis is usually evident clinically but an X-ray will confirm. The patient should be given medication to treat pain. Ibuprofen is typically effective for non-displaced fractures. The child should also be given a sling to wear for comfort. Figure-of-eight bandages do not speed healing and are often worn

incorrectly. Ice can be applied for the first 48 hours.

Almost all children with clavicle fractures will do well. Most follow-up care can be administered within two to three days. However, open fractures (a break in the skin over the fracture) or medial dislocations require immediate transfer. Fractures with severe tenting of the skin and angulation may also require immediate reduction. Non-displaced fractures can be followed by a primary care physician or referred to Children's orthopaedic practice.

As always, it is essential to provide parents

good instruction. They will often hear of professional athletes undergoing surgery to speed the healing process of a clavicle fracture and wrongly think this is routine. Parents should be warned that as the bone heals they will be able to palpate a lump over the fracture as new bone forms. This callus may be present up to nine months after the fracture.



Medical education

Children's Pediatric Symposium Series

All events held 7:30 a.m. to 1:30 p.m. Free registration includes all symposium materials, continental breakfast, plenary session and lunch. For details and registration contact Irene Mueller or Brooke von Ah at programs@childrenscentralcal.org or call 559.353.6621.

Plan Ahead! Spring 2011 Symposiums:

San Luis Obispo: April 2, 2011
@ Sierra Vista Regional Medical Center
Modesto: April 16, 2011
@ Memorial Medical Center Health & Education Center

Madera: May 14, 2011
@ Children's Hospital Central California
Bakersfield: May 21, 2011
@ Kaiser Permanente Medical Office Building

For a complete list of monthly Medical Education topics, visit childrenscentralcal.org. For questions about Medical Education contact Norma Barajas, PhD, at 559.353.7230 or email nbarajas@childrenscentralcal.org.

Referring a patient

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.