




Coloring Contest Edition
 See inside for details!

Pediatric press

A Fun & Fact-Filled Newsletter from the University of Maryland Hospital for Children

Now Better Able to Tackle the Toughest Cases

Children's Heart Program Expands

Discovering that your child has a heart problem can be scary, but you can rest assured that your child will receive state-of-the-art cardiac care from the University of Maryland Hospital for Children's Heart Program.

"These are exciting times for the Children's Heart Program," says Geoffrey Rosenthal, M.D., Ph.D., Director of the UM Children's Heart Program and Executive Director of Critical Care Services at the Hospital for Children, and Professor of Pediatrics at the University of Maryland School of Medicine. "We're expanding and developing our program with talented individuals and upgrading our equipment and technical capacity.

"It's our goal to create a heart program that will provide comprehensive care for all the children and adults in Maryland with congenital heart disease so no one has to leave the state for cardiac care. Currently, some do need to go out of state for care, and we aim to fill that gap."

NEW TREATMENTS AVAILABLE

One of the highlights of the expansion is a new hybrid catheterization suite, expected to open in October. It's a room where both surgical procedures and cardiac catheterization can be performed at the same time. "The new suite will give us the unique opportunity

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HEY KIDS!
 How many can you find?
 See how many hidden logos you can find in each *Pediatric Press!*




Dear Families,



You expect to see scrubs and surgical masks inside a hospital. Within the University of Maryland Hospital for Children, there are quite a few hard hats and work boots being spotted. Right now we are undergoing construction that will result in fabulous additions, which means even better, more advanced care for the children of Maryland.

Set to open this fall is a brand new pediatric hybrid catheterization suite. It is the first of its kind on the East Coast! Just imagine a cardiac catheterization lab and an advanced operating room combined into one state-of-the-art room where children can undergo everything from

X



Steven J. Czinn, M.D.
*Chief of Pediatrics,
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simple diagnostic procedures to complex open-heart surgeries. Read more about it in this newsletter (Children's Heart Program Expands).

A little further down the road, we will open a brand-new neonatal intensive care unit. The University of Maryland is already a Level III-C NICU, which means we are equipped to care for the sickest and tiniest newborns. Now our facilities will expand so that we can care for 52 infants. Most rooms will be private and every aspect of the new design will focus on making families feel comfortable and connected with their new baby or babies! An added bonus is that this NICU will be "green," making us very environmentally friendly, too.

There is a lot of excitement here at the University of Maryland Hospital for Children. We are always trying to build our facilities, grow our programs and recruit the best talent so that the children of Maryland have a great resource if they ever need it.

To your health,

Steven J. Czinn, M.D.



Dose of Information

FIGHT COLDS AND FLU WITH FRUITS AND VEGGIES

Many Americans' diets are deficient in calcium, iron and vitamins A and C. Eating plenty of fruits and vegetables as part of a balanced diet can help boost your immune system, helping your body fight off colds and flu. Vitamins and minerals called antioxidants are important to keep your immune



system strong. Examples of antioxidants include vitamins A, C and E; beta carotene; and selenium.

Maintaining adequate levels of nutrients and micronutrients (nutrients required only in a small amount) is also important for your immune system.

Other ways to help maintain a healthy immune system are to get regular exercise and reduce stress.





Sleep Tight

Keeping Your Infant Safe at Night

Flip through a children's catalog or magazine and you may spot a picturesque nursery that has a crib with a bumper, a quilt and even a stuffed animal or two. While it may look nice and comfortable, it is simply not safe. "Parents may want to include blankets and toys in the crib, but leaving them out is safer for the child," says Karen Hardingham, RN, Coordinator of Safe Kids Baltimore, led by the University of Maryland Hospital for Children.

Recent statistics prove that babies in Baltimore are not necessarily sleeping safely. In 2009, more than 25 infant deaths were caused by unsafe sleeping, which can include putting babies to sleep on their stomachs or placing them in something other than a crib.

Look at the two images to the right and take note of what a safe baby crib looks like.

IMAGE ONE: WHAT IS WRONG?

Yikes! Baby (bear) is in serious danger in this crib. The bumper, the quilt and the pillow all pose a suffocation risk, as well as the stuffed animals. The only good thing is that the baby is on his back.

If you are borrowing or have a used crib, check to see if it has been recalled by going to www.recalls.gov.*

IMAGE TWO: WHAT IS RIGHT?

This crib may look empty, but it is the ideal environment. The mattress fits well and does not leave space by the sides of the crib. It has a tight-fitting sheet. The baby (bear) is placed on his back and will stay warm in the sleep sack. There is nothing around his face – so there is little risk of suffocation.

Safe Kids Baltimore works to prevent unintentional childhood injuries. To learn more, visit umm.edu/safekids.

* Website provided for information only. No endorsement implied.



PROVIDING SAFE SLEEP TRAINING

"Safe sleep in the crib is very important. Equally significant is the need to keep infants out of adult beds," explains LaToya Bates, MSSA, LCSW-C, Director of the Center for Infant and Child Loss. The Center for Infant and Child Loss is a grant-funded program in the University of Maryland School of Medicine, division of Neonatology. For more than 35 years, staff members of the Center

have been traveling the state providing safe sleep training at hospitals and to childcare providers, parents and students.

"We educate and distribute materials, yet children continue to die in adult beds," adds Ms. Bates. "Last year, we counseled the families of 75 infants who died. Of those infants, 40 were sleeping in adult beds and seven were sleeping on the sofa. In the vast majority of these homes a crib was there. It just wasn't being used for sleeping."

Remember the ABCs of safe sleep: **A**lone, on the **B**ack and in a **C**rib.

Learn more about the Center at www.infantandchildloss.org.



Leading Technology through Research

New Test for Detecting Specific Flu Viruses

Jill's 3-year-old daughter was tossing and turning, unable to fall asleep. She had been coughing earlier that evening and complaining her throat had an "owie." When Jill touched Amy's forehead, it felt warmer than usual. Was it the start of the flu or something else?



Respiratory viruses cause a wide spectrum of illnesses, ranging from the common cold to severe pneumonia among young and elderly populations alike. In certain situations, uncovering which virus is making your child ill can be a critical step toward preventing life-threatening complications and spread of infection to others.

MOLECULAR DIAGNOSTICS IDENTIFIES 10 RESPIRATORY STRAINS

Thanks to a generous grant from the R Baby Foundation®, a University of Maryland Hospital for Children research team, led by James Nataro, M.D., Ph.D., (former Vice Chairman of the Department of Pediatrics at the University of Maryland School of Medicine), developed a unique test using a rapid molecular diagnostic instrument that is able to very quickly detect multiple microorganisms within one specimen.

These research findings are now being readied for clinical use and will be available this fall.

“This highly sensitive diagnostic test can now identify which of 10 viruses a child has,” explains Kristie Johnson, Ph.D., Associate Director, Microbiology Laboratory. “The test can tell us if the virus is a common influenza strain that is just going around or if it is a new, more serious strain, such as the H1N1 swine flu virus.” Previous diagnostic tests could only identify one virus at a time.

“A simple nasal swab from the back of the patient’s nose is all it takes,” adds Steven J. Czinn, M.D., Professor and Chairman of the Department of Pediatrics at the University of Maryland School of Medicine. “The swab swipe may be a little

uncomfortable, but it’s not painful. And test results are available from the lab in approximately six hours – much faster than previous tests.”

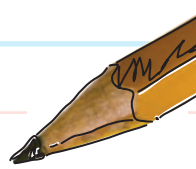
TREATMENTS ON TARGET, PARENTS REST EASIER

The researchers at the University of Maryland firmly believe this new diagnostic technology delivers many benefits for young patients and their anxious parents. Specifically, the test can:

- **Improve your child’s medical care.** The test detects and identifies the 10 most common respiratory viruses. Knowing the specific virus causing your child’s symptoms takes the guesswork out of making a diagnosis and helps your doctor to determine the most effective treatment plan, including whether or not medications are needed.
- **Ease parents’ minds.** Finding out which virus is making your child ill allows your doctor to better predict the course of your child’s illness, which can reduce worry and provide parents with peace of mind.
- **Improve infection control.** Identifying which virus is infecting your child can inform health professionals about the need to take precautions to protect others from becoming infected. For example, children with certain underlying diseases (e.g., asthma, diabetes and cancer) are at risk for developing a life-threatening illness when they have the flu. These children can be protected if they take special medications after being exposed to someone who has the flu virus. If you learn that your child is infected with the flu virus, you can work with your doctor to



v w x y z 0 1 2 3 4 5 6 7 8 9



control the spread of infection and prevent vulnerable children from becoming infected.

- **Eliminate unnecessary tests.** By rapidly learning the diagnosis, your pediatrician will be able to narrow the scope of diagnostic tests needed to determine the cause of your child's illness.
- **Help control medical costs.** For example, many infants and children develop high fevers with minor viral illnesses. If a child's fever is due to the rhinovirus (the cause of the common cold), further medical tests and treatments can be avoided, since a rhinovirus will cause a milder illness that gets better on its own.

IN TIME FOR FLU SEASON

The new test technology has received FDA approval and is available at the University of Maryland Hospital for Children beginning in October. Since the respiratory viral season typically runs from October through May, the availability of the new test is timely.

The R Baby Foundation® is a national nonprofit foundation that supports life-saving pediatric training, education, research, treatment and equipment to ensure that babies receive the highest quality of care – especially those suffering from viral infections and other infectious diseases.



Flu-like Symptoms

Symptoms of respiratory viruses – whether seasonal flu or more dangerous strains – are often similar and may include the following:



- Fever and chills.
- Coughing and sneezing.
- Nasal congestion.
- A sore throat.
- Head and body aches.
- Drowsiness and fatigue.
- Diarrhea and vomiting, especially in children.

If your child has any of the above symptoms, keep him or her home from daycare or school (up to one to two weeks) to avoid infecting others. Call your pediatrician to determine if your child should be examined and tested further.

Help Reduce the Risk of Infection

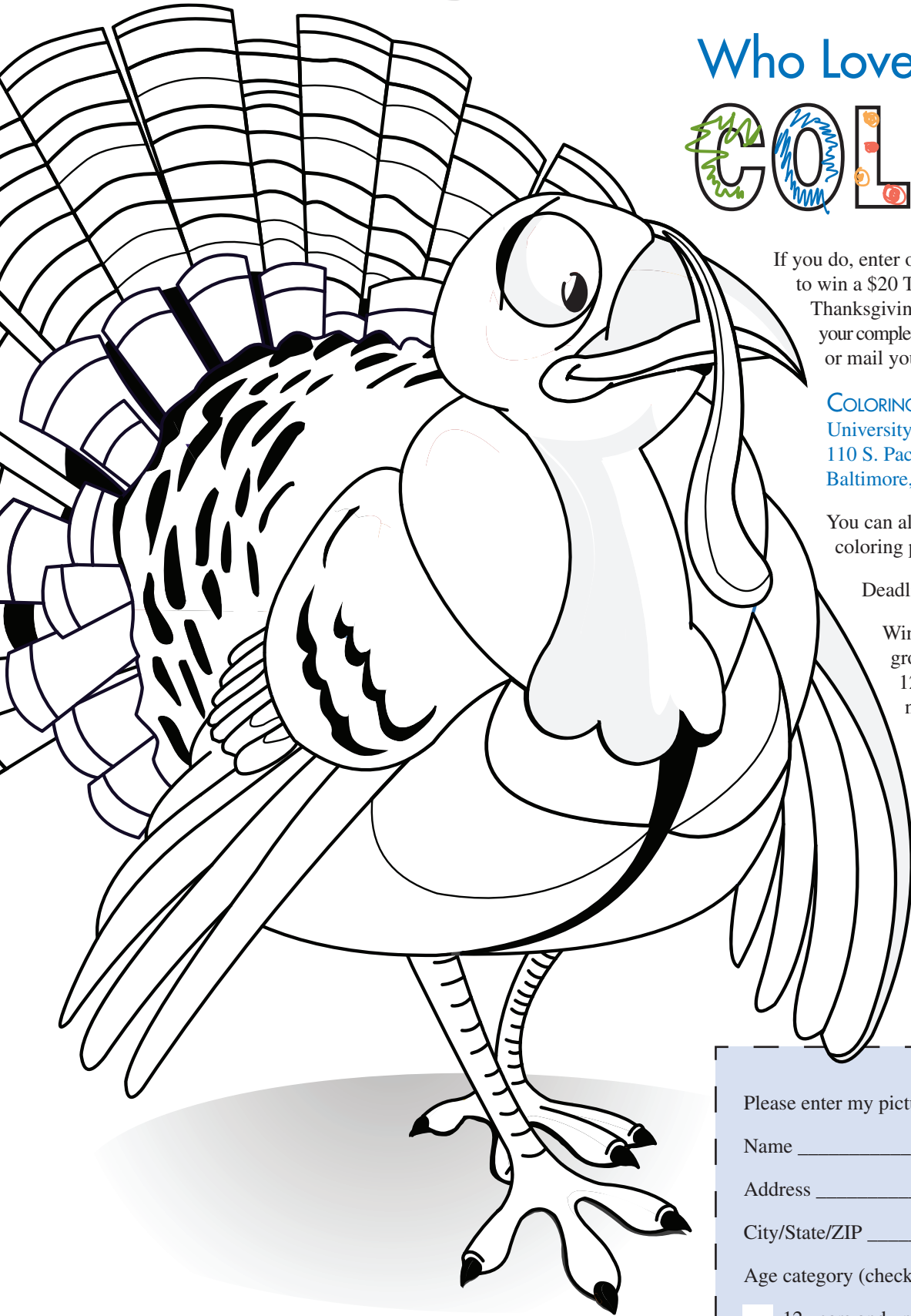
Antibiotics won't help a flu or respiratory virus. However, there are ways to help your child reduce the risk of catching an infection in the first place. Encourage your children to:

- Cough or sneeze into their upper sleeve, rather than covering their mouth with their hands.
- Wash their hands often, especially before eating.
- Avoid touching their eyes, nose or mouth.

You should also ask your pediatrician about recommended immunizations for your child.



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Who Loves to COLOR?

If you do, enter our coloring contest and a chance to win a \$20 Target® gift card by coloring this Thanksgiving turkey. You can submit a scan of your completed artwork to coloringcontest@umm.edu or mail your picture to:

COLORING CONTEST, C/O MARKETING
University of Maryland Hospital for Children
110 S. Paca Street, 8th Floor
Baltimore, MD 21201

You can also find more blank copies of this coloring page at umm.edu/coloringcontest.

Deadline for entry is Nov. 24, 2010.

Winners will be awarded in two age groups: 12 years and under, and 12+ years. The winners will be notified by mail.

ENTRY FORM

Please enter my picture in your fall coloring contest.

Name _____

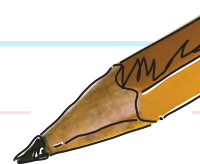
Address _____

City/State/ZIP _____

Age category (check one):

12 years and under 12+ years





From left to right: Ahmad Ellini, M.D.; Caroline Bauer, MSN, CRNP; Geoffrey Rosenthal, M.D.; and Lindsay Alvani, RN.

Meet the New Heart Center Staff

Talented health care professionals from around the region are joining the team to bring excellence in pediatric heart care to the University of Maryland Hospital for Children. Among the people we're welcoming are:

♥ **Cardiologist Ahmad Ellini, M.D.**, from Washington, D.C., recently completed a

Pediatric Cardiology Fellowship at the Children's National Medical Center. He did his residency at the Children's Hospital of Pittsburgh and graduated from Eastern Virginia Medical School in Norfolk, Va.

♥ **Cardiologist Carissa Baker-Smith, M.D., MS, MPH**, is a Baltimore, Md., native who recently completed her Pediatric Cardiology Fellowship at Duke University. She also did her training in Pediatrics there. Dr. Baker-Smith received her medical degree and Master of Science in Cellular and Molecular Biology from the University of Pennsylvania. She also has a background in public health, having received her MPH in Biostatistics from the University of North Carolina.

♥ **Nurse Manager Eveena Felder, RN, BSN**, also hails from Baltimore, Md. She spent the past 25 years working at the Children's National Medical Center in Washington, D.C., most recently as Nurse Manager in the Pediatric Intensive Care Unit (PICU). She also has a background in respiratory therapy. She received her Bachelor of Science in Nursing from the University of Phoenix and is currently pursuing her Master of Science in Health Care Administration from the University of Maryland University College.

♥ **Nurse Practitioner Caroline Bauer, MSN, CRNP**, another Baltimore, Md., native, received her Master of Science in Nursing as a Pediatric Nurse Practitioner from the University of Virginia this past May. She received her Bachelor of Science degree in nursing from the University of Wisconsin in 2005.

♥ **Cardiology Nurse Lindsay Alvani, RN**, is also a Baltimore native and is a 2005 University of Maryland nursing graduate. She spent the past five years working in the Pediatric Intensive Care Unit (PICU) at the University of Maryland Hospital for Children.

Children's Heart Program Expands ... CONTINUED FROM PAGE 1

to care for the most complex forms of congenital heart disease," Dr. Rosenthal comments.

The hospital is investing about \$4 million to bring cutting-edge technology to the suite. The result will be a children's heart program with some services that will be unmatched anywhere in the mid-Atlantic region.

MEETING AN INCREASING NEED

As pediatric medicine develops new approaches to congenital heart disease, more people are surviving to an older

age. "Forty or 50 years ago, many forms of congenital heart disease resulted in neonatal death," Dr. Rosenthal says. "Now, most can be treated, so patients are living longer – and in many cases, into their adult years." As a result of these improvements in treatment, doctors are caring for patients with more complicated disease than they did previously.

"Our approach is rooted in a foundation of quality improvement," Dr. Rosenthal explains. "We measure our outcomes and work to continuously improve outcomes. We want to improve the quality of care for

... CONTINUED ON PAGE 8



Got an idea for a story you'd like to see featured in *Pediatric Press*? Just ask! E-mail us at abessent@umm.edu with what you'd like to know from the UM Hospital for Children docs.

How many did you find?

We found **9**



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For more information about the newsletter, please e-mail abessent@umm.edu. To learn more about the Hospital for Children, please log on to umm.edu/pediatrics or call **1.800.492.5538**.

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Children's Heart Program Expands

... CONTINUED FROM PAGE 7

patients so they can live longer and fuller lives, free from the complications of the disease they were born with."

EXPANDING CARE AT THE ENDS OF THE AGE SPECTRUM

The Children's Heart Program collaborates with the Center for Advanced Fetal Care to provide diagnostic approaches to help the very youngest patients get the care they need. Detection of fetal cardiac abnormalities as early as possible provides the best opportunity for treatment and proper care after birth – or sometimes even before birth.

Because of advances in care over the previous few decades, there are now more adults living with congenital heart disease. Dr. Rosenthal comments, "Our new hybrid catheterization suite will enhance our ability to treat adult patients with congenital heart disease, too."

Care for the Child, Focus on the Family

When a child has heart disease, the whole family is affected. The specialists at the University of Maryland Hospital for Children's Heart Program focus on supporting the whole family. "We engage family members as partners to achieve the healthiest lives for the children," says Geoffrey Rosenthal, M.D., Ph.D., Director of the UM Children's Heart Program.

"Much of the care we provide is not black-and-white. There are different approaches, depending on the situation," he explains. "We educate parents about the issues involved so we can decide on treatments together. We may know what the right course is medically, but families know what the right course is in

terms of family dynamics and the child's other needs.

"We recognize and support the vital role that family members play in the child's ability to live as normal a life as possible."

The approach to continuous quality improvement that the Children's Heart Program embraces extends to patient and family satisfaction, as well as medical outcomes. The Children's Heart Program is developing a parent advisory group to help improve the Program. Families who have had experience with the Program are being recruited to provide feedback and suggestions.