

Please take a few minutes to read this month's report on **Pediatric Care**. You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

Visit us at [www.LMHealth.org](http://www.LMHealth.org).

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**Health Tips – How to Treat a Fever in Children**

A fever typically suggests that your child's body is fighting an infection, and may be caused by a variety of conditions including an ear infection, a common cold, or the flu. While fevers are generally harmless, taking steps to help reduce your child's temperature may provide more comfort during the illness.

**Call your pediatrician immediately if your child:**

- is younger than two months of age and has a rectal temperature of 100.4°F or higher
- is any age and has a temperature of 104°F or higher
- is younger than two years of age and has a fever that persists for more than 24 hours
- is two years of age or older and has a fever that persists for more than three days
- is still experiencing the symptoms of an illness after the fever has subsided
- has a fever and looks very ill or drowsy, has been in an extremely hot place (e.g. an overheated car), or has had a seizure

Children over six months of age typically do not need to be treated for a fever below 101°F. Ensure that your child's room is kept cool and encourage them to drink plenty of water. A lukewarm bath also may be beneficial. If your child is uncomfortable, medication may help to reduce their temperature:

- Acetaminophen and ibuprofen are safe and effective, so long as the proper dosage and medication schedule is followed.
- Children under six months of age, or those who are dehydrated and/or vomiting consistently, should not take ibuprofen.
- Do not use aspirin to treat your child's fever.
- Before using medication to treat fever in a child younger than two years of age, please consult your pediatrician.

**Pediatric Care –**  
**How do we compare?**

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

Check out our Quality Report Cards online at [www.LMHealth.org](http://www.LMHealth.org).

- 1** Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:
- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
  - 3 doses of polio
  - 1 dose of measles, mumps and rubella
  - 3 doses of Haemophilus influenzae B (influenza type B)
  - 3 doses of hepatitis B
  - 1 dose of varicella (chicken pox)

	LMHP 2012	LMHP 2013	LMHP 2014	National <sup>(1)</sup>
Childhood immunization rate (4:3:1:3:3:1 series)	91%	91%	91%	75%
Children, aged 6 months to 18 years, receiving the influenza vaccination	2012-2013 49%	2013-2014 45%	2014-2015 42%	National <sup>(1)</sup> 58%

- 2** LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox) and meningitis among adolescents.

	LMHP 2012	LMHP 2013	LMHP 2014	National
Female adolescents, aged 13 to 17 years, completing HPV vaccination series	53%	53%	55%	33% <sup>(2)</sup>
Adolescent children receiving varicella vaccination	94%	95%	95%	68% <sup>(3)</sup>
Adolescent children receiving meningococcal vaccination	85%	87%	87%	64% <sup>(1)</sup>

- 3** Pharyngitis (sore throat) is a common illness in children. Most children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, they are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

	LMHP 2012	LMHP 2013	LMHP 2014	National <sup>(1)</sup>
Children with pharyngitis receiving test before antibiotics	97%	95%	96%	76%

- 4** LMHP screens children, aged 9 to 11 years, for high blood cholesterol levels. Studies have shown that children who have high cholesterol are more likely to have high cholesterol as adults, placing them at increased risk for heart disease. By identifying at-risk children at a young age, families have an opportunity to make important lifestyle changes to diet and exercise to increase the likelihood their children will enjoy long and healthy lives.

	LMHP 2012	LMHP 2013	LMHP 2014	LMHP Goal
Children, aged 9 to 11 years, receiving cholesterol screening	18%*	65%	81%	60%

\*LMHP began collecting cholesterol screening data in the fourth quarter of 2012.

- 5** When a child arrives with suspected or known sexual abuse, the specially trained sexual assault response team (SART) conducts a comprehensive evaluation of the child, including use of forensic kits to gather evidence from sexual assault victims. Complete use of this kit ensures that evidence is collected properly and submitted to law enforcement for analysis.

	LMH 2012	LMH 2013	LMH 2014	LMH Goal
Forensic kit collection was complete for children treated for sexual abuse	100%	100%	100%	100%

Data Footnotes: (1) National Committee for Quality Assurance, "Improving Quality and Patient Experience – The State of Health Care Quality 2013." (2) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by State/Area; National Immunization Survey-Teen (NIS-Teen), United States, 2012. (3) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by State/Area; National Immunization Survey-Teen (NIS-Teen), United States, 2011.

## Patient Story – Waylan

Eight-year-old Waylan\* had a bad stomachache that would not go away. His mother, Melanie, recalled, “He had horrible stomach pains, and he kept saying, ‘I need to see Dr. Hanaa. Dr. Hanaa will fix me.’”

After some gentle questioning, Melanie suspected that Waylan’s discomfort was caused by constipation, and it was obvious that he needed medical evaluation. She called the office of Pediatrician, Hanaa Abdelmessih, M.D., and was able to schedule an appointment later that same day.



and Waylan outlined the steps that would prevent future stomachaches from constipation.

“One of Waylan’s tasks was to increase his consumption of fruits and vegetables,” Dr. Abdelmessih said. “He told me that he already enjoyed lots of fruit, but was not fond of most vegetables. However, he said that he liked carrots. I assured him that carrots are an excellent source of fiber and vitamins, but it also is important to eat a variety of vegetables, and he suggested others that he would be willing to try.”

Dr. Abdelmessih has been Waylan’s pediatrician since he was born. Melanie said, “He feels a special connection with her because she has always been there for him. He had his first well-baby visit with Dr. Hanna when he was just eight days old. She has cared for him through all kinds of childhood illnesses, earaches and even a concussion. She is really good with him.”

Waylan had been reluctant to tell his parents about his stomach pain, so Melanie was not sure that he would feel comfortable discussing his symptoms with a physician. “I think his stomach had been hurting for three or four days before he told us,” Melanie said. “By then his abdomen was very tender.”

After an examination, Dr. Abdelmessih confirmed Melanie’s conclusion that Waylan’s discomfort was caused by chronic constipation. “Dr. Hanaa is amazing,” Melanie said. “She got down to Waylan’s level, eye-to-eye, and spoke directly to him. She explained the problem and even drew a picture of a colon to help him understand. She told him the factors that aid the digestive process and asked him to help her devise a plan for his treatment. She spoke in a way that made sense to him and did not embarrass him at all.”

Waylan’s personalized plan included medication, dietary changes and increased hydration. “Every time that my husband or I had suggested foods with more fiber, Waylan resisted because it was just another thing that someone was telling him he had to do,” Melanie said. “But Dr. Hanaa explained what was happening and then included his input in formulating a plan with specific tasks. Because he was involved in the plan, he was excited about getting started. As soon as we got home, he told his grandparents and his little sister all about it.”

Dr. Abdelmessih prescribed an over-the-counter laxative to soften Waylan’s stools and help him regain regularity quickly. Then she

*\*“Waylan” is not the child’s real name.*

Melanie said that Waylan implemented his personalized plan immediately. “He began adding different vegetables to his diet, including broccoli, cabbage and kale. He has a water bottle with ounce markings, and he began filling it to track his intake and ensure that he was drinking at least 40 ounces each day. We had learned that another contributing factor to his problem was that he had been restricting liquids to avoid the need to use a public restroom.”

Dr. Abdelmessih explained that many boys and girls have fears about using public restrooms. “It is a very common problem for kindergartners entering school for the first time, but it also affects children of all ages. The child is often embarrassed or afraid to talk about the problem, but with some gentle, non-judgemental questions, we often can learn the cause. The child may have been bullied in the restroom or may be shy about using the restrooms with others nearby. Little boys may not be confident about using urinals, which are different than the bathroom facilities that they are accustomed to using at home. If I can help the child openly discuss his or her concerns, we can start to work on a solution.”

Some tips that Dr. Abdelmessih suggests to help relieve children’s anxiety regarding public restrooms include:

- Take the child on a “rehearsal” trip to a public restroom when it is not in use. Demonstrate appropriate hygiene and handwashing techniques.
- Encourage the child to pair up with a buddy who will stand outside the stall door (or the entrance door of a small restroom) to ensure no one walks in.
- Review the child’s school schedule and identify times for restroom breaks to avoid last-minute, urgent situations.

In some cases, students are reluctant to ask their teachers for permission to go to the restroom. Dr. Abdelmessih said that it often helps to speak to the teacher privately to make it easier for the child to request a restroom break and also to assure the teacher that the child is not making the requests in order to be disruptive.

## Secondhand Smoke Increases Risk of Ear Infection in Children

Secondhand smoke is the combination of smoke produced by burning tobacco products and smoke that is exhaled by smokers. It contains hundreds of toxic chemicals, including at least 70 with known connections to cancer. No amount of secondhand smoke is safe – even short-term exposure poses a health risk. It is estimated that more than 50,000 nonsmokers die each year due to health problems resulting from exposure to secondhand smoke.

Secondhand smoke poses a significant threat to fetuses, infants, and children, as it can damage developing organs such as the lungs and brain. Among children, exposure to secondhand smoke has been linked to ear infections, asthma, respiratory infections such as bronchitis and pneumonia, and sudden infant death syndrome (SIDS).

Exposure to secondhand smoke has been shown to increase both the frequency and duration of ear infections among children. Such exposure causes swelling that interferes with pressure equalization in the ear, leading to pain, fluid buildup, and infection. Ear infections are the leading cause of hearing loss among children, and severe infections may require the surgical insertion of tubes into the child’s ear. Accounting for nearly 800,000 physician office visits each year, American children receive more medical treatment for ear infections than for any other condition.

In 2006, the American Surgeon General issued a startling report that outlined the negative impact that secondhand smoke has on the nation’s children. Children may face a greater risk from secondhand smoke than adults because their young bodies are still growing, and the poisonous chemicals in secondhand smoke may affect their development.

The American Surgeon General’s report stated unequivocally that secondhand smoke causes premature death and disease in

children and adults who do not smoke and that children who are exposed to secondhand smoke are at increased risk for acute respiratory infections, ear problems, more severe asthma, and sudden infant death syndrome (SIDS). Meanwhile, the American Lung Association reports that secondhand smoke results in 7,500 to 15,000 hospitalizations and 430 SIDS deaths in the U.S. each year.

Even as awareness of secondhand smoke increases, many children continue to be exposed to secondhand smoke on a regular basis. Between 2011 and 2012, approximately 40 percent of children ages 3 to 11 in the United States, including about 70 percent of African-American children, were regularly exposed to secondhand smoke.

Separating smokers from nonsmokers, opening windows, and using air filters are ineffective methods of limiting exposure to secondhand smoke. Instead, parents should ensure that their homes and vehicles are smoke-free, as well as their child’s daycare center or school. Avoid public places that allow smoking, and teach children to avoid secondhand smoke at all times. Smokers should begin taking steps to quit smoking immediately.

The Quit for Your Health tobacco cessation program at LMHS is designed to help people stop using tobacco. Our counselors utilize evidence-based techniques to help participants develop a plan to become tobacco-free. LMHS also offers the Quit for You, Quit for Your Baby program for expectant and postpartum mothers. Upon successful completion of the 34-week program, participants receive a \$50 gift card to select businesses.

For more information about either tobacco cessation program or to schedule an appointment, please call (740) 348-QUIT (7848). Both programs are offered at no cost to the community.

## Active•Fit YOUTH WELLNESS PROGRAM

The Active•Fit program promotes healthy lifestyles for youth ages 6 to 12.

Visit [www.ActiveFit.org](http://www.ActiveFit.org) to register. Participants who complete the free program will be entered into a drawing to win prizes!



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