



Hand in Hand News

A Quarterly Newsletter from Advanced Pediatric Associates

Advancing Pediatric Care for Our Patients!

Volume 24, Fall 2010

What's New at Advanced Pediatrics?

CDC Influenza Project

Advanced Pediatrics is participating in a grant funded pilot project with the University of Colorado to help increase seasonal influenza vaccination rates. The Centers for Disease Control and the American Academy of Pediatrics are now recommending the seasonal influenza vaccine for **everyone over 6 months of age**. As part of this pilot project, Advanced Pediatrics will be providing some new and convenient ways for patients to get their flu vaccine:

- ◆ We have added some late afternoon flu vaccine appointments to extend the number of flu vaccines that we can provide each day and make after school appointments more readily available.
- ◆ Some all-day Saturday flu clinics are being planned to help get children immunized early in the season against the flu.
- ◆ In November, we will add some evening flu vaccine clinics, which may be more convenient for school age children and adolescents.
- ◆ If your children have not received their flu vaccine, you may expect a call from one of our physicians reminding you to make an appointment!

Because more children under 9 years will need two doses of the flu vaccine this year, we are committed to making more opportunities available to get these immunizations completed early in the season. **For the most up-to date information on flu vaccine clinics and appointment availability, we recommend that you check our website regularly.** We also plan to send out regular email blasts to patients on our email list to keep them well-informed about flu vaccine this season.

Lead Screening

Advanced Pediatrics has purchased new blood lead testing machines and has begun lead screening at all 12 and 24 month well care visits. Blood level testing is also available at other ages if a parent is concerned that their child may have been exposed to lead.

Website

We update our website regularly to make sure it brings the latest information to our patients. We encourage patients to check out some of our newest website features:

- ◆ Flu clinic dates we are currently scheduling for in the blue banner on our "Home" page.
- ◆ Newborn / Baby Care and Medical Conditions pull down menus on our "Home" and "Is Your Child Sick?" pages.
- ◆ Flu information and recalls for over the counter medicines and infant formula on our "What's New?" page.
- ◆ Tips for calling us on our "Phone Directory" page.
- ◆ ADHD policy statement on our "ADHD" page.
- ◆ New photos on our "Photo Tour" page.

Email Blasts

We will be sending out periodic email blasts this fall and winter to update patients on influenza news and flu vaccine clinic dates. **Have you signed up to receive our email news?** If not, visit our website home page, click on the yellow **Hand In Hand News** icon, enter your name and email address and you're all set!

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Building a Better Community!



Advanced Pediatrics sponsors Parker Recreation "Kids TRY-athlon"! For the third year in a row, Advanced Pediatrics sponsored the "Kids' TRY-athlon" - a swimming, biking and running event for children ages 6 - 12, where everyone who "tries" is a winner! The Kids' TRY-athlon encourages fitness and fun for children of all ability levels.

Advanced Pediatrics sponsors a number of local school telephone directories, calendars and folders, so that these may be made available at no cost to parents! We have sponsored the following schools so far this year:

Aspen Crossing, Buffalo Trails, Canyon Creek, Cimarron, Creekside, Fox Hollow, Iron Horse, Liberty, Mountain View / Northeast, Peakview, Pioneer, Ponderosa and Rolling Hills.



Hand in Hand for Healthier Children



Time to Schedule Flu Vaccine Appointments!



Influenza is a serious virus which causes fever, sore throat, chills, cough, headache and muscle aches. Influenza can

cause children to miss a week of school and have a cough for three weeks. Complications from the flu can be serious. **This year the Centers for Disease Control and the**

American Academy of Pediatrics are recommending a seasonal flu vaccine for EVERYONE over 6 months of age. The 2010/2011 flu vaccine provides protection against H1N1 influenza, as well as two other influenza viruses. Children under age 9 may need two doses to be protected.

Are you prepared for flu season? Now is the time to schedule your child's flu vaccine! In addition to weekday flu vaccine appoint-

ments, we will be holding a number of flu vaccine clinics throughout the fall. Please call our Patient Care Line to schedule an appointment for your children at your earliest convenience. For more information on seasonal flu, vaccine availability updates, and flu vaccine clinic dates, please visit the **"What's New?"** page of our website.

Saturday Operations / Holiday Schedule

Saturday Operations

Advanced Pediatrics offers Saturday morning office hours to see newborns and sick children. In order to see patients efficiently during these limited hours, patients are seen by the next available provider — rather than scheduling an appointment with a specific provider. Because our Saturday morning hours are provided to handle newborn needs and acute illness only, our nurse advice line is not available during Saturday hours. If you are in need of general pediatric advice

over the weekend, we suggest you visit our website. Our convenient **"Is Your Child Sick?"** and **"Newborn / Baby Care"** pages provide quick and convenient information and can answer many of the questions that we receive through our nurse advice line. Should you believe that your infant or child should be seen for an appointment, our patient care coordinators will gladly schedule a Saturday morning visit. Our centrally located Centennial office is open Saturdays from 8 am - 11 am, and our phone lines open at 7:30 am to schedule appointments.

Holiday Schedule

Thurs. Nov. 25
Closed

Fri. Dec. 24
8 am - noon

Sat. Dec. 25
Closed

Fri. Dec. 31
8 am - noon

Sat. Jan. 1
Closed



Comments from Our Patients



Providing great customer service is a primary goal for our staff. Customer Comment Cards are available at

each of our reception desks for patients to comment about their experiences with our staff. Here are just a few recent comments we have received from our patients:

"We are so impressed with your staff's professionalism and kind attitudes, the calm and pretty environment, and Dr. Chen-Becker's heart and knowledge."

"My son hurt his back. We talked with the nurse and received excellent instructions! We appreciate the attention we got because we did not under-react or over-react. Based on the information we received we got the right care. Thanks!"

"Your staff went above and beyond in determining which insurance had a lower copay. How refreshing to receive good customer service!"

"The staff is and has always been great. Maggie Hawkins is great. My daughter loves her and requests to see her now that Dr. Thompson has retired."

"We really like Dr. Levin - very nice staff at Parker!"

Choosing a Health Insurance Plan / Congratulations APA Physicians!

As the new year approaches, many families will be given the choice from employers to change their health care plan. With health care reform in the works, more choices will be available to Colorado families. In general, most plans should be offering better coverage for preventative care for children. **The new health care reform legislation requires most plans to cover ALL recommended well care and immunizations without any co-payment or deductible.** We recommend families carefully check covered benefits when selecting an insurance plan, so they're not surprised by unexpected costs. Questions to consider include:

◆ Does the plan cover **ALL** recommended well care visits and immunizations? Is there a deductible or co-payment for

these services?

- ◆ How often are well care visits covered? Some plans require a full 365 days between these visits.
- ◆ Does the plan cover (or limit) sick visits?
- ◆ Does the plan cover pre-existing conditions?
- ◆ What co-pay, deductibles and coinsurance amounts does the plan require for sick visits? Are deductibles per person or for the entire family?
- ◆ What coverage does the plan have for in-office lab work / procedures? Not all in-office labs / procedures are covered at 100% and / or may be applied to your deductible and coinsurance.

- ◆ What coverage does the plan provide for emergency and urgent care visits?
- ◆ Does the plan require a referral to cover a visit with a specialist?
- ◆ What hospitals are covered by the plan?

Congratulations APA Physicians!

Stephanie Stevens, MD: Healthy Beginnings Founder/Director, The Children's Hospital Faculty Affairs Committee / Child Health Advocacy Board, and Parker Adventist Hospital Physician Credentialing Committee.

Sam Schimelpfenig, MD: Sports Medicine Certification

Suzanne Rogers, DO: The Children's Hospital Physician Relations Advisory Board.



Nutrition Tip for Summer - Feeding Your 4 - 6 Month Old

Recently the American Academy of Pediatrics has made some minor changes to recommendations for feeding 4 - 6 month old infants. While breast milk or formula are still recommended to supply primary nutrition needs for the first 4 - 6 months, complementary foods may be added when baby is ready (between 4 - 6 months):

- ◆ Signs of readiness include baby no longer pushing food out of mouth, can move food to back of mouth, and opens mouth in anticipation of next bite. Baby should be able to sit with arm support and have good head / neck control.
- ◆ Begin readiness for semi-solid (pureed)

foods by introducing one new **single-ingredient** food every 3 - 5 days. Start with 1 - 2 tablespoons and 1 - 2 meals a day. Watch for adverse / allergic reactions.

- ◆ Begin with iron fortified cereal (no wheat) and pureed meat. Cereal may be mixed with breast milk. Follow with pureed fruit and vegetables.
- ◆ No honey, sugar or salt.
- ◆ No foods associated with lifelong allergies (peanuts, tree nuts, fish and shellfish).
- ◆ Continue vitamin D supplementation if breast-feeding.
- ◆ At 6 months you may start offering baby sips

of breast milk, formula or water from a cup, but infant this age is unable to take a **d e q u a t e** amounts of fluids it needs from cup alone.



- ◆ Formula and breast milk offer more nutritional value than the empty calories of juice. If you do choose to offer juice to your infant, wait until 6 months of age, dilute it with water, and offer no more than 4 ounces / day.

Preventing Flu and Viruses / No Antibiotics for Viruses

Cold weather is approaching and along with it come viruses such as influenza and the common cold. Advanced Pediatrics recommends the following common sense approach to preventing viruses:



- ◆ **Don't forget to schedule a flu shot!**
- ◆ Eat well balanced meals, drink enough water, and get plenty of exercise and rest.
- ◆ Wash hands or use an alcohol based hand sanitizer frequently, especially after being in public or around anyone who is ill.

- ◆ Teach your children to turn their heads and cough or sneeze into a disposable tissue, or the inside of their elbow if a tissue is unavailable.
- ◆ Remind children to avoid touching their eyes, nose or mouth with their hands, and not to share anything that goes into the mouth.
- ◆ Avoid close contact with those who are ill and keep your children home when they are sick.

A Reminder about Using Antibiotics

Antibiotics are only effective against bacterial infections, **NOT VIRUSES**, and frequent and inappropriate antibiotic use leads to the develop-

ment of antibiotic-resistant bacteria. For proper antibiotic use:

- ◆ Be sure your child takes antibiotics exactly as prescribed, completing the full dose.
- ◆ Never give your child antibiotics without a prescription.
- ◆ Don't pressure your provider for antibiotics if your child has a virus.

The common cold and influenza are both **VIRUSES** and cannot be treated with antibiotics (although sometimes antibiotics are necessary to treat secondary infections of the ear, sinuses or lungs).

Is it a Cold or the Flu? / Thermometer Use 101



People often confuse the common cold with influenza (the flu). Both are respiratory infections caused by a virus,

but the flu is more severe and carries different symptoms and complications. Generally a cold will resolve on it's own, although it can occasionally lead to secondary bacterial infections of the middle ear or sinuses (which can be treated with antibiotics). Sometimes, however, parents mistake the flu for a bad cold, and serious flu complications like pneumonia may be overlooked. The following helps to distinguish a cold from the flu:

Common Cold

Typically, colds begin slowly, two to three days after infection with the virus. The first symptoms are usually a scratchy, sore throat, followed by sneezing and a runny nose. Temperature is usually normal or only slightly elevated. A mild cough can develop

several days later. Cold symptoms usually last from two days to a week.

Influenza

Signs of the flu include sudden onset with a headache, dry cough, and chills. The symptoms quickly become more severe than those of a cold. Muscle aches in the back and legs and fever of up to 104 degrees are common. The fever typically begins to subside on the second or third day, and then respiratory symptoms like nasal congestion and sore throat appear. Fatigue and weakness may continue for days or even weeks. **High risk children (including children under 5 years of age) may be given antiviral medication to reduce the duration of influenza illness if diagnosis is made within 48 hours of onset of symptoms.** If you believe that your child might have the flu, call our patient care line to make an appointment with a provider for evaluation and treatment.

Thermometer Use 101

- ◆ Basic digital thermometer is preferable to glass (mercury is dangerous if broken).

- ◆ Temperatures measured rectally are the most accurate.

- ◆ An armpit temperature is the safest and may be preferred for screening. **If the armpit temperature is above 99° F, check it with the following:**

Infants Under 3 Months

Temperature should be taken rectally.

Over 4 months - 5 Years

A rectal or electronic pacifier temperature are reliable. **An ear or temporal artery thermometer can be used after 6 months old.**

Over 5 Years

Take the temperature orally (by mouth), by ear thermometer or by temporal artery thermometer.

What is a Fever?

Rectal, Ear or Temporal Artery temperature: 100.4° F or higher

Pacifier or Oral temperature: 100° F or higher

Axillary (armpit) temperature: 99° F or higher



Focus on Safety



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New Car Seat Laws

As of August 1, 2010, Colorado's Child Passenger Safety Law requires ALL children ages 4 - 7 to ride in a booster seat unless they are small enough to remain in a front-facing car seat (usually less than 40 lbs) or large enough to exceed the upper height or weight limits of booster seats (usually over 4'9" and 80 lbs). Mandatory restraint requirements by age are as follows:



Newborn - 1st Birthday: Rear facing car seat in back seat. "Convertible" car seats allow children to ride rear-facing until 30-45 lbs.

1 - 3 Years Old: Rear or forward facing car seat in back seat. Recommend "5-point" harness until at least 40 lbs or to upper weight limit of seat. Keep child rear facing as long as car seat allows.

4 - 7 Years Old: Forward facing car or booster seat in back seat until child is about 4'9". A child's height is best predictor of proper seat belt fit.

8 - 16 Years Old: Booster seat or lap and shoulder seat belt. Recommend keeping child in booster seat until child can sit back against seat back with knees bent naturally at edge of seat, shoulder belt comfortably crossing shoulder between neck and arm, and lap belt low on hips, touching thighs. **Children under 13 should sit in back seat only.**

Young Drivers 16 - 17 Years Old: **Driver and ALL passengers must be buckled up.** Only one passenger in front seat and only as many passengers in back seat as there are seat belts.

Sports Related Concussions



According to the September 2010 issue of "Pediatrics," sports related concussions are on the rise for 8 - 19 year olds. In fact, emergency department visits for concussions doubled for 8 - 13 year olds, and more than doubled for 14 - 19 year olds. Approximately half of all emergency department visits were sports related concussions - with hockey, football, skiing, bicycling and playground activities accounting for the greatest number of concussions. **Child and adolescent concussions can cause serious long-term injury or death, and should always be taken seriously.** Children and adolescents are more susceptible to the effects of a concussion because their brains are still developing, and appropriate management is essential for reducing the risk of long-term complications.

Many concussions can be prevented by wearing protective gear (such as helmets and mouth guards) and by adhering to the rules of the sport. The American Academy of Pediatrics has issued the following recommendations regarding concussion management:

- ◆ Children or adolescents who sustain a concussion should always be evaluated by a physician and receive medical clearance before returning to play.
- ◆ After a concussion, all athletes should be restricted from physical activity until they are asymptomatic at rest and with exertion. Physical and cognitive exertion, such as homework, playing video games, using a computer or watching TV may worsen symptoms.
- ◆ Symptoms of a concussion usually resolve in 7 to 10 days, but some athletes may take weeks or months to fully recover.
- ◆ Neuropsychological testing can provide objective data to athletes and their families, but testing is just one step in the complete management of a sport-related concussion.
- ◆ There is no evidence proving the safety / efficacy of any medication in the treatment of a concussion.
- ◆ Retirement from contact sports should be considered for an athlete who has sustained multiple concussions, or has suffered post-concussive symptoms for more than three months.

How do you know if your child should be evaluated for a concussion following a head injury?

The most common signs of a concussion are a brief period of confusion or memory loss following the injury. Other signs can include a headache, vomiting, dizziness, acting dazed, or losing consciousness.

A person does NOT need to be knocked out (lose consciousness) to have had a concussion. Following a concussion, some children have ongoing symptoms such as headaches, dizziness, thinking difficulties, school problems or emotional changes for several days to weeks. If your child exhibits any of these symptoms following a head injury, he or she should be evaluated by a medical professional.

What is "Second Impact Syndrome"?

Second impact syndrome happens when a person sustains a second head injury while still recovering from even a minor previous concussion. According to Littleton clinical neuropsychologist, Sue Kenneally, PsyD, people ages 12 - 23 are at greatest risk of second impact syndrome, which can result in a 90 percent chance of dying. **Even if athletes are experiencing only minor symptoms, such as headaches, it is critical to restrict their activities until they are cleared by a physician.**