

**Landon
Pediatric
Foundation**



Pediatric Diagnostic Center

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FREE DEVELOPMENTAL SCREENING

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Special points of interest:

Summer Time Peds Family Handouts For Parents

Dr. William Goldie, Pediatric Neurologist, Serving Ventura County Area

Fist Five and Neighborhoods for Learning offer Free Developmental Screening

The early years of a child's life are critical for social, emotional, and cognitive development.

Therefore, it is important that standardized developmental screenings are administered to all infants and young children to identify which children may benefit from more intensive diagnosis or services. The American Academy of Pediatrics (AAP) defines Developmental Delay as "the condition in which a child is not developing and/or achieving skills according to the expected time frame." When a developmental delay is not recognized early, children must wait to get the

help they need. This can make it hard for them to learn when they start school. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD). In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn. Early discovery of children with developmental delays is critical in providing the best

possible care to small children. In an effort to ensure all children enter school ready to succeed, Ventura County Public Health and First 5 Ventura County fund Public Health Nurses and Health Educators to provide free developmental screening and assessment to children 0-5 years of age through the local Neighborhood for Learning (NFL) sites located throughout Ventura County. The developmental screening tool utilized is the Ages and Stages Parent Questionnaires. This reliable and valid screening tool is recommended by the AAP and measures five areas of the child's development. These

Dr. William Goldie Pediatric Neurologist and Neurophysiologist

Dr. William Goldie, Pediatric Neurologist and Neurophysiologist at the Pediatric Diagnostic Center would like the following listing of the types of referrals and consultations to have referred to him by primary care physicians:

- Infants and children with developmental problems with the concern about underlying neurological conditions
- Infants and children with paroxysmal events which are possible seizures.

- Children and adults with established epilepsy which are complicated or difficult to control.
- Infants and children with abnormal head growth and problems with neurological development.
- Children and young adults with recurrent severe headaches who are difficult to manage by the primary care physician.
- Children and young adults with movement disorders of possible neurological cause.

- Children and adults with established autism who are complicated and need special neurological management.
- Children and adults with established cerebral palsy or brain injury who are complicated and need special neurological management.
- Children and adults with neuro-degenerative disorders or demyelinating disorders who are complicated and need special neurological





management.

Children and adults with established neuro-cutaneous syndromes who have possible neurological complications.

Children and young adults with brain malformations who need spe-

cial neurological management.

Children and young adults with brain tumors which have been treated but need special neurological management.

Dr. William Goldie would be happy to discuss individual referrals on an as needed basis.

Dr. William Goldie services are available at the Pediatric Diagnostic Center, located at 3160 Loma Vista Road, Ventura CA. For appointments and information you may also call his office at 805.641.4490.

Medication for Children with ADHD



In the recent article in Circulation published online Apr 21, 2008; Karen Uzark and Catherine L. Webb, Victoria L. Vetter, Josephine Elia, Christopher Erickson, Stuart Berger, Nathan Blum, Defects Committee and the Council on Cardiovascular Nursing Association Council on Cardiovascular Disease in the Young Congenital Cardiac Receiving Stimulant Drugs. A Scientific Statement From the American Heart has given rise to a set of guidelines for children receiving stimulant medication for ADHD.

Our ongoing Chat sessions with child psychiatrist Dr. Deborah Thurber are summarized http://www.rain.org/~medmall/ask/specialties/thurber_chat.html Please join the listserv <http://www.rain.org/mailman/listinfo/landon-pediatric-foundation-telemedicine-listserv> to be kept aware of upcoming online chat sessions or attend in person with behavioral health questions.

The guidelines lend themselves to a checklist for history and physical in addition to the ECG read by "ECGs should be read by a pediatric cardiologist or a cardiologist or physician with expertise in reading pediatric electrocardiograms:

1. Patient and family history. The patient history should include questions to elicit the following:

- History of fainting or dizziness (particularly with exercise).
- Seizures.
- Rheumatic fever.
- Chest pain or shortness of breath with exercise.
- Unexplained, noticeable change in exercise tolerance.
- Palpitations, increased heart rate, or extra or skipped heart beats.
- History of high blood pressure.

- History of heart murmur other than innocent or functional murmur or history of other heart problems.
- Intercurrent viral illness with chest pains or palpitations.
- Current medications (prescribed and over the counter).
- Health supplements (nonprescribed).

The family history should include questions to elicit family history of any of the following:

- Sudden or unexplained death in someone young.
- SCD or "heart attack" in members 35 years of age.
- Sudden death during exercise.
- Cardiac arrhythmias.
- HCM or other cardiomyopathy, including dilated cardiomyopathy and right ventricular cardiomyopathy (right ventricular dysplasia).
- LQTS, short-QT syndrome, or Brugada syndrome.
- WPW or similar abnormal rhythm conditions.
- Event requiring resuscitation in young members (35 years of age), including syncope requiring resuscitation.
- Marfan syndrome.

2. Physical examination. The physical examination should include an evaluation of the child for the presence of the following:

- Abnormal heart murmur.
- Other cardiovascular abnormalities, including hypertension and irregular or rapid heart rhythm.
- Physical findings suggestive of Marfan syndrome.

3. ECG. A baseline ECG, which often can identify cardiovascular abnormalities (eg, HCM, LQTS, and WPW anomaly), is reasonable to obtain. It is acknowledged that an ECG will not identify all individuals with the cardiac conditions noted above. It can be useful and can increase the sensitivity of the screening process,

Continued...FREE DEVELOPMENTAL SCREENING SERVICES ...

areas being: communication, gross motor, fine motor, problem solving, and personal-social. In addition, there is a companion tool which screens the child's social emotional development; this tool is called the Ages and Stages Questionnaire: Social-Emotional. If a concern is identified through the screening parents are then referred to appropriate early intervention agencies and community re-

sources. In addition the Public Health Nurses provide developmental assessments utilizing the Nursing Child Assessment Satellite Training (NCAST) teaching tool and are available to provide case management and home visitation to children 0-5 years of age and their families. Health Educators are available to provide health and parent education classes and consultations at the local

Neighborhood for Learning on topics such as infant and child development, nutrition, physical activity and home safety. For a complete listing of the NFL's and services provided please visit the First 5 website at: www.first5ventura.org.





PET PRESCRIPTIONS

Whether or not you have a pet at home, toddlers should be pet-proofed as early on as possible. Teach your toddler the following rules for safety's sake:

- Let sleeping – and eating- dogs lie. Don't touch or go near them when they napping or dining. Never touch their food, as fingers can easily be perceived as a threat.
- Never poke an animals eyes- pull his tail or tug on his ears. Always pet gently under the chin rather than on top of the head- which implies domination. You

may have to show your toddler how to do this.

- Don't tease an animal. Don't offer a bone and then withdraw it, block it way to the water bowl, pretend your going to hit it and so on.
- Stay away from dog, cats, squirrels, raccoon, or other animals you don't know.
- Stay away from animals that are sick or behaving strangely. This will have to be your call for now.
- Stay away from dogs or cats when they are fighting.

- Stay away from a new mother cat or dog who is with her babies, as she may be protective of her litter.
- Always move slowly when approaching an animal. Don't run toward or ride a riding toy up to an animal; don't make sudden movements or jump around in front of it.
- If a dog growls or is angry; don't run away, instead roll up into a little ball in the ground and cover your face with your arms. Never put your face near a dogs face, the same goes for cats.



Whether to Tether

In some parts of the world, tethers are use routinely to keep toddlers safe. And, indeed, in certain circumstances (in a busy bus, train or plane terminal, for example, or on a subway) putting a toddler on a leash may make sense. This is especially true when there is only one adult in charge and more than one child (or a

lot of luggage) to look after. But a child on a leash, restrained by another person, often doesn't learn self- restraint. So in most situations- when walking down the street, playing in front of the house, or shopping in a department store- its better to keep you toddler nearby using other techniques.



Tantrums on the Go

If toddler ever needed excuses to throw tantrums, they've got them during the average vacation; disrupted sleep schedules, erratic eating, long periods of enforced sitting, unfamiliar surroundings. Since tantrums on the road are even tougher to deal with than tantrums at home, its best to try to prevent them when possible.

Sleepiness, hunger or boredom can all trigger a temper- pest. Try to anticipate a tod-

dlers' needs before he or she starts screaming for attention; bring on the snacks when the meal is delayed, reschedule a visit to a monument so your toddler wont miss their nap, plan toddler pleasing activities. Become a master of distraction, pulling tricks out of your little bag to occupy your toddler on the brink. And remember more isn't always better- an under scheduling can prevent over stimulation and possible prevent a tantrum as well. Building restful time into your schedule, such as

reading or listening to music may also prevent explosions. Be patient, however, when explosions do occur. When a child has a tantrum in public, parents tend to put their own embarrassment first. Try not to do that ignore those around you; ignore those around you when your toddler lies on the floor and starts kicking and screaming in the airport, and try to treat them as you would if you were alone at home.

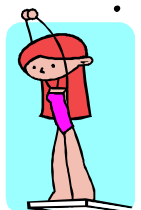


Into the swim? Not Yet

When is the best time for your child to take the plunge and begin to take swimming lessons? According to the American Academy of Pediatrics, not until the age of three. Although splashing in a wading pool (with adult supervision) or in a big pool (in the arms of an adult) can help a toddler to gain an important measure of confidence and comfort in the water. Early formal instruction does not always make a child a better swimmer, and doesn't "water proof" them either. In fact children who've had lessons may be at greater risk around water than other children because they feel safe and comfortable in it and because their parents, under the im-

pression their children can "swim" are often lulled into a fake sense of security. But there us an important difference between being able to swim and being safe in the water; young children are never safe without adult supervision.

If you do choose to sign your toddler up for swimming lessons before his or her third birthday, be sure that the classes follow the national YMCA guidelines, that the children a never submerged, where they could swallow water and could be susceptible to water intoxication, and instruction is provided one-on-one- usually parent child pairings- by instructors certified in resuscitation techniques.



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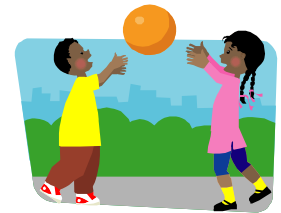
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Medication for Children with ADHD...Continued

especially if there are suspicions of high-risk conditions ECGs should be read by a pediatric cardiologist or a cardiologist or physician with expertise in reading pediatric electrocardiograms. Once medication is started, if the initial ECG was obtained before the child was 12 years of age, a repeat ECG may be useful after the child is 12 years of age. A similar situation is the development of symptoms or a change in family history after the ini-

tial ECG was obtained, in which case a repeat ECG may be useful.

4. Pediatric cardiology consult. A consultation from a pediatric cardiologist should be obtained before the stimulant medication is started if there are any significant findings on physical examination, ECG, or history (such as known structural heart disease, arrhythmias, or a family history of SCD in members 35 years of age).

Biomedical Interventions 101

We believe that biomedical intervention for ASD is an essential piece of the puzzle for improvement and in some cases recovery. For this reason we opened Sletten Wellness Medical Center. Our mission is to partner with motivated parents to optimize health and to seek out and treat any underlying conditions so that the brain might be free of this inflammatory burden, and flourish. Not all children will be recovered, but some will; and it will be worth the effort.

Julie Sletten will begin a monthly talk at Sletten Wellness Medical Center entitled **Biomedical Interventions 101**. This will be a one hour overview designed as an introduction for parents who want to learn more about biomedical treatment options. It is free and will be held the 2nd Wednesday of each month. Visit our website at www.slettenwellness.com or call us at 643-7902 to learn more.