

# Medical *Currents*

A Children's National Medical Center Quarterly Publication for Physicians

Summer 2013



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# News *Notes*

## Chief Medical Officer Published in *New England Journal of Medicine*

One of the largest clinical trials done in infants with congenital heart diseases, published in the *New England Journal of Medicine*, shows that the increasingly common practice of using the drug *clopidogrel* (Plavix®) to reduce shunt-related blood flow issues is not effective in the dose studied.



David Wessel, MD

“Once again, pediatric-specific research shows that newborns and infants are not little adults,” said David Wessel, MD, Chief Medical Officer, Children’s National Medical Center, and lead author on the international study published in June. “The take away message for pediatric cardiac care providers is to reconsider use of Plavix® in certain cases. In pediatric medicine, the assumption is that smaller doses of a drug that works in adults will work in infants, but our study shows that this is not true for these young patients. For the parents of these fragile newborns, it is important to understand that research informs best practices, and they need to be informed advocates for their children.”

**To learn more about Dr. Wessel’s research, visit [www.childrensnational.org/newborn-study](http://www.childrensnational.org/newborn-study)**



Denice Cora-Bramble, MD, Gerard Martin, MD, Evelyn Boeckler, MS, BSN, RN, Judith Owens, MD, Patrick Sorenson, MA, RPSGT, and Anastassios Koumbourlis, MD, cut the ribbon at the new Sleep Lab.

## New Sleep Lab Opens

Children’s National opened a new sleep lab space for the Division of Sleep Medicine that features new rooms, equipment, technology, and clinical capabilities. The space will now serve a dual purpose as being a clinic space during the day with exam rooms that can then turn into a sleep lab at night. This expands Children’s capacity, which reduces wait times for sleep studies.

Children’s National provides the only dedicated pediatric sleep program in the Washington, DC, area and is one of only a few pediatric hospitals in the world to have four American Board of Sleep Medicine-certified sleep specialists. The multidisciplinary team helps patients with all varieties of sleep problems, including insomnia, sleepwalking, sleep apnea, behavioral problems related to sleep disruption, and excessive daytime sleepiness. Left untreated, children with sleeping disorders may have related health problems as adults. The team works closely with colleagues throughout the organization to evaluate and treat sleep disorders affecting infants, children, and adolescents.

**To refer a patient to Sleep Medicine, call Children’s appointment line at 202-476-BEAR (2327).**



Evelyn Boeckler, MS, BSN, RN, demonstrates the dual functionality of the Sleep Lab patient rooms.

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### Children's Opens Washington Nationals Diabetes Care Complex

Washington Nationals players joined donors, doctors, children, and families on June 5 to officially open the Washington Nationals Diabetes Care Complex at Children's National Sheikh Zayed downtown campus location. The complex will serve nearly 2,000 children living with diabetes, cystic fibrosis-related diabetes, and autoimmune-related illnesses.



Visitors and players from the Washington Nationals team.

## Access Free CME Online from *Children's National Health Network*

Missed Children's National Health Network's Future of Pediatrics?

Don't worry—every presentation is available on [www.ChildrensNational.org/CNHN](http://www.ChildrensNational.org/CNHN).

The 2013 agenda covered several popular topics, including:

- New Type 2 Diabetes Guidelines
- Dermatology Hot Topics
- Lead Poisoning in the 21st Century
- Adolescent Medicine, including Long-Acting Reversible Contraception, Energy Drinks, and New Tobacco Products
- New Otitis Media Guidelines and Best Practices
- Hypertension
- Back Pain in Children
- Special afternoon session on Mental Health and the Medical Home (Screening and Care Coordination, ADHD, Psychopharmacology of Anxiety and Depression, Crisis Management)

### Monthly Webinar CME

Children's National Health Network offers monthly web-based CME presentations for community pediatricians in DC, Maryland, and Virginia. All sessions are recorded and will be archived online for future viewing if you are unable to participate live. To receive CME credit, you must submit a seminar evaluation and credit claim form for each session. Once completed, please fax the forms to 202-476-2399.

**Questions? Contact Donnita Pickett, 202-476-2777.**

# *Referring a Child* to the Emergency Department for Psychiatric Emergency

Psychiatric assessments performed in the Emergency Department (ED) of Children's National Medical Center assess the safety and risk of children and adolescents who present with severe emotional and behavioral problems. These may include dangerous behaviors, aggression, suicidal thoughts or actions, psychotic symptoms, or decompensate functionally to a severe degree that the child is not able to be safely treated in an outpatient setting.

A visit to the ED is not recommended for routine outpatient care or for patients who run out of their psychotropic medications. Risk assessment determines if the child/adolescent needs psychiatric hospitalization or can be discharged with instructions to follow up as an outpatient. The emergency psychiatric assessment is not a comprehensive psychiatric evaluation and it does not replace consistent outpatient follow-up. As such, patients are not started on medications in the ED and they do not receive a prescription for a standing medication. Outlined below is the process once the patient arrives in the ED.

## **Arrival at the Hospital ED**

When a patient arrives in the ED either by private vehicle, police, or ambulance, he/she is escorted directly to an examination room. For the safety of the patient and others – all patients change into a hospital gown and their belongings are searched by a member of the nursing staff to make sure that there are no dangerous items in their possession for example, (sharp objects, matches, medication that they may have brought with them.). The patient is first examined by an ED physician who determines the presence of immediate medical issues that may require treatment.

Once the patient is deemed to be medically cleared, a psychiatric consultation is sought by the physician. The individual who does the psychiatric assessment is usually a trained and licensed clinical psychiatric social worker, psychologist, or a psychiatrist.

## **Psychiatric Safety Assessment**

This assessment is not a comprehensive psychiatric evaluation – it is a snapshot of the current functioning and mental status of a child.

The assessment screens for safety and determines if a child requires psychiatric hospitalization at Children's National or another hospital.

- Once the patient is medically cleared, the mental health clinician conducts a safety assessment to ascertain a patient's risk of harming themselves or others.
- During this assessment, the mental health professional interviews the patient and family alone or together.



- The mental health professional gathers information pertaining to the chief complaint, history of presenting illness, psychiatric history (including medications and prior hospitalizations), and the presence of any physical and/or sexual trauma.

### Disposition Planning

- The clinical information obtained during the assessment interview is reviewed with the attending psychiatrist on-call. The psychiatrist on-call, in consultation with the clinical mental health professional who evaluated the patient, then determines the most appropriate disposition for the patient and the necessity for hospitalization.
- If a patient requires admission, they are likely admitted to Children's National. However, if the patient has out-of-network insurance or our units are at capacity, we may facilitate a transfer to another hospital. For patients not admitted, the mental health clinician provides resources for outpatient mental healthcare in the community.

### Please note:

- The entire process from the time that the patient arrives in the ED to the time that an appropriate disposition is made can take several hours. This is more so when a patient needs to be hospitalized, since the insurance authorization or arranging transportation and facilitating a transfer to another hospital can take a long time.
- The psychiatric services provided in the Emergency Department should not replace outpatient mental healthcare, including medication management and refills, and therapy.

***The Division of Psychiatry is available to answer any questions our referring community may have regarding referral to mental health services. Please call 202-476-3932 to reach a member of our team.***

## Mental Health Screening Questions *In Primary Care*

The Surgeon General estimates that 1 in 5 children will have a mental health issue by the time they turn 18. Mental health screening is an important component of preventive medicine, and pediatricians play an important role.

Children's National recommends screening children once they reach school age.

### Questions to Ask Parents

Have there been any changes in your child's:

- Sleep
- Appetite
- Energy level
- Interest in favorite activities
- Friendships
- Grades
- Grooming

### Questions to Ask School-Aged Children

- What do you worry about?
- Do you feel sleepy?

### Questions to Ask Adolescents

- Are you tired?
- Does food taste good?
- Do you still enjoy your normal activities (soccer, dance, etc.)?
- Have you been crying, or do you feel like crying?
- Have you ever felt like you don't want to live anymore?\*

\*If yes, it's important to ask this follow-up question:

Have you ever thought about ending your life?

### Resources for Pediatricians

Children's National Medical Center, Division of Psychiatry:  
**202-476-3932**

American Academy of Child and Adolescent Psychiatry:  
**[www.aacap.org/www.ClinicalTrials.gov](http://www.aacap.org/www.ClinicalTrials.gov)**

# *Partnering With the* Referring Community

## Pain Medicine Referral Guidelines



Children’s National Pediatric Pain Medicine Program is an interdisciplinary, research-based pain program for children’s acute and long-term pain—one of only a few such programs in the United States and around the world. The Pain Medicine Program uses tried and true methods that are safe, but also works toward collecting data that will uncover better treatments that are safe and effective.

Our Pain Medicine experts work with families and their physicians to help manage the pain so it doesn’t “control” the child or the family. This takes the multidisciplinary team at Children’s National working with the commitment and partnership of the child’s family and primary care doctor to successfully manage a child’s pain long term.

### **About The Pediatric Pain Medicine Program**

In April 2013, Children’s National opened a one-of-a-kind Pain Medicine Care Complex that improves and expands outpatient care for children who experience long-term pain. Located on the Sheikh Zayed Campus for Advanced Children’s Medicine, the complex provides one-stop access to experts in pain from every discipline, including psychologists, physical therapists, alternative therapies, and traditional medical treatments – all on an outpatient basis.

Most children seen in the Pediatric Pain Medicine Clinic are referred for pain that has lasted longer than 4 to 6 weeks and severely impacts the child’s quality of life, or for children for whom all standard treatments for pain have failed. Pain is more than a physical injury. Pain has social, emotional, and psychological impacts as well, and not just on the child experiencing the pain, but also on the family and friends around that child.

Our personalized approach is tailored to each child’s unique needs and is based on the latest, research-proven approaches to pain medicine. This includes standard therapies and some research-proven alternatives, including multi-sensory techniques that maximize the power of all five senses, focusing a child’s attention on the senses less impacted by that pain (sight, sound, taste, smell) to distract and deflect.

The Pain Medicine Care Complex utilizes one-of-a-kind video gaming therapy, holistic therapeutic tools, and digital data collection to enable short and long-term measurement of patient progress.



### Features of Clinic

The Pain Medicine Care Complex features:

- 6,675 sq. ft. of treatment space.
- State-of-the-art teleconference and telemedicine technology that allows the Children's National Pain Medicine experts to help diagnose and treat families around the world.
- Semi-private infusion rooms designed to reduce stress on patients requiring infusions.
- Comfortable, non-threatening medical and psychological assessment rooms that help children feel more at ease during assessment and treatment.
- A high-tech, multi-sensory POD bed serves as a biofeedback environment for patients.
  - The POD bed is the first clinical application of the technology and includes heart rate monitors, soothing music and lights, and tools to allow pain medicine experts to monitor a child's response to the calming environment.
- A multi-sensory room featuring new interactive gaming technology collects digital data and provides therapeutic manipulations, including physical therapy, in a digitalized, virtual environment. This revolutionizes how physicians diagnose and treat pain in children.

**Detailed and comprehensive referral guidelines for the clinic are available at [www.ChildrensNational.org/Refer](http://www.ChildrensNational.org/Refer).**

## Ranked Among the *Nation's Best!*

For the 2013-2014 *U.S. News & World Report's* Best Children's Hospitals ranking, Children's National is nationally ranked as a best pediatric hospital in all 10 specialties that were included on the survey. Children's National is one of the only hospitals in the United States to rank in each of the 10 specialty areas.

This is the third year in a row we have made this elite list of providing premier healthcare services in all 10 specialties:

- **Cancer:** Only center in the region with access to Children's Oncology Group's Phase I trials.
- **Cardiology & Heart Surgery:** Internationally known experts in pediatric cardiology, cardiac surgery, cardiac anesthesia, electrophysiology, interventional cardiology, and fetal diagnosis.
- **Diabetes & Endocrinology:** Largest endocrinology program in the mid-Atlantic region.
- **Gastroenterology:** Internationally recognized pediatric specialists.
- **Neonatology:** The region's most advanced neonatal intensive care unit, consistently ranked in the Top 10 in the nation.
- **Nephrology:** The only stand-alone pediatric dialysis facility in the region with a dedicated dialysis program exclusively for children.
- **Neurology and Neurosurgery:** More than 30 pediatric neurologists provide inpatient and outpatient care to children throughout the region.
- **Orthopaedics:** Leaders in the field and pioneers in the use of minimally invasive techniques.
- **Pulmonology:** Extensive experience in pediatric pulmonary medicine with special interests in congenital lung and airway anomalies.
- **Urology:** Uses advanced technology, including robotics, to perform minimally invasive procedures that lessen pain for patients, reduce recovery time, and ease some of the stress for families.

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## People *in the News*

### Dermatologic and Vascular Laser Surgery Service Clinic



Iris Kedar Rubin, MD

**Iris Kedar Rubin, MD**, has joined Children's as Director of the Dermatologic and Vascular Laser Surgery Service Clinic for the laser treatment of vascular anomalies and scars. Dr. Rubin offers specialized treatments in port wine stains, infantile hemangiomas, and scars from surgery, burns, trauma, or other causes.

Laser consultation and treatment appointments can be scheduled with Dr. Rubin at the Children's National Rockville Regional Outpatient Center in Maryland. To schedule an appointment, call 301-754-5400. General dermatology patients are not seen in this clinic.

### New Director of the Adult Congenital Heart Disease Program



Anitha John, MD

Children's National welcomes **Anitha John, MD**, as the new Director of the Adult Congenital Heart Disease Program. Dr. John has been actively involved in clinical practice, teaching, and research in adult congenital heart disease, and recently directed a very successful adult congenital heart disease (ACHD) symposium last month, as well as building a regional educational network of ACHD providers.

### New H&P Forms for Surgical Referrals

Please note that Children's National has a new form that must be filled out by the referring physician before a surgical procedure. To download the form, visit [www.ChildrensNational.org/Refer](http://www.ChildrensNational.org/Refer). It is a Joint Commission requirement that this form include a signature and date.

>> **Complete the MEDICAL CURRENTS SURVEY**

*One respondent will win an iPad! Survey deadline: September 1, 2013*

This short questionnaire is designed to measure your current perceptions of Medical Currents. To complete the online survey, visit [www.ChildrensNational.org/docsurvey](http://www.ChildrensNational.org/docsurvey)