

Pediatric Update

December 2009

Hospital makes plans for move

Mechanical		P	Mechanical	
6 Central Moves Sept. 26		12	Diabetes, Renal, Transplant, GI 24 beds	Blue text indicates department locations in the new Le Bonheur.
5 West Moves Sept. 25		11	Respiratory 24 beds	
7 West/7 Central Move Sept. 25		10	Surgical/Cardiology 24 beds	
6 West Moves Sept. 26		9	Hematology, Orthopedics, PCRC 24 beds	Purple text indicates current department move dates and floors.
Infant Care Moves Sept. 26		8	Infant/Toddler Care 24 beds	
5 South/EMU Move Sept. 25		7	Neurology, EMU (10 beds) 24 beds (total)	
TCU Moves Sept. 25		6	Stepdown/Transitional Care 21 beds	
PICU Moves Sept. 25		5	PICU 20 beds	
NICU 4/NICU 5 Move Sept. 26		4	NICU 60 beds	
Mechanical		3	Pharmacy/Support*	
Perioperative Services*, Cath Lab*		2	CVICU 10 beds	Moves Sept. 26
Outpatient Clinics	Lobby Spaces	1	Lobby Spaces	Cafeteria Opens Sept. 15
Logistics	Radiology*	G	Emergency Department	Moves Sept. 22 Opens Sept. 24

*These departments will move in two-day phases. Radiology will move Sept. 22 & 28; the ORs will move Sept. 23 & 27; the Cath Lab will move Sept. 21 & 28; Pharmacy will move Sept. 21 & 26.

Le Bonheur will make its move into the new hospital in late September 2010. The diagram above shows the location of departments in the new Le Bonheur. The text in purple indicates which current departments will relocate to each floor, along with proposed relocation dates.

A grand opening celebration for the new hospital will be held on June 15 while the patient move is scheduled for Sept. 25-26. Demolition and renovation work on the current hospital will begin in late 2010 and continue in 2011.

More information about the new Le Bonheur can be found at www.lebonheur.org/growingup.

Infectious disease physician shares H1N1 experience



B. Keith English, MD

Dr. B. Keith English recently provided physicians with an update on what the Mid-South has seen so far with the H1N1 influenza. Dr. English, chief of pediatric infectious diseases at Le Bonheur Children's Medical Center, shared during Grand Rounds what clinicians should look for when treating children with respiratory illness.

Fall 2009

Based on data from the Centers for Disease Control and Prevention the majority of people who have been hospitalized with H1N1 influenza have been young – 19 percent were younger than 5 and 26 percent were ages 5-18. Only seven percent were 65 and older.

“This disease is primarily being documented in young people and young adults with a sharp decline in incidence of confirmed disease in older people. This is totally different than the typical curve for seasonal flu, which would be more U-shaped.”

Between Aug. 25 and Oct. 29, 218 patients were admitted to Le Bonheur with confirmed H1N1 influenza. Of those, 26 were admitted to the Pediatric Intensive Care Unit and three children died. When looking at a subset of those patients, English says that the median age was 5.9 years and 69 percent of the children had an underlying condition – most commonly, asthma. Other underlying conditions included prematurity, sickle cell disease and neurological diseases. English mentioned that obesity and neurodevelopmental disorders are risk factors for developing severe disease.

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Keith English, MD

Diagnosis

English pointed to two difficulties in diagnosing and treating influenza in children – the age of the patients and limited testing options.

“Influenza in young infants can be challenging to diagnose. They usually have fever, but don't always have cough, they may have more prominent vomiting and diarrhea. They can't tell you if they have a sore throat, headache or myalgias. We should have a lower index of suspicion for possible influenza in very young infants,” English said.

Diagnostic testing is not required for most patients. Current tests available in physicians' offices cannot distinguish from the H1N1 flu from seasonal flu. The Rapid Antigen Tests have poor sensitivity. A positive test is helpful to confirm the diagnosis, but a negative test does not rule out influenza. However, RT-PCR tests are highly sensitive, but only available in hospital labs. Unfortunately, a negative PCR test doesn't completely exclude influenza in a high-risk patient. English says it's important to treat any child with influenza like illness based on clinical judgment and not wait for a confirmatory test.

Anti-viral treatments

In regards to anti-viral treatment for H1N1, English says oseltamivir (Tamiflu) or zanamavir (Relenza) are preferred agents for treatment and prophylaxis. Oseltamivir was previously approved for use in children older than 12 months, but a recent emergency use authorization by the Food and Drug Administration allows its use in all pediatric patients including neonates. Amantidine and rimantadine are not effective in treatment of the currently circulating novel H1N1 influenza virus.

The best way to prevent H1N1 infection is the vaccine, which is recommended for all children. Also in the priority group are the household contacts of young infants or other high-risk patients. The CDC says that the seasonal and H1N1 injectable vaccines can be given at the same time in different limbs. However, the two different nasal-spray versions of the vaccines should not be given within four weeks of each other.

For more information about treating H1N1 influenza, visit lebonheur.org and select “for physicians.”

Le Bonheur Educational Offerings

Presentation Title	Credit/Contact	Day, Date Time	Host Location	Presenter
Pediatric Grand Rounds: “Respiratory Failure in Children with Cancer”	CME	Wednesday December 2 8:00 - 9:00 AM	Le Bonheur Auditorium	R. Ray Morrison, M.D. Associate Member, Chief, Division of Critical Care Medicine St. Jude Children’s Research Hospital Memphis, TN
Pediatric Grand Rounds: “Periocular Hemangiomas”	CME	Wednesday December 9 8:00 - 9:00 AM	Le Bonheur Auditorium	Chip Oester, M.D. Oculo-plastics fellow, Department of Ophthalmology; Hamilton Eye Clinic University of Tennessee Health Science Center Memphis, TN
Speakers Bureau: “Sepsis”	CME	Friday December 11 9:00 AM	North Mississippi Medical Center North Education Center Conference Room 6 Tupelo, MS	Samir Shah, M.D. Pediatric Critical Care Medicine Associate Professor of Pediatrics University of Tennessee Health Science Center Memphis, TN
Pediatric Grand Rounds: “Pediatric Systemic Lupus Erythematosus”	CME	Wednesday December 16 8:00 – 9:00 AM	Le Bonheur Auditorium	Linda Myers, M.D. Professor, Division of Pediatric Rheumatology University of Tennessee Health Science Center Memphis, TN

Make plans to attend neonatal conference

Save the date for the Sixth Annual Mid-South Seminar on the Care of the Complex Newborn.

The conference is scheduled for Friday and Saturday, Jan. 29-30, at the Westin Memphis Beale Street.

The annual conference is designed especially for neonatologists, pediatricians, family physicians, nurse practitioners and other health care providers that are involved in the care of newborns. Topics for the conference include pre-transport stabilization, post-discharge care of the high-risk infant, neonatal cardiovascular surgery and thermal management in delivery care. The conference will also feature nursing breakout sessions and a virtual tour of the new hospital.

For more information or to register, call (901) 516-8933 or visit www.methodistmd.org.

Methodist Le Bonheur Healthcare is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Physicians should only claim credit commensurate with the extent of their participation in the activity. All presentations should be evidence based and contain content without commercial bias. Content should include a balanced view of all therapeutic options.

Physician and Referral Services

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Trauma service line formalizes structure, adds new faces



Trey Eubanks, MD

Le Bonheur has made changes to its trauma service line, as it works to improve the delivery of care to kids in the region and implement trauma standards outlined by the American College of Surgeons.

The new, formal organization includes:

Trey Eubanks, MD - Trauma medical director: Eubanks is a pediatric general surgeon and serves as the physician leader of Le Bonheur's trauma program. He completed his surgical training at the University of Tennessee and has been at Le Bonheur for seven years.

Diana Eckroth, RN, BSN, CPEN - Trauma program manager: Eckroth will work with Eubanks to lead the trauma team and Le Bonheur's efforts to attain a Level 1 accreditation from the American College of Surgeons. She has been at Le Bonheur since 1995, most recently serving as trauma coordinator for the past two years.

Kathryn Stewart, EMT, CSTR - Trauma registrar: Stewart will be responsible for managing the trauma database and comes to Le Bonheur after a 26-year career at Regional Medical Center. She has 11 years of trauma registry experience.

Keri Scott, RN, BSN - Trauma coordinator: Scott will be responsible for the coordination of systems and services required to ensure a multi-disciplinary approach to trauma care. She has 14 years of health care experience, including providing direct care to trauma patients.

Quality Project Manager Debbie Hannah, RN, BSHS, and CRPC Coordinator Kaye Stewart, RN, CCRN, also work closely with the trauma service line providing support.