



**Riley Hospital for Children and Clarian Human Motion are pleased to welcome Christine B. Caltoum, MD, a pediatric orthopedic surgeon.**  
To schedule an appointment with Dr. Caltoum, please call 317-274-2500.

# Riley Physician Update

INDIANAPOLIS  
702 Barnhill Drive  
Indianapolis, Indiana 46202  
317-274-5000  
[rileyhospital.org](http://rileyhospital.org)

1701 North Senate Avenue  
Indianapolis, Indiana 46206  
317-962-2000

.....  
CARMEL  
11700 North Meridian Street  
Carmel, Indiana 46032  
317-688-2000  
[clariannorth.com/riley](http://clariannorth.com/riley)



Riley Hospital *for* Children  
A Clarian Health Partner

Riley Hospital for Children  
Downtown • 116<sup>th</sup> & Meridian  
FALL 2007

# Riley Physician Update

INFORMATION FOR OUR COMMUNITY PHYSICIAN OFFICES

## RILEY FOCUSES ON HEALTHY CHOICES WITH COMMITTED TO KIDS

Teaching smart choices is at the forefront of childhood obesity prevention. Much of this education happens in the home, but if parents are also overweight, learning the importance of healthy eating and exercise can be difficult.

To educate the entire family on sensible weight management, Clarian Health Promotions has created a 10-week program called Committed to Kids.

Under the supervision of a health educator, families learn proper nutrition, snack planning, fun physical activity and realistic goal setting in a convenient, individualized series.

"You cannot just focus on a child eating right and exercising but ignore what the parents are doing," said Anne Graves, senior program coordinator for Health Promotions. "The program works with the family to implement realistic changes using resources already available to them."

Committed to Kids is appropriate for families whose children are overweight or at risk of becoming overweight. The next session will start in the fall and costs \$150. Contact Ann Graves at 317-962-9017.



## DIAGNOSIS: What's Causing a Failure to Thrive?

A 3-month-old infant presented with failure to thrive. The infant was born at term with weight and length at the 25th percentile. The infant was initially breastfed but was switched to bottle feeding at one month of age. The infant was seen at two months of age and was referred for failure to thrive with the weight at less than the third percentile.

The parents initially refused referral but presented to the Riley Emergency Department with concerns that the baby was occasionally choking with feeds. The parents also reported decreased intake over the past month, noting that the infant would arch and pull away from the bottle after taking only a few swallows of formula. Attempts had been made to feed the baby more often, but the infant took an hour to finish a bottle. The birth history was unremarkable, and family history was negative for feeding or breathing problems in parents or siblings.

The weight on presentation to the Emergency Department was 4.5 kg (less than 3 percent) and the length was 58.5 cm (10-25 percent).

The oxygen saturation was 100 percent on room air. The baby was awake in no apparent distress. His breath sounds were clear with a respiratory rate of 28. Heart exam revealed normal sinus rhythm with a rate of 132 and no murmurs. Abdomen was soft without hepatosplenomegaly with positive bowel sounds. Neurological exam was normal with intact palate and normal uvula.

The differential diagnosis of failure to thrive is extensive, but is most commonly due to inadequate caloric intake. In a child with a history of choking with feeds and decreased intake, the possibility of aspiration should be considered even in the absence of pneumonia or significant respiratory signs and symptoms.

The diagnostic workup of a child with failure to thrive and concerns for aspiration should include a baseline chest X-ray, complete blood count, basic metabolic panel, urinalysis, and most important, a feeding study.

The chest X-ray and laboratory values were within normal limits with the exception of the bicarbonate, which was below the normal range and suggestive of mild dehydration. The infant's feeding skills were evaluated with an oximetry swallow, which demonstrated aspiration with both thin and thick liquids. A nasogastric tube was placed to provide adequate nutrition safely for this infant. The infant's symptoms of choking with feedings

## What's new at Riley...



### State-of-the-art cancer care a short drive away

For any parent, cancer is a devastating diagnosis. Thankfully, expert, compassionate care is a short drive away – both at Riley Hospital in Indianapolis and at Riley Hospital North in Carmel. With cutting edge therapies and access to a National Cancer Institute designated clinical cancer center, it's not surprising that 75 percent of Hoosier children with cancer come to Riley physicians for their care.

“At Riley, parents have access to outstanding services that are as good as any in the U.S. and that are conveniently located close to home,” said Robert Fallon, MD, medical director of Riley's Hematology and Oncology Program. Downtown, Riley offers the only pediatric stem cell transplant program in the state. There, families also can see pediatric subspecialists in more than 50 areas and receive daily nursing support for home chemotherapy and infusion.

In Carmel, where Randy Hock, MD, directs the Center for Children's Cancer and Blood Diseases at Riley Hospital North, suburban and Northern Indiana kids can undergo tests, see physicians and receive inpatient care if necessary. In addition,

Clarian North has access to the full resources of Riley Hospital for Children.

Children at either location can enroll in clinical trials, opting for new medications and therapies not available to the larger population. “We collaborate with Riley Hospital North for clinical research,” explained Dr. Fallon. “It's a nice mix because we can offer another option for families so that they can go potentially closer to home and still maintain contact with Riley.”



### Fall CME programs

Below is a list of upcoming CME programs. Register online for any of these courses at [cme.medicine.iu.edu/](http://cme.medicine.iu.edu/).

**5th Annual Christian Sarkine Autism Treatment Center Conference**  
November 16, 2007  
Eiteljorg Museum, Indianapolis

### Procedural sedation now available at Riley Hospital North

A child's view of visiting the doctor likely includes the notion of getting shots, having painful procedures and being separated from parents. As a part of the Ouchless Program that focuses on minimizing these fears, Riley Hospital North now offers procedural (conscious) sedation.

The pediatric procedural sedation team at Clarian North offers the service for procedures including MRIs, VCUGs, PIC line insertions and bone marrow aspirations.

“For both community physicians and specialty pediatricians, procedural sedation offers another reason for utilizing Riley Hospital North,” said Jessica Riggins, MSN, RN, CPNP, who coordinates the team. “This form of sedation not only helps expedite procedures and aids in achieving more accurate results, but also makes undergoing them easier for our youngest patients.”

### Rehabilitation program helps kids from day one

At the Riley Hospital for Children at Methodist Hospital Pediatric and Adolescent Rehabilitation Program, physicians and staff understand the challenges that families face when a child suffers a traumatic injury or is born with a neuromuscular issue. Through inpatient, intensive day treatment and outpatient services, specialized teams provide a nonsurgical approach to pain and injury.

Pediatric physiatrists – who are board certified in physical medicine and rehabilitation with additional training in pediatrics – treat issues from sports to spinal cord injuries. Comprehensive services are available for children from one day to 18 years old.

Diagnoses seen include cerebral palsy, spina bifida, birth brachial plexus injury, torticollis, traumatic brain injury, congenital and acquired amputation, acute and long-term spinal cord injury, Duchenne muscular dystrophy, spinal muscular atrophy and burns.

A 16-bed inpatient rehabilitation unit is located on the sixth floor of Methodist Hospital, which houses a Level I Trauma Center. For patients requiring intensive therapy but not hospitalization, the day treatment program may be an option. Pediatric physiatrists also participate in the care of some children in the outpatient program, providing prescriptions, therapies, bracing, adaptive equipment, neuropsychological testing and/or assistance with school issues.

To refer a patient, please call 317-962-2181.



## News Bytes

### Riley On-the-Road comes to a town near you

As a part of the continued educational mission of Riley Hospital, Riley On-the-Road is coming to you! The year-long program brings Riley specialists to Hoosier communities, providing free CME courses requested by local physicians.

The tour begins this fall in Richmond at Reid Hospital & Health Care Services on November 8 and will make its way to every corner of Indiana. Contact Physician Liaison Heather Meek at 317-962-1161 or [hmeek@clarian.org](mailto:hmeek@clarian.org) for more information. Watch this newsletter for tour stops.

To register, please call Debbie Graham at 317-274-0104 or e-mail her at [dgraham@iupui.edu](mailto:dgraham@iupui.edu). Following a 6 p.m. dinner, Alan Golichowski, MD, will present *Screening for Fetal Chromosomal Abnormalities: Review and Practical Application of the 2007 ACOG Guidelines*, and William Engle, MD, will address *Late-Preterm Infants – A Population at Risk*.

### Hospitalist program up and running

As a busy physician, you may not have time to care for your pediatric patients needing inpatient care but want to stay abreast of their progress. Riley's new Pediatric Hospitalist Program provides onsite coverage for you, partnering with referring physicians, specialists and other team members to provide comprehensive and compassionate care. Riley Hospital for Children, Riley Hospital for Children at Methodist and Riley Hospital North all offer Pediatric Hospitalist services.

Pediatric hospitalists staffing the service are Jeff Sperring, MD, director; Benjamin Bauer, MD; Kathleen Boyd, MD; Blake Froberg, MD; and Jennifer Wathall, MD. Part of Clarian's comprehensive hospitalist services, they're available 24-7. Phone IMACS OneCall at 317-916-3500 (Indianapolis) or 800-622-4989.

### New directory eases referrals

Pediatric and family practice offices will receive a Riley Physician Directory via U.S. mail in October. The directory, which is sorted both by department and by physician last name, also includes details about physician specialty areas. For additional copies, please contact Physician Liaison Heather Meek at 317-962-1161 or [hmeek@clarian.org](mailto:hmeek@clarian.org).

### Kids Dart campaign hits the airways

As part of Clarian Health's Call to Change campaign, special messages dedicated to keeping kids safe hit Central Indiana roads and airways in August.

Designed to educate and inform, the campaign led with a pedestrian-and-play safety theme: *Kids Dart. Drive Smart*. Tres Scherer, MD, was featured in radio and print spots that addressed how depth perception could contribute to unintentional injury. Helpful fact sheets for your patient families can be found at [ACallToChange.org](http://ACallToChange.org).



### DIAGNOSIS:

*continued from page 1*

and arching resolved. The parents were trained in replacing the tube and in the delivery of bolus feedings per NG.

The patient was scheduled for a repeat oximetry swallow in six weeks to reevaluate the safety of feedings. If the patient continued with arching or didn't tolerate the NG feedings, further evaluation with an upper GI barium study and gastric emptying study might be indicated to evaluate for gastroesophageal reflux. Often infants will aspirate on thin liquids but will be able to safely take thickened feedings (1 tablespoon of rice cereal per two ounces of formula). Those infants need to be monitored closely for adequate intake and appropriate weight gain.

Since the infant in this scenario was unable to take any liquids by mouth, the amount of feedings was determined based on calorie needs and weight gain. In this particular case, the initial calorie goal was 120 kcal/kg/day, and the catch-up weight gain goal was 25-30 grams/day. If the child did not gain at the desired rate, the feedings would need to be increased accordingly. We recommended that the infant be enrolled in First Steps to work on positive oral stimulation and/or non-nutritive suck during NG feeding as an outpatient. If the infant continued to demonstrate aspiration on subsequent feeding studies, a more extensive workup might be indicated.

If you have a patient in your practice who you are concerned may have a feeding issue or is failing to thrive, you can make a referral to Developmental Pediatrics by calling 317-274-4846. If you would like to speak to a physician to discuss an urgent referral, please call IMACS at 1-800-622-4989 and ask for the developmental pediatrics consult physician.

