

PEDIATRIC CARDIOLOGY

A Revitalized
Division Beats
Strongly

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A LETTER FROM JOHN SCHREIBER, MD

Dear Colleague,

Tufts Medical Center and Floating Hospital for Children's Chief Executive Officer, Ellen Zane, is often heard saying "never take your foot off the gas!". When it comes to building and enhancing our services and providing unparalleled family-centered care, Floating Hospital has had a pedal-to-the-metal mentality.

In the past year alone, we've recruited more than 18 outstanding specialists from top-tier institutions across the nation, adding tremendous depth to the clinical, research and academic expertise at our hospital and our community affiliate locations.

Our last issue of *Healthy Futures* featured Floating's new Surgeon-in-Chief, Walter J. Chwals, MD, a nationally recognized expert in pediatric trauma and critical care, recently recruited from Rainbow Babies and Children's Hospital in Cleveland. This summer's issue features Michael de Moor, MD, Floating's new Chief of Pediatric Cardiology, recruited last fall after 12 years in a similar post at Massachusetts General Hospital. Like Chwals, de Moor is a nationally renowned pediatric specialist who has taken the helm of one of Floating's critical services. Mike has recruited three additional outstanding cardiologists who will join him this summer. In partnership with Ken Warner our Chief Pediatric Heart Surgeon, we will have a comprehensive pediatric heart program in short order! With leaders like this, there is no looking in the rear view mirror.

Building upon our distributed academic model initiative, we recently signed a new affiliation agreement with Morton Hospital in Taunton. Stay tuned for similar relationships in Brockton and Lawrence. Similar to our partnerships at Lowell General Hospital and MetroWest Medical Center, we will work diligently to provide first-rate pediatric services in Taunton, Brockton and Lawrence. Finally, if Floating in Boston is needed for care, our new PICU-based transport service can pick up and deliver an ill child whenever needed. We believe it is good for everyone when you can provide expert care that is convenient for children and parents in the community, linked seamlessly to our downtown quaternary care children's hospital.

I hope you find our fifth issue of *Working Together for Healthy Futures* informative and useful. We look forward to working with you and providing the best care possible for your patients. As always, I welcome your feedback and any questions you may have. Call or email me anytime — jschreiber@tuftsmedicalcenter.org, 617-636-8031.

All the best,

A handwritten signature in black ink that reads "John R. Schreiber". The signature is fluid and cursive, with a long horizontal stroke at the end.

John R Schreiber, M.D., M.P.H.

Pediatrician-in-Chief and Chief Administrative Officer

Floating Hospital for Children at Tufts Medical Center

David and Leona Karp Professor and Chairman, Department of Pediatrics

Tufts University School of Medicine



PEDIATRIC CARDIOLOGY

A Revitalized Division Beats Strongly

Photo, left to right: Rashed Durgham, MD, Ken Warner, MD, and Michael de Moor, MD in the PICU.

BIGGER ISN'T NECESSARILY BETTER.

Just ask Michael de Moor, MD, FACC, FSCAI, who became Chief of Pediatric Cardiology at Floating Hospital for Children at Tufts Medical Center last fall after 12 years in a similar post at Massachusetts General Hospital.

The fact that Floating is a relatively small, dedicated children's hospital confers huge benefits," he says. "It means our focus is squarely on the patient and family. All our patients are primarily looked after by an attending physician, not residents or fellows. And we provide very attentive, personal service.

"The way we practice here is the way I trained to be a physician for my patients, and a teacher to my students," he adds. "It's what attracted me to this organization. Our division will remain moderate in size, specifically so we can provide this level of patient- and family-centered care."

continued on next page



Michael de Moor, M.D.
Chief, Pediatric Cardiology

DOCTOR'S NOTES

MICHAEL DE MOOR, MD, FACC, FSCAI

Chief, Pediatric Cardiology

Medical School

University of the Witwatersrand,
Johannesburg, South Africa

Postgraduate Training

Red Cross War Memorial Children's
Hospital, Cape Town, South Africa

Clinical Specialties

Pediatric cardiology, interventional
cardiology, adult congenital heart disease

Foreign Language(s) Dutch

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But while Floating Hospital's pediatric cardiology division may remain relatively small in size, its scope is decidedly full service.

"Ours is one of only a handful of full-service pediatric cardiology programs in New England," says John Schreiber, MD, Chief Administrative Officer and Pediatrician-in-Chief at Floating Hospital. "And with Mike de Moor at the helm, it's growing even stronger."

De Moor describes some of the program's existing clinical strengths, and areas in which the program is being revitalized: "We've long had a well-established and respected pediatric cardiac surgery program headed by Dr. Ken Warner," de Moor says, noting that the program cares for infants and children with congenital and acquired cardiac abnormalities. "We have an excellent pediatric ICU under the direction of Dr. Rashed Durgham, which is equipped and staffed to transport and care for critically ill infants and children with heart disease."

De Moor himself is a nationally known interventional cardiologist, skilled in the minimally invasive correction of intra-cardiac defects, and serves as Director of Floating's Pediatric Catheterization Lab. He also serves as Co-Director of the Adult Congenital Heart Program at Tufts Medical Center, providing exceptional continuity of care for patients with congenital heart disease.

"There has been so much progress in both therapeutic and diagnostic technology over the past 20 years," de Moor continues. "What we can diagnose with echocardiography, CT and cardiac MRI is dramatic. On the treatment side, we can often use catheter techniques to correct intra-cardiac defects and rhythm disturbances, making open surgery unnecessary. We can put in implantable defibrillators for kids prone to sudden cardiac death, and pacemakers for kids with heart block."

To further strengthen the pediatric cardiology team, de Moor has recruited three new specialists who come on board July 1.

“Dr. Alisa Niksch is a pediatric electrophysiologist who deals with the spectrum of heart rhythm disorders in children,” he notes. “Dr. Mark Zilberman, an expert in fetal cardiology, will be our Director of Pediatric Echocardiography and will work closely with the extensive Maternal-Fetal Medicine program at Tufts Medical Center.”

“And Dr. Liwen Tang is a general pediatric cardiologist and echocardiologist. She is also specializing in fetal echo,” he continues. “A Chinese-American who speaks fluent Mandarin and other Chinese dialects, she will be an important resource to the many Chinese-American patients we serve due to our proximity to Boston’s Chinatown.”

“We have an outstanding sedation service,” de Moor points out. “Anxious young patients can be sedated by intensivists so that we can get the images we need. It’s a valuable service for children and their parents,” he adds, noting that a recent gift from the Ronald McDonald House® Charities to establish the Boston area’s first Comfort Corner sedation suite will further enhance Floating’s ability to tailor pain management and sedation to the individual needs of each child.

Because Floating Hospital is literally attached to Tufts Medical Center, it enables seamless collaboration with the Adult Cardiovascular Center (and its special expertise in cardiomyopathy, electrophysiology, heart failure and heart transplantation). In addition, the pediatric cardiology program works closely with the Medical Center’s renowned perinatal and genetics services as well as Floating’s neonatal service and 45-bed Level III neonatal intensive care unit (NICU) — ensuring that the littlest of cardiac patients get the level of care they require. “The depth of expertise at this institution is incredible,” says de Moor.

New clinical program development also is underway, including a pediatric extracorporeal membrane oxygenation (ECMO) program that will provide an essential backup resource for children undergoing cardiac surgery as well as those with congenital diaphragmatic hernias, or who have acute severe respiratory insuffi-

and members of his division see patients at Pediatric Cardiology satellite clinics serving these communities. Later this summer, similar partnerships at MetroWest Medical Center and Morton Hospital in Taunton will become operational. Farther away, monthly satellite clinics are being staffed in Worcester and Leominster.

The beauty of our program is that everything is in one place. It’s unique and extremely efficient — another advantage of being in a smaller, dedicated children’s hospital. And for patients and families who must travel into Boston for care, it’s extremely convenient.”

Michael De Moor, MD, *Chief, Pediatric Cardiology*

ciency. Slated to launch in 2010, it is being developed in collaboration with Floating’s pediatric critical care, pediatric surgery and neonatology services. In addition, a new cardiac cath lab is slated to open next year.

“The beauty of our program is that everything is in one place,” de Moor says. “The clinic, physicians’ offices, the echocardiography service and the cardiac cath lab are all in one co-located area. It’s unique and extremely efficient — another advantage of being in a smaller, dedicated children’s hospital. And for patients and families who must travel into Boston for care, it’s extremely convenient.”

Equally convenient is the way in which Floating Hospital brings its tertiary-level expertise to the community. Through partnerships with four local hospitals (Signature Healthcare Brockton Hospital, St. Anne’s Hospital in Fall River, Lawrence General Hospital and Lowell General Hospital) as well as freestanding specialty clinics in Woburn and Taunton, de Moor

“It gives patients access to our subspecialists’ care in a familiar and close-to-home setting, without the expense and hassle of traveling into Boston,” de Moor says. “We’re enthusiastic about providing service to these areas as well as other community hospitals we may partner with in the future.”

A big part of this service is collaboration with the community-based pediatricians who refer their patients to de Moor and his team.

“We work very closely with our referring physicians,” he says. “We often discuss cases by phone, especially the complex ones that require frequent communication. And in simpler cases, the referring physician will always get a letter from us.”

“We have a very close bond with our community pediatricians,” de Moor adds. “We’re gratified to have a very loyal referral base; it’s a big part of why Floating Hospital has done so well over the years. We’re dedicated to maintaining this connection.” □

New Hematology/Oncology Clinic Comforts the Whole Family



Pediatric cancer patients often have their young lifestyles interrupted. Play dates and afterschool activities take a backseat to doctors' appointments and treatment sessions. That is why the Cam Neely Foundation recently decided that if a child has to come to the hospital, they will make the trip as pleasurable and "normal" as possible. The result: the new Pediatric Hematology/Oncology Clinic at Floating Hospital for Children.

The transformed clinic is now a kids' zone of comfort, serenity and support, not just any ordinary doctor's office. A tranquil tree-house concept welcomes families and puts them at ease while children receive blood, plasma and platelet transfusions, chemotherapy, pediatric photopheresis and other procedures.

The clinic includes a playroom made possible by the National Hockey League (NHL) and Companions in Courage Foundation called the "Lion's Den," the playroom has computers with live internet connections to playrooms at other pediatric clinics across the country. This allows Floating patients to connect with other children going through similar experiences.

Clinic staff and architects worked with hospital space planners to improve the flow of the 5,000 square-foot clinic to make life easier for patients and their families. "The new playroom is adjacent to the infusion rooms, so kids receiving infusions can have fun while still being close to monitors and medical staff," said Neely Foundation Executive Director Scott Neely.

The nearby Bone Marrow Transplant unit has a similar environment as well as onsite apartments families can stay in while children remain hospitalized. Feedback from families and staff members on their experiences in the Neely Pediatric Bone Marrow Transplant Unit, made it clear that a bright, family-friendly care environment can make a positive impact on the lives of families dealing with serious illnesses. In addition to clinic's bright colors and playrooms, trained child life staff members spend their days helping children through play and therapeutic activities such as arts and crafts, music and conversation.

"Children with cancer and many blood disorders spend numerous hours in the outpatient setting receiving treatment. Our child life staff and medical personnel work hard to help patients and their families cope. The clinic environment goes a long way to make the patient and their families feel comfortable and at ease," says Cathy Rosenfield, MD, Interim Chief of Pediatric Hematology/Oncology at Floating Hospital. "The

The new Pediatric Hematology/Oncology Clinic at Floating Hospital for Children keeps young cancer patients at play.



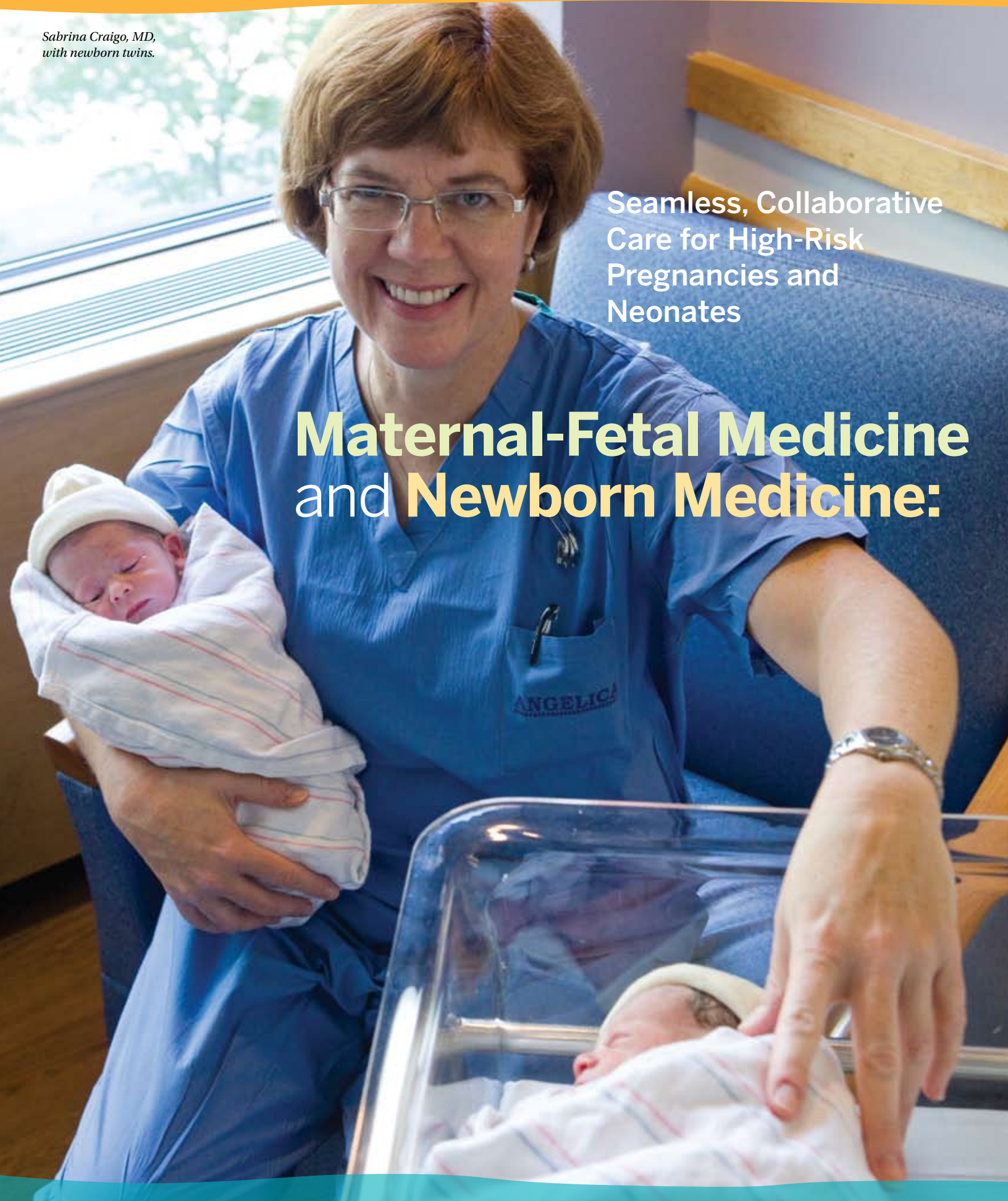
beautiful unit has a calming quality, which parents will appreciate, and provides the needed distraction to help children spend the day receiving treatment."

"Our goal in renovating this clinic was to create a warm, welcoming space where kids can feel comfortable as they go through treatment," Neely adds. "Treatment isn't easy on anyone, but if we can do our part to make young patients and their families feel safe, secure and supported while they're at the hospital, we've succeeded." □

Sabrina Craig, MD,
with newborn twins.

Seamless, Collaborative
Care for High-Risk
Pregnancies and
Neonates

Maternal-Fetal Medicine and Newborn Medicine:



When a woman is facing a high-risk pregnancy, Floating Hospital for Children and Tufts Medical Center have in place a remarkably collaborative system of caring for both mother and baby. In fact, of the nearly 1,200 births at Tufts Medical Center each year, about 40 percent are high-risk, often premature deliveries — a significantly higher percentage of complex births than at any other Boston hospital, and testament to the expertise that resides here.

High-risk pregnancies are managed by Tufts Medical Center's renowned nine-member Maternal-Fetal Medicine (MFM) Division, headed by Sabrina D. Craig, MD.

"We have a truly multidisciplinary approach to caring for mother, baby and the family," she says. Key collaborators are the neonatologists in the Division of Newborn Medicine at Floating Hospital for Children.

"Our working relationship with MFM starts relatively early in high-risk pregnancies," says Jonathan Davis, MD, Chief of Newborn Medicine Division, explaining that MFM brings in a neonatologist to consult whenever a potential problem is identified, even during outpatient care.

"MFM recognizes that we can have significant input as to how such factors as developmental abnormalities, medications during pregnancy or premature delivery will influence the newborn," he notes. "We talk to parents early on, counsel them, and give them outcome data that's helpful for making important decisions. Then we work with MFM to coordinate care, including treatment and the timing of delivery."

"This interaction and communication allow seamless care to be given during pregnancy," Davis adds. "And it's an approach that optimizes outcomes for this patient population," says Craig.

When a high-risk delivery requires hospitalization at Tufts Medical Center, both MFM and newborn medicine specialists are on hand. "We arrange for the pregnant woman to be seen by a member of Floating's newborn medicine team soon after admission, and the neonatologist explains to parents what to expect if the baby is delivered at that gestational age," Craig says.



*Jonathan Davis, MD,
with Sabrina Craig, MD,
in the NICU.*

"Then our two services stay in contact by phone and pager," she continues. "If maternal status changes, if there's concern for the fetus, or if the mother labors and can't stop, New-

born Medicine is notified and present at delivery to immediately take care of the newborn. Both MFM and Neonatology are in-house 24/7," she adds, noting that this around-the-clock coverage is unique among Boston hospitals.

"Whenever possible, however, we try to keep mother and baby in the community," Craig says. This effort is enhanced by the presence of Tufts Medical Center's MFM satellite offices and Level II nurseries staffed by Floating neonatologists at Brockton Hospital, Jordan Hospital, Lawrence General Hospital, Lowell General Hospital, Melrose-Wakefield Hospital and MetroWest Medical Center."

"When there's a complication requiring higher-level neonatal intensive care, we can quickly arrange for a transfer to Boston," she notes, referring to Floating's award-winning, 45-bed Level III NICU.

"If a premature birth occurs in the community and the baby requires transport to Floating for NICU care, we also transport the mother here, so they can be together," says Davis. "That's unique to Floating and Tufts Medical Center."

"And as the baby gets stronger and needs less intensive care, we bring them back to the Level II nursery in the community with our neonatologists managing them," he adds.

"This approach requires and ensures a closed loop of communication among all caregivers — the perinatologist, the referring obstetrician, neonatologists and maternal-fetal specialists in Boston and at the community hospital, and pediatricians in the community," Craig says. "It's a collaborative approach that is tremendously beneficial to the family, and it has a positive impact on outcomes." □

ON CALL

A regular feature introducing the specialists at the Floating Hospital for Children at Tufts Medical Center

PEDIATRIC NEPHROLOGY

DEVOTED TO KIDS AND KIDNEYS The Nephrology Division at Floating Hospital for Children covers all aspects of pediatric nephrology, providing complete management and diagnostic services for a full spectrum of renal problems.

Expert physicians Lockie Milner, MD, Chief of Pediatric Nephrology, and Pediatric Nephrologist Julie Nicoletta, MD work together to cover all aspects pertaining to pediatric kidney diseases. Additionally, they are assisted by the pediatric renal nurse Linda Mazzola, RN and Dara Borto RD, MS, CNCS, the pediatric renal nutritionist. In the near future an additional nephrologist will be joining the team.

The division treats children suffering from hematuria, proteinuria and all forms of glomerulonephritis. Due to the pediatric obesity epidemic, the division also treats many patients with hypertension. Children with renal tubular dysfunction such as renal tubular acidosis, Fanconi's syndrome or metabolic alkalosis are medically treated by the team, while inherited forms of kidney disease such as Polycystic Kidney Disease are closely followed.

Nephrolithiasis and hypercalciuria are quite common in the pediatric population and urinary evaluation and treatment are imperative. Children with polyuria, voiding dysfunction/enuresis, urinary tract infections/pyelonephritis, and structural abnormalities of the kidneys are also treated by the team.

Floating Hospital for Children offers a wealth of expert specialists to assist you in the care of your patients. During the past several years, we have added new physicians in many specialties to better serve you. This feature highlights several of our newest physicians, your newest referral resources. **To learn more about our new specialists, visit floatinghospital.org and click on "find a physician."** Or call 617-636-3252 to request a copy of Floating Hospital's Physicians Referral Guide.

Urine specimens are evaluated at each clinic visit using state-of-the-art microscopy, distinguishing glomerular from nonglomerular causes of hematuria, to eliminate unnecessary testing.

Kidney biopsies are performed by Milner and Nicoletta via ultrasound guidance and assisted by expert sedation physicians and nurses in the PICU or operating room when required.

The renal team is adept at working with children with acute kidney failure due to many causes such as Hemolytic Uremic Syndrome, post operative complications, and septicemia. The treatment may include the use of state-of-the-art renal replacement therapy such as hemodialysis and hemofiltration. Children with chronic kidney failure often require chronic peritoneal dialysis or hemodialysis under the supervision of the nephrology team.

The pediatric nephrology team and the transplant surgery and pediatric urology services provide comprehensive services and care for children requiring kidney transplantation or urologic surgery.

Referring physicians can expect expert management of their patients whether they come to their clinic or receive a consult while an inpatient. Communication between referring pediatricians and the renal division at Floating Hospital is of utmost importance. Respected for their insight throughout Floating, Milner and Nicoletta offer inpatient consultations for general pediatric units as well as the Bone Marrow Transplant Unit, Pediatric Intensive Care Unit and Neonatal Intensive Care Unit.

Mazzola has experience providing important education and insight to families and children dealing with nephrotic syndrome, chronic kidney disease, peritoneal dialysis, hypertension and transplantation. She also supervises the 24-hour ambulatory blood pressure monitoring for children with hypertension.

The services of Floating's nephrologists are not limited to the Boston campus. Satellite clinics make them accessible to the public north and west of Boston. Satellites in the communities of Chelmsford, Woburn and Framingham allow patients residing there to access Floating experts closer to home.

Milner notes that the philosophy of the department is to provide immediate personal service for children with kidney disease. Patients can be evaluated with minimal delay, often the same day if needed. □

To refer your patients to the Nephrology Division at Floating Hospital for Children at Tufts Medical Center, call 617-636-7429.



LAWRENCE S. MILNER, MD

Chief, Division of Pediatric Nephrology

Medical School

University of Witwatersrand Medical School, South Africa

Fellowships and Postgraduate Training

Johannesburg Hospital, South Africa;

Montreal Children's Hospital/McGill University, Canada

Board Certified

Pediatric Nephrology; Pediatrics

Specialties

Acute and chronic renal failure, glomerular disease, liver-related renal disease, hypertension, urinary tract infection, fluid and electrolyte imbalance, acute dialysis (peritoneal, hemodialysis and hemofiltration), transplantation



JULIE NICOLETTA, MD, MA

Pediatric Nephrologist

Medical School

SUNY/Syracuse

Fellowships and Postgraduate Training

Children's Hospital of Buffalo; Strong Memorial Hospital/University of Rochester

Board Certified

Pediatric Nephrology; Pediatrics

Specialties

Hematuria, proteinuria, hypertension, renal insufficiency



LINDA MAZZOLA, RN, BSN

Pediatric Nephrology Nurse

Experience

17 years of Pediatric Nephrology Nursing

Specialties

Nephrotic syndrome, chronic kidney disease, transplantation, hypertension

Pediatric Research:

As a teaching hospital with a robust pediatric research program, Floating Hospital for Children at Tufts Medical Center offers its patients a distinct advantage: early access to innovative treatment options.

Catching Solutions to Childhood Infectious Disease

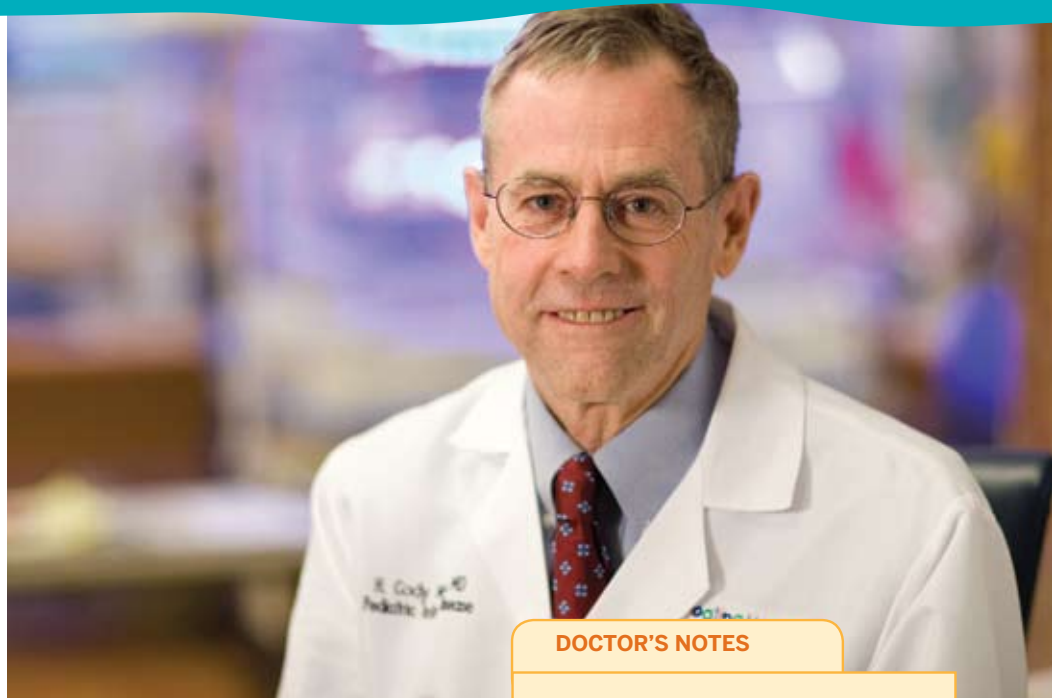
“Through participation in studies being conducted here, patients can receive investigational interventions that are likely to become the standard of care in a year or two,” says H. Cody Meissner, MD, Chief of Pediatric Infectious Disease at Floating Hospital for Children and Professor of Pediatrics at Tufts University School of Medicine. “Many of these clinical studies are being conducted at Floating and no place else in Boston.” One such Phase III clinical trial now underway holds tremendous promise for premature infants.

“We know that 20 to 30 percent of children born prematurely — particularly those with a birth weight of less than 1,500 grams — will develop infections, most often caused by staphylococci, while in a NICU,” Meissner explains, noting that most of these infections occur in the first three weeks of life. “The immune response in these infants is limited since they were born before they could receive all their mother’s antibodies. These infections not only prolong hospitalization but also can be life-threatening.”

“We’re studying the safety and efficacy of a monoclonal antibody directed against staphylococci,” he continues. “The objective is to give these high-risk infants the antibodies they need to fight off infection.” The first of six doses is administered within the first 48 hours of life.

This randomized, double-blind, placebo-controlled trial is being conducted at sites across the United States, with the goal of enrolling 1,500 patients.

“Nearly 450 infants have been enrolled in this clinical trial which is about one-third the total objective and to date there have been no adverse reactions,” Meissner says. Adverse reactions are monitored by an independent data and safety monitoring committee which has access to unblinded data. “We’re very excited about this as a promising approach to reduce the risk of infections that occur in the neonatal population.”



DOCTOR'S NOTES

H. CODY MEISSNER, MD

Chief, Division of Pediatric Infectious Diseases
Floating Hospital for Children
Professor of Pediatrics
Tufts University School of Medicine

Postgraduate Training

National Institutes of Health;
Children's Hospital, Boston

Board Certification

Pediatric Infectious Diseases,
Pediatrics

Clinical Specialties

Kawasaki disease, respiratory viruses

Dr. Meissner can be reached at 617-636-5227.

Meissner also is involved in several trials aimed at developing a vaccine against respiratory syncytial virus (RSV).

“RSV infection is the most common diagnosis among children hospitalized in the first year of life,” he says, noting that about three percent of the four million children born in the U.S. each year are hospitalized in their first 12 months because of RSV bronchiolitis or pneumonia. “It creates a big burden of disease in this country, yet it’s one of the few common viruses against which we don’t have an effective vaccine.”

“In one Phase I trial, we’re exploring the role of a live attenuated RSV vaccine,” Meissner says. “It’s administered as a nasal spray, and it’s a combination of certain proteins from RSV and from parainfluenza virus. The hope is that the antibody response to these proteins will protect children from RSV, killing the virus before it turns into an infection.”

Meissner and his team currently have between 12 and 15 active infectious disease studies underway, most focused on developing new vaccines, new antibiotics and anti-viral medications.

“We are always trying to recruit patients, particularly for the RSV vaccine trials,” he says. “If community pediatricians have patients to refer, or any questions about our work, I welcome their calls.” □

WORKING TOGETHER

Real experiences from our referring physicians

Abdel-Hai Hammo, MD

Abdel-Hai Hammo, MD, Chief of Pediatrics for Signature Healthcare Brockton Hospital, has been referring patients to Floating Hospital for Children at Tufts Medical Center for nearly five years. Hammo points to a number of positive benefits in referring his patients to our full-service children's hospital.

"The number one benefit is the fast accommodation of our patients. They are seen as soon as possible without any delay," says Hammo. "Another benefit is the feedback we receive from our patients, either by phone or by letters. Every doctor wants to know that his patients have received expert care at the referral he provided."

Hammo also praises the promptness of the transport team in getting sick patients to the NICU or the PICU.

In working together with the physicians of Floating, Hammo stresses the importance of their availability. Consultations with sub-specialists are available 24 hours a day. He emphasizes the great support offered by the Hospitalist Program at Floating. Floating's skilled and caring hospitalists coordinate all the details of a patient's care for referring physicians.

Hammo particularly notes his positive experiences in working with the teams of Cardiology and Infectious Disease at Floating Hospital for Children.

"Whenever there is a question they are available for us," says Hammo. "The Infectious Disease Department, represented by Dr. Meissner," he says, for example, "is available on the phone for any consult. With Meissner's knowledge and support, it's been a great help for many patients in the practice to be treated locally, without the need to be transferred."

Hammo applauds the many positive improvements made over the last several years under the new Chairman of the Pediatrics John Schreiber, MD.

"We've started to see more trust in the Floating Hospital from the community's pediatricians," says Hammo. "The name of the Floating Hospital is shining again in the community surrounding Boston," he says. □

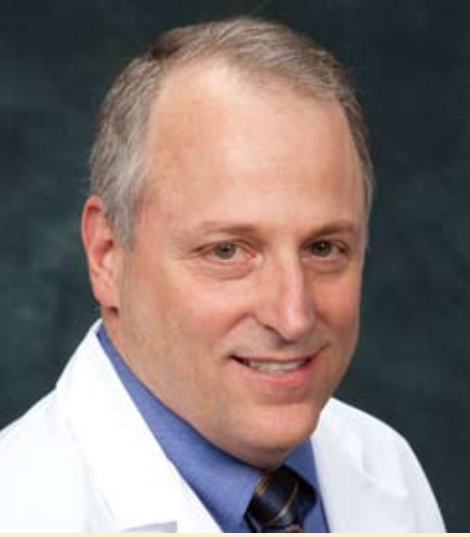
To refer your patients to Floating Hospital for Children at Tufts Medical Center, call 877-KIDS-FHC (877-543-7342).

For the Pediatric Specialty Center/Woburn, call 781-897-0240.



Have a Story for Us?

At Floating Hospital for Children, we value our referring physician partners and are committed to doing all we can to make it easy for you to refer your patients here. It is our mission to ensure that they, and you, have a positive experience during the entire referral process. If you have a story to tell about your experience with Floating Hospital, please contact us at heathyfutures@tuftsmedicalcenter.org. We would love to include it in a future Working Together column.



Health Sheet

RON RUFFING, MD

Director, Pediatric Emergency Department

Medical School

Wayne State University School of Medicine, Detroit

Post-graduate Training

University of Minnesota, University of Colorado

Board Certification

Pediatrics, Emergency Medicine

SUMMER SAFETY TIPS

with Ron Ruffing, MD

Director of the Pediatric Emergency Department

SUMMER IS A TIME, ESPECIALLY FOR CHILDREN, to enjoy the beautiful weather playing and socializing outside. Whether they are participating in organized sports or playing in the yard, we must keep their safety in mind. Head injury prevention is critical. Serious injuries can be life-threatening or impair brain development. Make sure you err on the side of caution and keep in mind the advice of our expert, who has spent years getting children healthy again after injuries.

Ron Ruffing, MD, Director of the Pediatric Emergency Department at Floating Hospital for Children at Tufts Medical Center provides sound information parents can use to protect their children from summertime injuries.

DOCTOR'S NOTES

Pediatric Emergency Department

Floating Hospital for Children's Emergency Department, an excellent resource for parents, is located at 830 Washington Street between Chinatown and the Theatre District in Boston, MA. Most children are seen within 30 minutes of arrival and cared for by specially trained pediatric emergency physicians. This is much faster than many other Emergency Departments in the region.

What are the most common injuries for children?

The most common toddler injuries that I see in the emergency department are minor injuries to the head and face from simple falls at home. While these injuries are common, they rarely represent significant brain injuries. Children usually recover completely but may have a facial "scar" to document their injury and a lifelong story to tell of their trip to the emergency department for stitches.

More serious injuries occur from a fall greater than standing height or when the speed the child is traveling is greater than simple walking. Evolution designed a protective device (the skull) to prevent brain injuries under these circumstances. Once these limitations are exceeded, potential brain injuries frequently occur. Risk of significant brain injury, therefore, increases as one engages in activities that allow children to move faster than a simple walk or fall from greater than a standing height.

Head injury is the leading cause of death for children of all ages.

Even though many kids resist wearing helmets, why is it so important to insist they do when using a bike, skateboard, or rollerblades?

Any activity in which a child is at risk for striking their head at a speed greater than walking, or a height greater than standing, would benefit from protective equipment. Many of the current protective devices were not available when parents today were kids; therefore, the idea that an activity does not require a helmet because 'I didn't wear a helmet when I was a kid' is not a valid argument for parents nowadays. If a child is likely to strike their head and the child is traveling faster than a walk (roller blades, scooter, ice skates, roller skates, bicycle, skate board, etc.), parents should encourage the use of a helmet to protect the head from impact.

What precautions should parents of younger children take around the pool? For older children?

Adult supervision is required 100 percent of the time. It should seem obvious, but having a pool in your yard is the greatest risk factor associated with drowning. For older children (teenagers), alcohol and water don't mix well. A large percentage of adolescents involved in water related fatalities are using alcohol or drugs.

At what age do you generally see most head injuries or the worst head injuries?

The worst head injuries are those that occur in association with motor vehicle accidents. Safety seats and proper use of restraints is critical. Alcohol continues to play a major role in motor vehicle crashes. Don't drink and drive. Don't get into a car and let someone else drive you or your child while they are under the influence of alcohol. Wear proper restraints while riding as a passenger in a car.

Head injury is the leading cause of death for children of all ages. The majority of lethal injuries will be related to motor vehicle events (motor vehicle crashes, auto-bike and auto-pedestrian events)

Other Tips:

For children playing sports during the summer, proper equipment can be critical. Younger baseball players should use softer than normal baseballs, avoid sliding headfirst, and use helmets that include cage masks. In soccer, it is important to make sure the goal is anchored into the ground. Discourage children from hanging from the crossbar of goals to avoid the possibility of their tipping and causing serious injury.

Injuries can also occur on the playground. Nine inches of mulch or wood chips are recommended to keep children safe from falls. If a trampoline is present, do not allow flips that could put children in danger of landing on their head. It is recommended that children under six do not use full-size trampolines and that only one person use the trampoline at a time.

When the weather gets warm, open windows can be a hazard to young children. Install window guards to prevent children from falling out of open windows. Guards should be installed in children's bedrooms, parents' bedrooms and other rooms where young children spend time. Or, install window stops that prohibit windows from opening more than 4 inches. Whenever possible, open windows from the top - not the bottom. Also, keep furniture away from windows to discourage children from climbing near them. □



RESOURCES

For more summer safety tips, please visit:

http://www.stlukes-sf.sutterhealth.org/news/enews/0505_safety.html

<http://www.cpsc.gov/cpscpub/prerel/prhtml02/02182.html>

Floating Hospital for Children

at **Tufts** Medical
Center

800 Washington St., #294
Boston, MA 02111

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Schedule a Clinic Visit

To refer a patient to one of our specialty clinics in Boston,
call 617-636-8100.

For our Chelmsford Specialty Center, **call 978-937-6362.**

For our Woburn Specialty Center, **call 781-897-0240.**

For our Framingham Specialty Center, **call 866-618-5518.**

Admit a Patient

For inpatient admission, **call our Hospitalists at
877-KIDS-FHC (877-543-7342).**

Have Our Physicians Visit You

Interested in hearing directly from our physicians? If you
would like to schedule a meeting with any of our physicians
or have them to your hospital for grand rounds or other
educational sessions, **please contact our Physician
Liaison Erin Flaherty at 617-636-3252 or
eflaherty@tuftsmedicalcenter.org**

Working Together for Healthy Futures is for pediatricians
who are interested in learning more about referring pa-
tients to Floating Hospital for Children at Tufts Medical
Center. We value your partnership with us and want your
patients, their families and you to have a positive experi-
ence. Our physicians at Floating Hospital recognize that
children and families must be cared for as individuals, and
their overall physical and emotional health, not just their
illness, is essential. It is our mission to treat each of your
patients as if he or she was our own child.

Working Together for Healthy Futures is published
quarterly by Floating Hospital for Children's Depart-
ment of Public Affairs and Communications. **Please
contact us at 617-636-0200 or [healthyfutures@
tuftsmedicalcenter.org](mailto:healthyfutures@tuftsmedicalcenter.org)**

*Floating Hospital for Children at Tufts Medical Center is the principal
pediatric teaching hospital for Tufts University School of Medicine*
www.floatinghospital.org

Floating Hospital
for Children
at **Tufts** Medical
Center