

Faxnotes

June 19, 2006

MEDICAL UPDATE

GI bleeding

Bleeding from the GI tract in children is not a rare event. Fortunately, hemodynamically significant bleeding is uncommon. Regardless, whether blood is noted in emesis or stool, anxiety by parents typically leads to an abrupt presentation at a physician's office.

A detailed history and thorough physical examination are of paramount importance to help differentiate the numerous diagnostic possibilities of bleeding in children. Parameters to take into account include the patient's age (many causes of bleeding are specific to certain age groups), amount of blood present, and the presence or absence of associated symptoms and physical signs.

There are several considerations when approaching an infant or child with a reported GI bleed:

- **Is the patient hemodynamically stable?** This is the initial and most important element when defining the nature of a bleed. Tachycardia is a sensitive indicator of severe blood loss; hypotension and poor capillary refill are more ominous signs.
- **Is it blood?** Many common beverages / foods as well as medications may give the appearance of blood or melena. Guaiac testing for peroxidase reaction of hemoglobin is simple and convenient but has limitations. False positives can be seen with some foods, such as red meat and certain vegetables (e.g. radishes, turnips, tomatoes) which also have peroxidase activity. Consumption of Vitamin C or outdated reagents may yield a falsely negative guaiac result.
- **Is the bleeding gastrointestinal?** Careful inspection of the oral/nasal pharynx and perirectal regions for a bleeding source are imperative.

Laboratory testing must be tailored to the patient's history, associated symptoms, and physical signs. Complete blood count, clotting studies, liver enzymes, and inflammatory markers warrant particular consideration. Similarly, stool for bacterial culture and *Clostridium difficile* in cases of bloody diarrhea are necessary.

A number of endoscopic and radiographic studies are available to evaluate the child with gastrointestinal bleeding. These tests should be used thoughtfully as one may preclude or interfere with another. A team approach is best, particularly for hemodynamically significant bleeding, with input from the pediatrician and specialists in gastroenterology, intensive care, radiology and surgery.

For more information, contact Michael Russo, M.D., at michael.russo@childrens.com.

SERVICE UPDATE

Pavilion at Legacy expands services

The Children's Medical Center Ambulatory Care Pavilion in Legacy has expanded its specialty outpatient center to better serve the needs of patients. The addition of new services at Legacy Pavilion includes Allergy/Asthma/Immunology with Dr. William Neaville, Nephrology services provided by Dr. Mouin Seikaly and an additional Pulmonologist, Dr. Kamal Naqvi.

The Legacy outpatient facility offers a number of multi-specialty outpatient services including: adolescent medicine, cardiology, endocrinology, gastroenterology, hematology, plastic hand surgery, plastic surgery/craniofacial, pulmonology and urology. Diagnostic and therapeutic services include: behavioral health, echocardiography, EKG, event recorder, Holter analysis, laboratory services, nutrition, occupational therapy, physical therapy, pulmonary function testing, radiology, speech therapy and urotherapy.

The Ambulatory Care Pavilion in Legacy serves patients in counties north of Dallas and is located at the corner of Preston and Hedgcoxe roads in Plano, at 7800 Preston Road, directly across the street from where the full-service Children's Medical Center Legacy is being constructed.

To make a referral, providers may call 1-800-CHILD-Rx (244-5379).

GI/Renal services relocate The GI and renal inpatient services have been divided to better accommodate the needs of renal and gastrointestinal patients. GI services, previously on E5, moved to A2 while renal services remain on E5. Additionally, liver and intestinal transplant patients were relocated with the GI patients to A2, and renal transplant patients will stay on E5.

To contact GI services directly call 214-456-2971 or renal services at 214-456-2972.

PEDIATRIC GRAND ROUNDS Wednesdays at 8 a.m. in the Children's auditorium. For CME information, contact the UT Southwestern office of continuing medical education at 214-648-3705. There are no grand rounds for the month of June.

July 5 "Transcatheter Options for Congenital Heart Disease: New Therapies for Old Diseases and Old Therapies for Novel Indications," Thomas Zellers, M.D., Chief Medical Officer, Children's; Professor of Pediatrics, Division of Cardiology, UT Southwestern.

Main Number (214) 456-7000 | Pharmacy Consult (214) 456-6209
Admitting (214) 456-2190 | Physician Referrals (800) CHILDRX
Emergency Center (214) 456-2100 | Physician Relations (214) 456-2142
Laboratory (214)456-6300 | PICU Consult Pager (888) CMC-PICU
Medical Records (214) 456-2505 | Radiology (214) 456-2305
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