

A Publication of Goryeb Children's Hospital

well aware kids

FALL 2012

**HOW MUCH
SLEEP DO YOUR
KIDS REALLY NEED?**

MAGNETS
Fun or Dangerous?

CHILDHOOD ASTHMA
What You Need to Know



Goryeb
Children's Hospital 
ATLANTIC HEALTH SYSTEM

DEAR FRIENDS,



Children are not just little adults — the needs of infants, children and adolescents are so very different from the needs of adults. And that's precisely why we have a hospital for children, and why we staff it with pediatric specialists.

The skills needed to diagnose and treat children from ages 0-21 are special. Doctors need special training in how to observe an infant, for example, rather than just asking questions as the only mode of getting the information they need.

Our dedication extends to the families of our patients, too, because treatment has to involve the family. So we've done things like creating unrestricted visiting hours and allowing parents in the operating room with their son or daughter before surgery. It's not only about demonstrating our commitment to parents. It improves the quality of care, and I know it improves satisfaction.

It is great to be recognized with our own publication and we look forward to providing you with information that will assist you in caring for your children.

Please let us know what you think of this new magazine. If there's a story you'd like to tell, or a subject you'd like to read about, we'd love to hear from you. Please contact us at well.aware@atlantichealth.org.

Walter D. Rosenfeld, MD
Chair of Pediatrics
Goryeb Children's Hospital/
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Talk to us

Tell us what you want to see in *Well Aware Kids*. Email us at well.aware@atlantichealth.org. Or write us at Atlantic Health System, Attn: *Well Aware Kids*, P.O. Box 1905, Morristown, NJ 07962.

Visit our blog

Well Aware — Your Way provides an open forum for patients, employees and friends of Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Goryeb Children's Hospital to foster a discussion about issues related to hospital experiences and current health topics. Check us out at atlantichealthblog.org.

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Goryeb
Children's Hospital
ATLANTIC HEALTH SYSTEM

Atlantic Health System is one of the largest nonprofit health care systems in New Jersey, comprised of Morristown

Medical Center, Overlook Medical Center in Summit, Newton Medical Center and Goryeb Children's Hospital. The four medical facilities have a combined total of 1,310 licensed beds and more than 2,852 affiliated physicians providing a wide array of health care services to the residents of northern and central New Jersey. The medical centers, and Goryeb Children's Hospital as part of Morristown Medical Center, are accredited by The Joint Commission. Specialty service areas include advanced cardiovascular care, pediatric medical and surgical specialties, neurology, orthopedics and sports medicine. Each of these programs has earned top ratings and recognitions in their respective fields. Atlantic Health System is the official health care partner of the New York Jets and an official health care provider of the New Jersey Devils.

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BEWARE OF BUTTON BATTERIES

Those coin-sized batteries, used for mini remote controls, singing greeting cards, flameless candles, watches and hearing aids, present a growing danger for young children. Batteries can cause choking or get lodged in a child's esophagus, causing serious burns from toxic contents in as little as two hours. According to Safe Kids Worldwide, people reported more than 3,400 swallowing cases in 2010 alone. They recommend the following safety tips:

- Search your home for gadgets that may contain coin lithium batteries and keep them out of reach of children.
- Keep loose batteries locked up.

If your child swallows a battery:

- Go immediately to the emergency room.
- Do not induce vomiting.
- Call the National Battery Ingestion Hotline at 202-625-3333.

→ For more information, visit safekids.org.



STUDY

More Physically Fit Kids = Better Test Scores?

Kids who are physically fit are not only happier and have better relationships, they may do better academically, according to a new study. Researchers say middle school students who scored well on cardiorespiratory fitness tests did better on standardized math and reading tests. Parents should encourage their kids to be physically active, says the lead author of the study, presented in August at the annual meeting of the American Psychological Association.

→ Find out ways your family can get active. Visit [We Can!](http://WeCan!.nhlbi.nih.gov) at wecan.nhlbi.nih.gov.

FROM OUR FOUNDATIONS...

Is there a caregiver whose warmth and expertise made your visit a little easier? As a not-for-profit, Goryeb relies on donations to the Foundation for Morristown Medical Center and the Overlook Foundation to stay on the cutting edge. Because grateful families are our biggest supporters, the Foundations have created the Healing Hands Award at Morristown and the Gift of Gratitude program at Overlook as a way to honor our amazing caregivers and raise money for top pediatric funding priorities.

Interested? Visit f4mmc.org for Morristown or overlookfoundation.org for Overlook, select Donate Now and, on the giving form, designate your gift in honor of the caregiver of your choice. Personal notes and stories are welcome.

→ Questions? At the Foundation for Morristown Medical Center, contact Gerri Kling, major gifts officer, at 973.593.2414 or geraldine.kling@atlanticealth.org; at the Overlook Foundation, contact Lorie McDonald, director of donor relations and stewardship, at 908-522-2855 or lorie.mcdonald@atlanticealth.org.

5 MYTHS AND 5 FACTS ABOUT ACNE

FIRST, THE MYTHS:

- Acne is caused by certain foods you eat.
- Sun exposure can help clear up acne.
- Since acne isn't a serious health threat, there's really no reason to treat it.
- The more you wash your face each day, the greater chance you have that your acne will clear up quickly.
- Excessively drying out the skin is the best way to prevent acne outbreaks.

NONE OF THE ABOVE IS TRUE. NOW, THE FACTS:

- It's not a good idea to pick or squeeze pimples and blemishes.
- Removing your makeup before going to bed and avoiding wearing any kinds of heavy makeup can help prevent acne from flaring up.
- Being aware of what touches your skin is important in preventing acne from flaring up.
- Showering as soon as possible after exercising or doing strenuous work helps keep acne in control.
- There's no cure for acne.

Acne isn't a serious medical condition, but see a dermatologist for persistent pimples or inflamed cysts.

→ For answers to teenage questions about health, relationships, sexuality, and more, visit TeenHealthFX.com.





How is Goryeb's Pediatric Emergency Department Different From a Regular Emergency Department?

At first glance, you'll notice a child-friendly environment: colorfully decorated rooms and a TV, VCR and DVD player, all aimed at making young patients feel more comfortable. You'll also find specially trained staff who bring compassionate care and expertise to pediatric patients. It's all part of a focus on patient- and family-centered care at the Gagnon Pediatric Emergency Department at Morristown Medical Center and the Gordon E. Reeves Pediatric Emergency Department at Overlook Medical Center. This philosophy drives the facilities' many features, according to Ethan Wiener, MD, Goryeb's associate director of pediatric emergency medicine.

One of those features is including the family in the child's care team. "We always encourage parental presence during procedures," Dr. Wiener says. "That really helps the anxiety levels for both families and kids." Families are brought into discussions of treatment plans with physicians and nurses. They can stay in the room with the child as long as they like.

For young patients at the pediatric emergency department – many of whom are in pain or feeling anxious about procedures that might be painful – the experience includes the Child Life program, which does a tremendous job in distracting young patients, Dr. Wiener says. "They use a lot of technologies, so we have many iPads, for example. If you're able to give patients something that gives them a different stimulus, you can do things like starting an IV to examining a hurt extremity not only more easily, but more safely and more reliably." *For more about Child Life, turn to page 15.*

After a patient leaves, Goryeb's pediatric emergency department continues their efforts to improve services by asking patients and families about their experiences with the hospital. This is the "Are You Being Heard?" campaign, in which trained volunteers call families to request feedback.

Families can also participate with Goryeb Children's Hospital on a broader level by becoming

part of the Family Advisory Council, which has a subcommittee dedicated to Goryeb's pediatric emergency department. Members meet alongside hospital decision-makers, from the CEO to the physicians and floor nurses. Discussions might revolve around special programs or simple improvements in the emergency department's day-to-day operation.

"We're always getting input from our families that opens a new perspective on everything from design to process," Dr. Wiener says. "They

can be simple things, but they contribute tremendously to the way things function and the way it's experienced by the patients – and at the end of the day, it's really about the patient experience."

These efforts are all part of an environment and a culture dedicated to focusing on constantly improving, Dr. Wiener says. "It's really an implementation of a broad philosophy of how we want to set up our system, with patient- and family-centered care at the heart of it."





Magnets – Fun or Dangerous?

For 12-year-old Jason Bruce, what seemed like a harmless middle school antic soon required emergency hospitalization and surgery. Jason and his friends had placed magnetic balls on the inner and outer part of their lips to create the appearance of a lip ring, but their fun became dangerous when Jason accidentally swallowed two small round magnets.

The problem is that the magnets are attracted to each other from different locations in the body. “They can bring together two pieces of bowel and twist them or erode the intestine and pop right through,” says Joel Rosh, MD, division director of pediatric gastroenterology for Goryeb Children’s Hospital. The strength of today’s magnets has created this issue. Rare earth magnets, which became commercially available around 2008 and are now marketed as an adult “desk toy,” can be 10 times stronger than traditional magnets.

The danger to small children, who naturally want to put things in their mouths, is obvious, but the other alarming trend is among adolescents, Dr. Rosh says. They use the magnets to create the look of piercings without an actual piercing.

When Peter Wilmot, DO, the on-call gastroenterologist for Goryeb Children’s Hospital, looked at Jason’s x-ray, he saw two small objects in his stomach. “My stomach dropped when they said those small round objects were magnets,” he says. They rushed to the operating room to get the magnets before they left his stomach. “If they’ve moved on, that’s where you get into major concerns.”

It was too late. The magnets were in Jason’s intestine. The pediatric surgeons at Goryeb Children’s Hospital monitored the magnets over a few days, but they did not progress, so



Jason Bruce, 12, had to have surgery after accidentally swallowing two small round magnets.

“They can bring together two pieces of bowel and twist them or erode the intestine and pop right through.” – Joel Rosh, MD

they decided to operate. After trying to manipulate them out of his intestine, they drew the magnets into Jason’s appendix using another magnet, then removed his appendix.

While pediatric gastroenterologists work to raise awareness of this issue around the country, Jason, still recovering from his surgery, has some advice for kids thinking of playing with small high-powered magnets: “Don’t be stupid. Don’t use them improperly.”

For more information, contact Pediatric Gastroenterology at 973-971-5676. www.atlantichealth.org/kidsgastro



PARENT TIP

Let your teens know about a video on the dangers of high-powered magnets from the U.S. Consumer Product Safety Commission: www.cpsc.gov/onsafety/2011/11/magnet-dangers

FEATURE



The Slumber Story

What's preventing your child from getting enough sleep?



TRUE INSOMNIA — A TOTAL INABILITY TO FALL ASLEEP — IS INCREDIBLY RARE, SAYS APRIL WAZEKA, MD, PEDIATRIC PULMONOLOGIST FOR GORYEB CHILDREN'S HOSPITAL. "THE COMPLAINT OF INSOMNIA IS COMMON, BUT INSOMNIA IS UNCOMMON."

Sleep problems are common in children. In small children, they are often related to behavioral issues that usually fall into two categories: sleep-onset association disorder and limit-setting problems, says Dagnachew Assefa, MD, pediatric pulmonologist for Goryeb Children's Hospital.

A child who often delays going to sleep may have a limit-setting disorder. "They're trying to get 10 drinks of water; they want to read one more story," says Dr. Wazeka. Then there are children who have difficulty falling asleep unless they are held, rocked, or they need a particular object; this is typical of a child with a sleep-onset association difficulty.

"Parents come in and say, 'I have an infant who won't go to sleep unless I give him a bottle,'" says Ashish Shah, MD, director of the Pediatric Sleep Disorder Center for Goryeb Children's Hospital. "They don't need to be fed, but they have learned to associate going to bed with certain activities. Every time they wake up, which kids frequently do, they expect to be rocked or fed."

SETTING REALISTIC LIMITS "The common theme is setting appropriate limits," says Dr. Shah, who helps parents consider realistic limits and methods to implement them.

For adolescents, many sleep troubles relate to poor sleep hygiene, such as using the computer at night, consuming energy drinks, sleeping late on weekends. "I saw a teenage girl yesterday who falls asleep in class. She goes to bed at midnight and gets up at six," Dr. Shah says. "That's only six hours a night. But she watches TV for an hour in her room and leaves the TV on, and she can't fall asleep. That's an example of

poor sleep hygiene, something we commonly address in our office."

Adolescents are particularly prone to problems with their biological clock if they do not keep a regular schedule, says Dr. Assefa. Puberty shifts that clock, making teenagers want to stay up late and sleep in later the next day. "They're susceptible to their biological clock shifting even if they stay up late one night, and they often have difficulty shifting back to a more appropriate schedule."

Hypersomnia, or excessive sleepiness during the day, is often more about quality rather than quantity of sleep. Certainly, many teenagers simply do not sleep enough hours at night, resulting in sleepiness during the day. However, poor quality of sleep, such as obstructive sleep apnea (subtle interruptions in breathing), can often lead to daytime sleepiness.

Snoring can be an audible indication of sleep apnea that may otherwise be hard to detect at younger ages. "Children don't really exhibit sleepiness in the sense that they fall asleep during the day," Dr. Shah says. "But they don't pay attention as well, teachers may complain they're not focused, or their speech is slightly delayed."

WHEN SHOULD I WORRY ABOUT MY CHILD'S SLEEP PROBLEMS? Always discuss sleep problems with your primary care doctor. Many problems can be addressed by concentrating on good sleep habits and being consistent with schedules. If your child is snoring or falling asleep inappropriately during the day, you should also bring this to the attention of your child's doctor, as further evaluation or consultation with a sleep specialist may be needed.



PARENT TIP



HOW MUCH SLEEP DO CHILDREN NEED?

Researchers have developed guidelines outlining children's changing sleep requirements.

1-2 MONTHS
10.5-18 hours a day, lasting several minutes to hours at a time.

3-11 MONTHS
9-12 hours during the night, plus one to four naps a day for 30 minutes to two hours.

1-3 YEARS
12-14 hours of sleep in a 24-hour period.

3-5 YEARS
11-13 hours a night. Naps taper off after 5 years.

5-12 YEARS
10-11 hours of sleep.

SOURCE:
sleepfoundation.org

PEDIATRIC SLEEP DISORDERS CENTER AT GORYEB CHILDREN'S HOSPITAL

The Pediatric Sleep Disorder Center at Goryeb Children's Hospital is unique in the state of New Jersey, with a dedicated sleep laboratory for children.

Our center consists of three physicians who are board certified in Pediatrics, Pediatric Pulmonology and Sleep Medicine. The physicians have experience in the evaluation and management of children and adolescents with all sleep disorders.
ASHISH SHAH, MD
APRIL WAZEKA, MD
DAGNACHEW ASSEFA, MD

To reach one of our pediatric sleep specialists, please contact the Respiratory Center for Children at 973-971-4142.

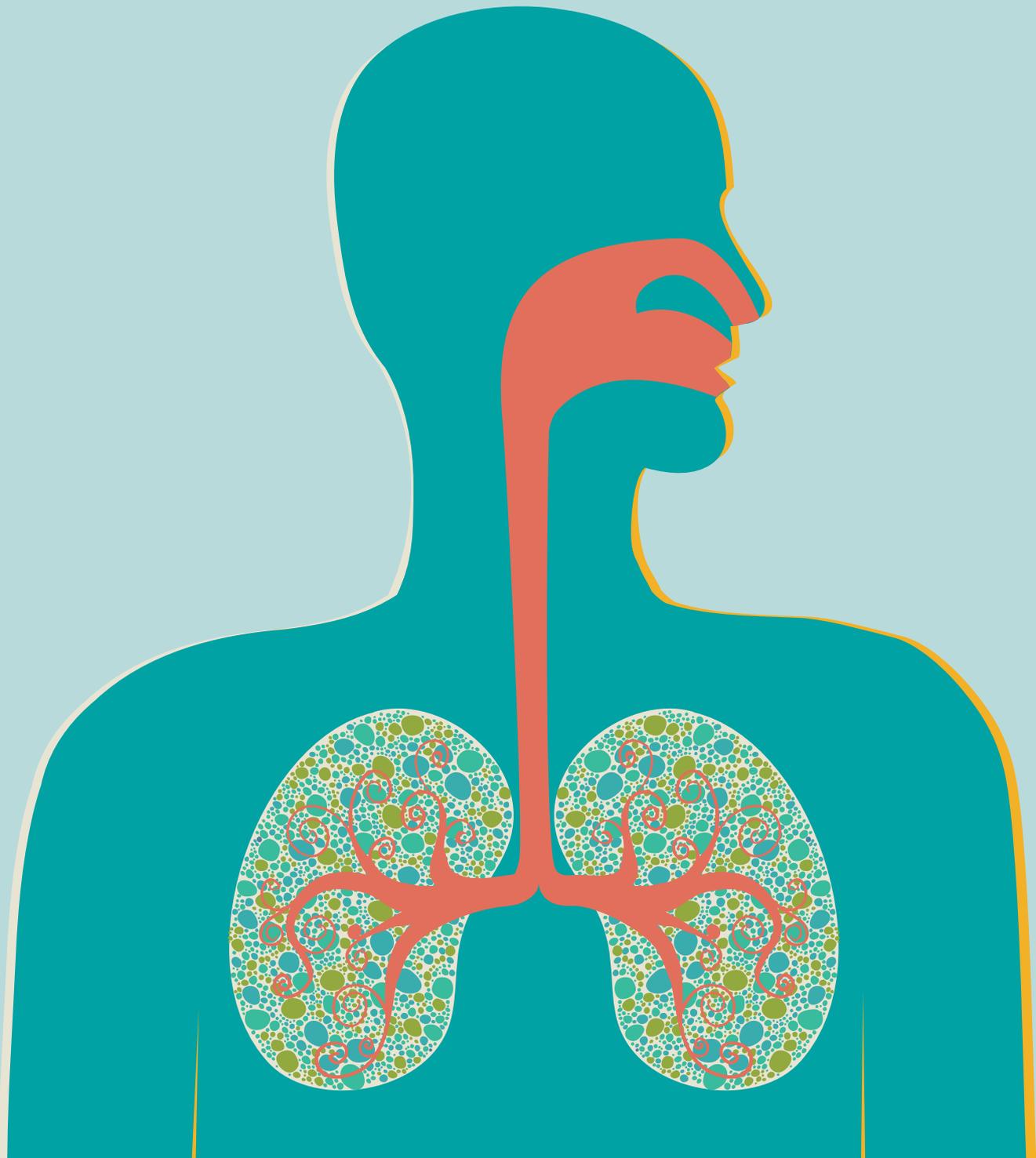
For more information, please visit www.atlantichealth.org/kidssleep

FEATURE



Breathing Easier With Childhood Asthma

Controlling asthma with proper evaluation, education and treatment.



Childhood asthma affects between eight percent and fifteen percent of children. "There's been an increasing frequency of asthma in children, but it's not clear why," says Arthur B. Atlas, MD, director of pediatric pulmonology and the Respiratory Center for Children for Goryeb Children's Hospital. The risk of a child having asthma is elevated if one parent has asthma, but greatly elevated if both parents have asthma. Prematurity, exposure to cigarette smoke, allergic disease and eczema are other risk factors for childhood asthma.

"Having asthma doesn't mean you always have symptoms or always need medication," says Dr. Atlas. "It means your lungs are more sensitive than they should be, because there's inflammation in the airways." While the condition is always present, there may not be symptoms until the child runs into a trigger: catching a cold, laughing or inhaling a perfume. The key is understanding which triggers aggravate the airway sensitivity and produce asthma symptoms, since a combination of avoidance and medication can maintain good asthma control.

"People have the perception that children with asthma should be having severe attacks or audible wheezing. However, most children with asthma have more subtle symptoms," says David Cooper, MD, MPH, pediatric pulmonologist for Goryeb Children's Hospital. "It is important to identify asthma, and address the subtle symptoms before they become severe or life threatening." It's always easier to be proactive, and preventive, in choosing appropriate asthma management, rather than treating once the child is in severe distress.

One of the tools we offer to our patients and their families is Asthma and Reactive Airways education. These sessions go over such topics as early warning signs, medications, spacers and nebulizers, among other key issues. They are taught by our nurses, who are Asthma Educator - Certified (AE-C).

"We are very proud of the success we have in minimizing the rate of emergency room visits and hospitalizations for severe asthma, due to our medical expertise and asthma education programs," says Dr. Atlas.

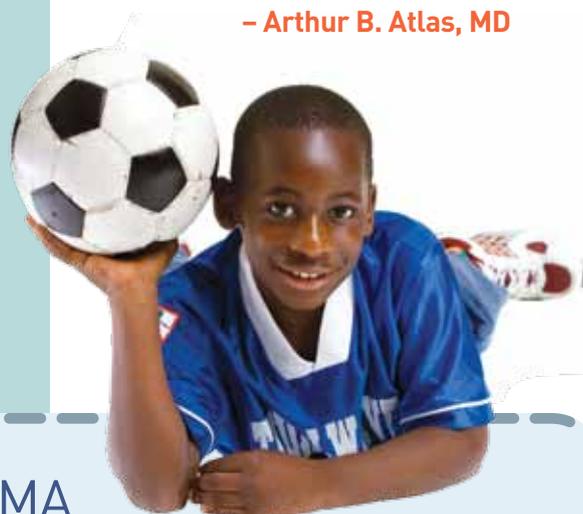
The Respiratory Center for Children at Goryeb Children's Hospital is the largest and most comprehensive kid-friendly program in the region providing education and medical guidance to primary care physicians, nurses and their patients in asthma and all respiratory problems in children. Our experts are available to discuss home, school and workplace environmental control issues, and the risks and benefits of various treatment options.

To contact the Respiratory Center for Children, ask questions or make an appointment, call 973-971-4142. www.atlantichealth.org/kidsrespiratory



"Asthma doesn't mean you always have symptoms or always need medication."

- Arthur B. Atlas, MD



EXERCISE AND ASTHMA

Asthma comes in many flavors and "one size fits all" treatment plans are not the best management approach. All asthma patients, if pushed hard enough, can develop symptoms playing sports. However, some patients will only have asthma symptoms with sports. This can be challenging to diagnose and treat, since everyone breathes harder or becomes breathless with vigorous activity.

The Respiratory Center for Children has the capability to evaluate

the cause of exercise-related breathing problems and decide on the appropriate action. Dr. David Cooper, working with David Scott, an exercise physiologist with expertise in the training of highly competitive athletes, has established the Pediatric Exercise and Extreme Environment Laboratory, which is the only facility of its kind for children, in this region, says Dr. Atlas.

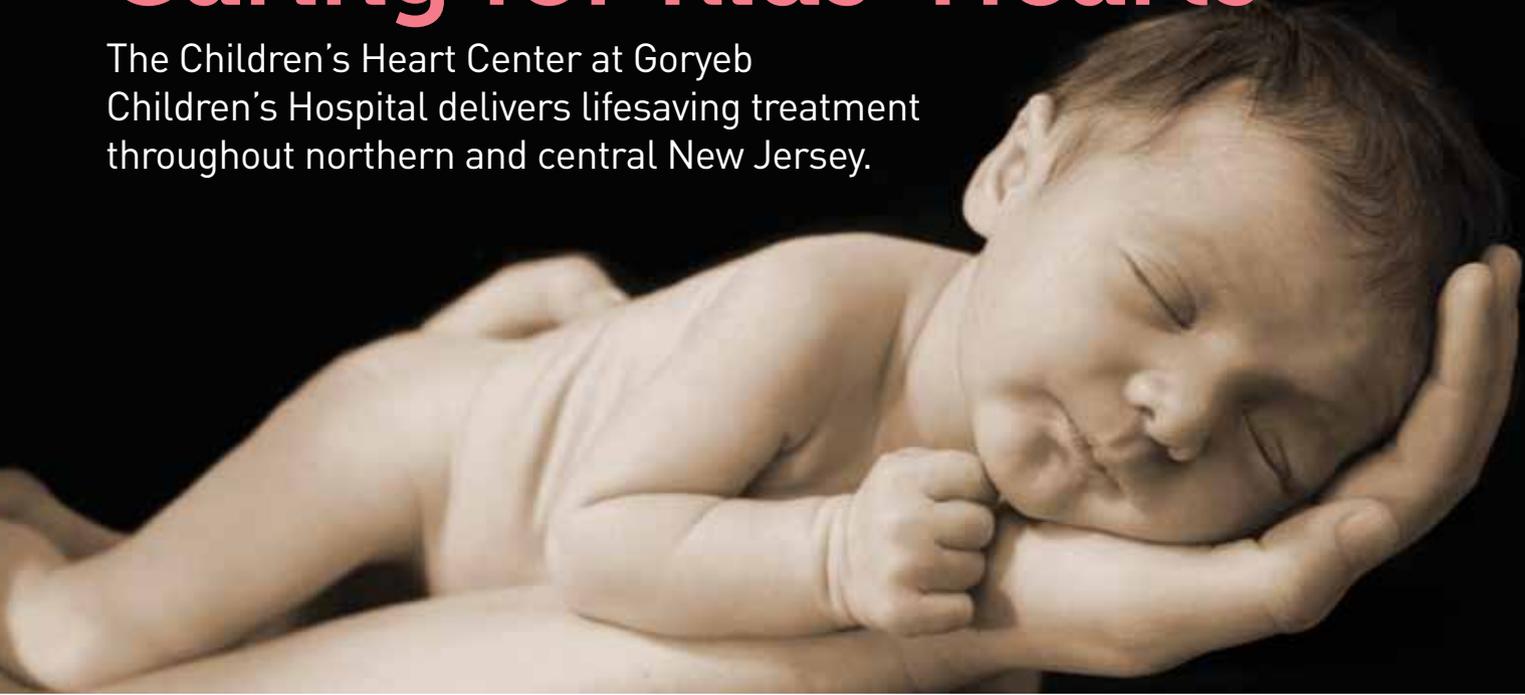
Exercise testing in the lab combines two stressors simultaneously:

cold air, which causes airways to constrict if they are sensitive; and exercise, which also causes constriction in sensitive airways. Of course, many children complain of chest tightness and shortness of breath during exercise, but sometimes it's just being out of shape, Dr. Cooper says. "Our lab is very good at teasing out the issues: Is it asthma or is it deconditioning, or possibly both? We have the capabilities and the expertise to address all exercise-related breathing issues."



Caring for Kids' Hearts

The Children's Heart Center at Goryeb Children's Hospital delivers lifesaving treatment throughout northern and central New Jersey.



The day Dylan Gordon, born at Newton Medical Center in September 2011, was scheduled to go home from the hospital, a new law went into effect mandating pulse oximetry testing in all newborns. This is a screening test to help detect congenital heart defects, the most common birth defect, before severe symptoms develop. The results of this test suggested Dylan had a cardiac problem.

By telephone, Newton Medical Center consulted Stuart Kaufman, MD, pediatric cardiologist for Goryeb Children's Hospital. His response was swift: "We must activate the NICU transport team for full cardiac evaluation at the Children's Heart Center at Goryeb Children's Hospital." There, Donna Timchak, MD, pediatric cardiologist for Goryeb Children's Hospital, diagnosed a critical obstruction in the aorta, requiring surgery. Through the coordinated efforts of the medical teams at Newton Medical Center and Goryeb Children's Hospital, Dylan is a thriving 10-month-old today.

Having that expertise nearby can make all the difference. "When you have a sick newborn and there's a heart-related issue, it can be serious, so having them available helps us determine which infants need higher care," says Mia Piggee, MD, pediatric hospitalist for Newton Medical Center. "It allows us to give the best care to infants."

Dylan is one of the 4,000 patients evaluated each year by the pediatric cardiologists at the Children's Heart Center at Goryeb. Although Dylan was diagnosed with a congenital heart defect after birth, the ability to diagnose heart defects before birth has been a major achievement in pediatric cardiology. Today, many — if not most — infants born with heart defects are actually diagnosed by the team in utero.

"Mothers are referred for a fetal echocardiogram if there is a family history of congenital heart disease or if there are certain conditions that may increase the risk of heart defects in the fetus," explains Dr. Kaufman. Fetal diagnosis of a congenital heart problem allows for parental education, preparation and an optimal delivery plan. "We can also diagnose rhythm problems in the fetus," says Dr. Kaufman, "and in most cases, they can be treated successfully before birth, ensuring a healthy newborn."

In addition to the continued management of those patients born with congenital heart defects, the team which also includes Drs. Christine Donnelly, Suzanne Mone, Lauren Rosenthal and Aparna Prasad, evaluates and treats children referred for a variety of reasons ranging from heart murmurs, chest pain and fainting to heartbeat irregularity. Using state-of-the-art diagnostic equipment, the team offers a full range of noninvasive testing to assure accurate and prompt diagnosis and treatment for children with suspected heart disease. Moreover, with a dedicated staff of nurses, cardiovascular technologists, a social worker and administrative staff, ongoing family support is certain.

For more information or to make an appointment with a pediatric cardiologist at Goryeb Children's Hospital, Children's Heart Center, call 973-971-5996.
www.atlantichealth.org/kidsheart

Fetal echocardiography — an ultrasound test of the fetal heart — may be ordered for many reasons, including:

- **FAMILY HISTORY** of congenital heart disease
- **MATERNAL CONDITIONS** such as diabetes, connective tissue disease and advanced age

- **ENVIRONMENTAL EXPOSURE** to alcohol, illegal drugs, rubella and oral contraceptives
- **ABNORMAL PREGNANCY**, including fetal irregular heartbeat, abnormal chromosomes and abnormal fetal growth

Happy 10th Anniversary

WATCHING GORYEB GROW, 10 YEARS AND COUNTING...

This state-of-the-art, child-centered facility is moving forward to meet the ever-changing needs of children throughout the region.



When Goryeb Children's Hospital opened its doors in 2002, it quickly became the hospital of choice for families throughout the area. Ten years later, physicians at Goryeb treat more than 50,000 pediatric patients annually across 20 different areas of medical and surgical care.

"The achievement of our 10th anniversary is a very exciting milestone for us," says Walter D. Rosenfeld, MD, chair of pediatrics, Goryeb Children's Hospital. "In 10 years we've seen incredible growth in the expertise and advanced education of our staff, the expansion of our specialty services, the welcome inclusion of our families in the treatment of their child's care, and the technological capabilities of our facility."

Unlike general hospitals, Goryeb Children's Hospital has multiple specialties, like a pediatric emergency department, a pediatric intensive care unit and a regional perinatal center. The team at Goryeb Children's Hospital can take care of almost every child, adolescent and young adult with minor cuts and sprains to the most complex, chronic and acute conditions. Inpatient and outpatient services have grown to include more than 100 board-certified pediatric specialists. Outpatient care is also available at

multiple locations throughout the state, in addition to more than 250 community pediatricians on staff.

Training and research at Goryeb allows us to provide patients with treatments only available at select institutions and gives us valuable information about the newest medications, treatments and technologies to help children get well and stay healthy. With our patient- and family-centered care philosophy, family members are an integral part of the team and are directly involved in the decision-making process.

"We provide resources such as psychosocial support services, often desperately needed by families and patients, that go way beyond medications and high-tech treatments. This approach helps to improve outcomes," says Dr. Rosenfeld. "We don't feel that we provide care for patients and families; we provide care with them."

Goryeb is growing in square footage, too. A gala fundraiser (see right) will help Goryeb expand into the adjoining part of Morristown Medical Center. "This will allow us to better accommodate all children requiring admission and to create new space, such as an epilepsy monitoring unit for children with complicated seizure disorders," Dr. Rosenfeld says. Other new services will include the Center for Advanced Medicine in Pediatrics (CAMP), to bring together specialists working together on the most complicated cases, which will house:

- The Center for Inflammatory Disorders, where doctors will focus on inflammatory bowel disease, rheumatology disorders (lupus, childhood arthritis) and immunology
- A pediatric oncology long-term follow-up program
- Craniofacial Clinic and several other multidisciplinary clinics

Dr. Rosenfeld says the expansion means even more outstanding care in the future. "We look forward to many more years of growth in our continuing efforts to care for the children in our community," he says.

"We don't feel that we provide care for patients and families; we provide care with them."

— Walter D. Rosenfeld, MD



WATCHING GORYEB GROW — 10 YEARS AND COUNTING ...

Join us October 25, 2012, as we celebrate the first 10 years at Goryeb Children's Hospital and look to the next exciting phase. The event, at the newly renovated Park Savoy at 236 Ridgedale Avenue in Florham Park, includes cocktails at 6:00pm followed by dinner created and hosted by celebrity chef Fabio Viviani of Bravo TV's "Top Chef." Cost is \$250/pp. For more information, call Michelle Meszaros, special events coordinator, at 973-593-2417 or visit www.atlantichealth.org/goryeb10.



Deciphering Seizures

What causes these disruptions in the brain remains a mystery.



From the inside, a seizure is a change in the brain's electrical activity. From the outside, the visible clinical consequences may include jerky movements, drastic mood changes or difficulty speaking. The cause is a mystery. "Half of the time we don't know why it happens," says Lori Lazar, MD, for Goryeb Children's Hospital.

One person in 10 will have a seizure in his or her lifetime and never have another. So if a parent brings in a child who has had a seizure, doctors may take a wait-and-see approach. "We'll work

them up to make sure they're otherwise well, but it doesn't move us to medicate them," Dr. Lazar says. "We'll see if it happens again." They will do tests to try to determine if it really was a seizure because not everything that looks like a seizure is one, says Raji Mahalingam, MD, for Goryeb Children's Hospital. "You can have a fainting episode, start to black out or actually black out, have numbness and tingling. It could be a fainting episode from low blood sugar, dehydration or illness. Sometimes emotional stress can cause a seizure. It's difficult to judge from the outside.

An EEG is the only way to know. If there's no change in the brain activity, it could be a pseudo-seizure."

But if a parent thinks he or she is witnessing a first seizure, or if the child has a seizure lasting five minutes or more, or is having one after the other, Dr. Lazar recommends calling an ambulance.

The parent's observations about the event will be crucial for the doctor. "We try to get information from the parent, especially the time of onset and duration," says Patricia Ruiz, APN, a pediatric nurse practitioner for Goryeb Children's Hospital. "If it started on one side, for example — we're looking for any information."

Drs. Lazar and Mahalingam have special expertise in managing epilepsy and seizure disorders. They are board-certified pediatric neurologists with special training and certification in pediatric epilepsy.

To contact the Pediatric Epilepsy Center at Goryeb Children's Hospital, call 973-971-5700.



PARENT TIP:
SEIZURE DO'S AND DON'TS
 If you think someone is having a seizure:

- Don't restrain patients.
- Don't put anything in their mouth.
- Don't move them (unless they're in danger).
- Don't give them anything to eat or drink.
- Protect them from injury: Remove anything nearby that could hurt them and cushion their head.
- Move them to a side-lying position (especially important as they recover, in case they vomit).

– Patricia Ruiz, APN, pediatric nurse practitioner for Goryeb Children's Hospital



Type 1 Diabetes

This diagnosis can be overwhelming for kids and families.

Type 1 diabetes is becoming more common: A recent study has shown a 23 percent increase over the past five years.

The condition occurs when the cells in the pancreas that produce insulin are destroyed. Without insulin, the body cannot utilize sugar, and blood sugar increases. "Kids usually present with a lot of urination and drinking. This can lead to significant dehydration requiring admission to the intensive care unit," says Harold Starkman, MD, director of pediatric endocrinology and the BD Diabetes Center for Goryeb Children's Hospital.

Treatment of Type 1 diabetes usually includes injecting insulin three or more times a day. In addition, carbohydrates need to be measured and blood sugars monitored at least four times a day. About half of patients use an insulin pump, but it's a matter of preference, Dr. Starkman says "If you can maintain blood sugars as close to normal as possible, you can minimize risk for developing diabetes complications such as eye, nerve and kidney problems," Dr. Starkman says.

Treatments on the horizon include an artificial pancreas that can continuously measure blood sugar, and using this information, calculate

and deliver insulin in a way similar to that of a functioning pancreas. Researchers are also focusing on making pancreatic transplantation more successful. "Technology now exists to perform whole pancreas transplants, but this procedure requires long-term use of medications which suppress the immune system," he says. "Since cells which produce insulin account for five percent of the pancreas, experts feel that transplanting only insulin-producing pancreatic cells may be a better answer."

The BD Center provides care to over 1,000 children and adolescents with diabetes, with an emphasis on teaching coping skills to their

young patients and their families. The care team is comprised of six doctors, four nurses, a dietitian, a family therapist and a social worker. "Providing psychosocial support is an important component of our program. Diabetes affects all aspects of daily life, and often puts major stresses on families," Dr. Starkman says. "We need to support families and offer tools to make the daily responsibilities of dealing with diabetes easier."

For more information, contact the BD Diabetes Center at Goryeb Children's Hospital, 973-971-4340.
www.atlantichealth.org/kidsdiabetes

RESEARCH AT BD DIABETES CENTER

The BD Center was selected to participate in the Type 1 Diabetes Exchange, a national project creating a database to obtain more information on effective management for those with Type 1 diabetes. The Center also participates in TrialNet, a national study that screens family members of those with Type 1 diabetes for their diabetes risk.

"Diabetes is unique in that it is a medical disorder that requires patients and their families to be primarily responsible for day to day medical management," Dr. Starkman says. "In our professional role we serve as diabetes consultants, supporting families and teaching them skills to ensure that their kids live long, happy and healthy lives."



PARENT TIP

Check with your physician if your child exhibits unexplained weight loss, increased drinking and urination and persistent bed wetting. These can be symptoms of new diabetes.



Juvenile Arthritis

Arthritis can occur in young kids, even in babies.

Juvenile arthritis is not uncommon, occurring at approximately the same rates as juvenile diabetes. But the condition frequently goes under-recognized or recognized late, says Sivia Lapidus, MD, division director of pediatric rheumatology for Goryeb Children's Hospital. "There are babies with arthritis," Dr. Lapidus says. "It's common in 1 and 2 year-olds."

Often, a stigma seems to be attached to the term arthritis, she says. "People can't imagine a child getting arthritis," she says. "That makes it hard for kids when family, friends, teachers and coaches don't believe them."

The disease is different in children than it is in adults. For children, there are certain elements of the diagnosis that include:

- **AGE** The child is in the pediatric age group.
- **ARTHRITIS** Swelling, limited motion occurring in one or more joints.
- **DURATION** The condition is defined as lasting at least six weeks (sometimes children develop temporary arthritis in reaction to an infection.)

The most common type often affects the knees. "With this type, there are four or less joints affected, and they're likely to have inflammation of the eye," Dr. Lapidus says. "Before we knew to screen for it, it was a main cause of acquired blindness in this country," she adds."



Other types may affect a different combination of joints.

Causes remain a mystery. Scientists have found a genetic relationship. The affected child may have a family history of autoimmune conditions, but not always — and face an environmental trigger.

Once they observe symptoms, parents should consult a pediatric rheumatologist early on. A diagnosis will be primarily based on the child's history and a physical exam. "Those are about 80 percent of it," Dr. Lapidus says. "Lab results can help characterize what type of arthritis your child has, but they do not make the diagnosis."

Treatment usually consists of a combination of anti-inflammatory medication and physical or occupational therapy. Ophthalmology follow-

up is important as well. The promising news is that kids with juvenile arthritis have a good prognosis. About half will outgrow it, and treatments today are effective. "We don't have a cure, but we hope to keep it quiet with medication," Dr. Lapidus says. "In other words, they have an inactive disease, so they can maintain function."

For more information, contact Dr. Lapidus or the Division of Pediatric Rheumatology at 973-971-4096. www.atlantichealth.org/kidsrheumatology



LOOK FOR POSSIBLE SIGNS OF ARTHRITIS IN CHILDREN:

- Joint swelling
- Stiff joints in the morning
- Limp, especially in the morning
- Difficulty moving joints
- Pain when moving joints
- Limitation in moving joints



New Playrooms Help Heal

Now children at Goryeb Children's Hospital at Morristown Medical Center have more opportunities to have fun, be creative and connect.

In June, Goryeb Children's Hospital at Morristown Medical Center celebrated the opening of The Lion's Den, a playroom for adolescent and preteen patients, where the emphasis is on healing through interactivity and connectivity. There, children have access to video games and personal computers. They even have a large monitor with videoconference capability, allowing them to connect with family and friends and other Lion's Dens around the world for special events and programs, including one at Overlook Medical Center.

Goryeb Children's Hospital's Lion's Den was created with the help of donations from the Companions in Courage Foundation, founded by NHL Hall of Famer Pat LaFontaine, and the Frozen Flashback Delbarton hockey team. That team's connection to Goryeb Children's Hospital goes back decades. The story starts in 1989, when the New Jersey Hockey State Championship between Delbarton School in Morristown and St. Joseph Regional High School in Montvale was canceled due to a measles outbreak. Twenty-one years later, the "Frozen Flashback" took place at Mennen Arena in Morristown, as both teams assembled their original rosters. The proceeds from their game went to Goryeb



Children's Hospital, where many received care as children, and where they now bring their own sons and daughters.

"We are incredibly grateful to the Frozen Flashback players and to the Companions in Courage Foundation for their continued commitment to the Goryeb Children's Hospital," says Walter Rosenfeld, MD, chair of pediatrics for Goryeb Children's Hospital. "The Lion's Den offers a unique opportunity for our patients to connect with their friends and family and find comfort in virtually meeting other pediatric patients around the country."



Child Life

Goryeb Children's Hospital Child Life program helps children and families cope with their hospital experience. Hospital stays, medical procedures, tests and shots are stressful for everyone, but they're even more so for children. "Our goal is to help normalize children's hospitalization," says Lisa A. Ciarrocca, BA, CCLS, manager for the Child Life program.

Specialists help patients deal with the psychological, social and emotional aspects of hospitalization. "We do some procedural teaching beforehand, so kids know what's going to happen," Ciarrocca says. "We explain it in their language — not the specifics, but how to help them cope with the procedure." That might include taking pictures of machinery — the CAT scan, for example ("Kids are very literal — they hear that and they envision a cat," Ciarrocca says), to show children where they're going to go. They might bring a dinosaur or a teddy bear and put a respiratory mask on it or start an IV.

Distraction techniques help keep kids occupied during procedures. Play and activity centers offer them an escape from their rooms. "Children need to play and to act out; that behavior helps them cope," Ciarrocca says. "We also deal with siblings and parents. There can be a lot of blame: 'Did I wish this on my brother?' 'Could we have prevented this?'"

In every unit, Child Life specialists work alongside Goryeb doctors and nurses, helping children deal with what's happening to them, she says. "We provide a vital part of the multidisciplinary team."

Medical Homes

Seeing the same physician consistently clearly results in better care over time, says Hemant Kairam, MD, pediatrician for Summit Pediatrics. That knowledge is driving a model of care called patient-centered medical homes, in which the focus is on continuity of care. The medical home concept means a pediatric care team works with children and their families to ensure that all of the patients' needs are met.

This is a significant departure from the episodic quality that has often characterized health care in the past. The medical home team, which starts with the pediatrician, helps patients and families access specialty care, provides family support as well as any other services necessary for their overall health on an ongoing basis, as the child grows.

In this role, pediatricians can help ensure that, when necessary, the right referrals get made



A fully developed medical home also provides parents with access to their child's chart and laboratory reports.

to pediatric subspecialists and that parents or patients have telephone and email access to their doctor.

The goal is simple: to keep children as healthy as possible while reducing the need for utilization of unnecessary medical services. Of course, all of this results in lower costs and better satisfaction. "I think we will be able to provide higher-quality care, and it will be more affordable and more efficient in the long term," Dr. Kairam says.

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Goryeb Children's Hospital
doctor, call **1-800-247-9580**
or visit atlantichealth.org.



NEW JERSEY

Goryeb Children's Hospital
Locations

- 1 Goryeb Children's Hospital at Morristown Medical Center**
100 Madison Avenue, Morristown, NJ 07960
- 2 Goryeb Children's Center at Overlook Medical Center**
99 Beauvoir Avenue, Summit, NJ 07901
- 3 Newton Medical Center**
175 High Street, Newton, NJ 07860
- 4 Goryeb Children's Hospital Subspecialty Office at Sparta Health & Wellness**
89 Sparta Avenue, Sparta, NJ 07871
- 5 Goryeb Children's Hospital Subspecialty Office at Collins Pavilion, Chilton Hospital**
97 West Parkway, Pompton Plains, NJ 07444
- 6 Goryeb Children's Hospital Subspecialty Office at Raritan**
34 East Somerset Street, Raritan, NJ 08869
- 7 Goryeb Children's Hospital Subspecialty Office at East Brunswick**
579 Cranbury Road, Suite H,
East Brunswick, NJ 08816

