

PEDIATRIC GRAND ROUNDS

Wednesdays at 8 a.m. in the Children's auditorium. For CME information, contact the UT Southwestern continuing medical education at 214-648-2166.

Aug 2

"Iron Poisoning: The Number 1 Cause of Poisoning Death in Young Children," Milton Tenenbein, M.D., FRCPC, FAAP, FAACT, FACMT, Professor of Pediatrics, Pharmacology and Therapeutics, Medicine and Community Health Sciences, University of Manitoba; Director, Emergency Services, Children's Hospital, Winnipeg; Director, Manitoba Poison Control Centre, Winnipeg, Manitoba.

Aug 9

CPC: "A Teenager with Painful Scrotal Swelling," Beverly Rogers, M.D., Professor of Pathology, UT Southwestern; and Jane Siegel, M.D., Professor of Pediatric Infectious Disease, UT Southwestern.

Also available via videoconference at selected Texas Health Resources hospitals (Arlington Memorial Hospital, Harris Methodist Hospitals & Presbyterian Healthcare System).

MEDICAL UPDATE: Heat-Related Illnesses

While summer is here and temperatures continue to rise in Texas, children can be exposed to climatic heat stress that can lead to heat-related illnesses. With higher levels in humidity, the body can feel warmer and react adversely to temperatures that are less expected to cause heat stress. Heat index can be a good marker to aid in determining the potential for the onset of heat-related illnesses. In order to identify the heat index and relative humidity, parents and coaches can be directed to this information through the National Weather Service web site at www.nws.noaa.gov.

A policy statement has been developed by the American Academy of Pediatrics for the exercising child and adolescent in preventing heat related illnesses:

- Activities lasting 15 minutes or more should be reduced if heat index levels are high. If competing in sporting events, substitutions should be made frequently.
- If a child has yet to be exposed to warmer temperatures, the intensity and duration of exercise should be limited and then gradually increased during a period of 1-2 weeks to allow the child to acclimate.
- Cold tap water or a flavored salt beverage should be consumed every 20 minutes. A good starting point would be to consume approximately 3 ounces for

every 20kg of bodyweight during an activity. Obtaining weights before and after training can also aid in assessing and replacing fluid losses.

- Light-colored and lightweight clothes should be encouraged. Sweat should be allowed to evaporate.

As training season approaches for school sports such as football, padding and equipment may exacerbate heat-related illnesses. Cooling fans are inadequate solely in the treatment and prevention of heat-related illnesses. We need to continue to encourage coaches and parents to hydrate athletes.

Heat exhaustion can manifest rapidly and it is our duty to educate parents and coaches to recognize the symptoms that ensue. Mild pyrexia with core body temperatures ranging from 37-40°C, dizziness, thirst, weakness, headache and malaise are markers to identify a child with heat exhaustion. Without adequate cooling and proper hydration, heat exhaustion can lead to a possible heatstroke, resulting in mental status changes, rhabdomyolysis, multi-organ system failure and death. If a child expresses any of these symptoms it is important to have the child come to your clinic or the emergency department for further medical care.

For more information, contact Mandie Svatek, M.D. at mandie.svatek@childrens.com.

CHILDREN'S MEDICAL CENTER

Physician Referrals
800-CHILD-RX

Transport Svcs **800-262-0988**

Admitting **214-456-2190**

Main Number **214-456-7000**

www.childrens.com

SERVICE UPDATE: Diabetes program recognized for quality education

The Diabetes Education Program at Children's has again received the Education Recognition Certificate by the American Diabetes Association (ADA). As only one of three pediatric education centers in Texas to be recognized, Children's education program facilitates better health care results for patients by meeting the standards set forth by ADA.

The Children's diabetes education program provides progressive, advanced superior education and management for children with diabetes and their families. By using a team approach, Children's enlists a variety of healthcare specialists to address the needs of these patients. The program offers classes for newly diagnosed Type 1 and Type 2 children, intensive insulin management, pump training and management and a unique program for patients who are new to the clinic.

To learn more about diabetes education or to refer a patient, contact the call center at 214-456-5959.