Here is a short list of the current guidelines for diagnosing and managing bronchiolitis, in otherwise healthy infants and toddlers, as adapted from Ralston, 2014.

1. Bronchiolitis remains a clinical diagnosis, often with eventual self-resolution.
2. Beta agonists, such as inhaled albuterol or levalbuterol, are not recommended.
3. Inhaled racemic epinephrine is not recommended.
4. Systemic or inhaled corticosteroids are not recommended.
5. X-rays are not necessary to diagnose patients with bronchiolitis.
6. Nebulized hypertonic saline treatments, while safe, are not routinely recommended.
7. Close observation and suctioning can be helpful in clinical bronchiolitis.
8. Nasogastric feedings are preferred to intravenous fluids for bronchiolitis patients struggling with feeding and hydration.

Of course, these are consensus guidelines, representing best evidence in a retrospective fashion. We encourage you to continue to use your best judgment in diagnosing patients, and give us a call if you would like to discuss specific cases and possible interventions.

Dr. Fine is Chief of the Division of Pediatric Hospital Medicine, which he started at CHKD in 2009. He went to medical school at the University of South Florida in Tampa, trained in pediatrics in Washington, DC at the Children’s National Medical Center, and attended George Washington University for his MPH in Health Management. His outside interests include health policy, business development, guitar playing, and daddying.
The following tips are offered to assist primary care pediatricians' communication with the inpatient pediatric hospitalist team about their patients' care:

Can my patient be directly admitted?

Quite possibly, yes. Examples of good candidates for direct admission are infants with hyperbilirubinemia and children with growth/nutrition issues. Children with active respiratory issues or who require urgent imaging or procedures as part of their initial management should still go through the emergency department.

When should I call the Transfer Center versus Doctor’s Direct?

If you have a patient who may need to be admitted to our service, call the Transfer Center and ask for the hospitalist on-call to discuss the case. The Transfer Center can save you time and additional phone calls by providing us with bed availability and transfer information in real-time. If your patient has already been admitted and you would like to provide or receive an update, call us via Doctor’s Direct. We do not mind pausing in our workflow to take your call, and it is typically easier than us trying to reach you during your clinic. Please let us know if you ever have difficulty reaching us by phone.

How can I find out what’s happening to my patient in the hospital?

You may call us anytime via Doctor’s Direct to receive updates on your patients' care. Families often appreciate knowing that we have spoken directly, and are on the same page. Though our notes are not yet electronic, your practice should still receive notification via Powerchart when a patient is admitted, as well as a faxed copy of the Discharge Progress Note for every patient discharged. Let us know personally if you would like a phone call, email, or message via Message Center when your patient is being readied for discharge, and we will try our best to accommodate you. Providing a direct phone line will facilitate these communications. You should receive a complete and timely discharge summary for patients hospitalized ≥ 48 hours.

What if I have concerns?

Please call us directly via Doctor’s Direct (rather than the family, the resident, or a consultant), to discuss any concerns you have about your patient’s care or treatment plan in the hospital. We are always more than happy to share our clinical reasoning and collaborate with you, and to make sure your concerns are addressed.

What else can I do?

Be cautious when telling families what will happen when their child is hospitalized; any changes to the proposed plan, however reasonable, can create anxiety, confusion, and dissatisfaction because of their trust in you. Don’t be afraid to visit us or your patients in the hospital! Guide us in determining the best timing of your patient’s post-discharge follow-up, and let us know how those patients did after leaving the hospital. Know that we want to achieve the same results: seamless transitions of care, a prudent length of stay, and a good outcome for your patients. We will be waiting patiently for your phone call to learn of the outcome.

To those in CSG… I bid you a fond adieu until we meet again… All the best!
Many CSG Divisions routinely see new patients within 2 weeks of referral, however all will work with you to get urgent patients in. For more information, visit: www.csgdocs.com/specialties

Sarah Chagnon, MD
Neurology
“In all my spare time as a working mother of a two year old, my latest hobbies include visiting every playground in the Hampton Roads area, creative hair brushing, injury prevention, naptine wrestling and toddler ballet, complete with leotards and tutus”

Rose Cummings, DO
Cardiology
“I am very excited and grateful to be able to enjoy the warmer weather and the beaches of this beautiful area. My husband, children and I love hiking, biking, and swimming as we get to explore the region.”

Charles Dillard, MD
Physical Medicine & Rehab
“With the help of my beautiful wife and three wonderful kids, I am trying to learn to not take Virginia Tech football as seriously. So far, it is not going well…”

Gary Woods, MD
Hematology/Oncology
“My hobbies include working out and Redskins football, but I enjoy spending most of my free time with my wife, our son and two dogs, Miley and Mable.”

Meaghan Barnett, MD
Critical Care
“My hobbies include running, dancing, and baking, especially cupcakes! I also enjoy having more free time to spend with my 2 dogs.”

Mariel Fosceneau, MD
Pediatric & Adolescent Gynecology
“My interests include traveling, attempting to cook with my husband, working out, and enjoying all the beauty that Virginia has to offer. We love our new home state!”

Crystal Proud, MD
Neurology
“It’s wonderful to be back in Hampton Roads, where I call home. My twin toddlers keep me busy with household shenanigans, playing on the beach, and chasing after our Yorkie.”

Paul Mullan, MD
Emergency Medicine
“My downtime is usually spent rowing the inlets of the Lafayette River with my 3 yo son, walking the playgrounds with my 1 yo daughter, or planning our next family trip to South Africa where my wife grew up.”

Robert Escalera, MD
Cardiology
“I’m very happy to be a part of the CHKD family. When I am not in the office, I enjoy hangin’ with my wife and three boys in the surf or on the lacrosse field.”

Paul Mullan, MD
Emergency Medicine
“My downtime is usually spent rowing the inlets of the Lafayette River with my 3 yo son, walking the playgrounds with my 1 yo daughter, or planning our next family trip to South Africa where my wife grew up.”
Pediatric Palliative Care in Our Backyard
by Cyrus Heydarian, MD

BACKGROUND
Increased national emphasis has been placed on the access to pediatric palliative care services for all communities. Often, however, the provision of palliative care services is limited by the lack of community and hospital resources, uncertainties in patient prognoses, and the misconception that palliative care is synonymous with hospice care, and is only necessary at the end-of-life. In Hampton Roads and the Virginia peninsula, we are fortunate to have access to EDMARC Hospice for Children, a non-profit organization providing palliative care services to children living with life-threatening diseases in the region. EDMARC Hospice for Children was the first pediatric hospice agency in the United States, and continues to provide full time nursing, spiritual, and social services to patients and their families living with life-threatening diseases.

WHAT IS PALLIATIVE CARE?
Palliative care is both a philosophy and a multidisciplinary framework of patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. It advocates for the patient holistically, addressing physical, intellectual, emotional, social, and spiritual needs throughout the continuum of illness. Palliative care also facilitates patient autonomy, care coordination, and prioritizes choice throughout an illness journey.

WHO COULD BENEFIT FROM PALLIATIVE CARE?
It is estimated that well over 1 million children are currently living with life-threatening diseases in the United States. The AAP released a policy statement in 2013 recommending palliative care services be considered for all patients with life-threatening diseases at the time of diagnosis. Life-threatening diseases, characterized by the expectation of a shortened life span, include:

- Malignancy
- Neuromuscular diseases
- Chronic and complex medical diseases
- Brain defects
- Genetic and metabolic disorders
- Certain congenital heart diseases

For more information, please visit www.edmarc.org.

Dr. Heydarian completed his internship, residency, and chief residency in Pediatrics at CHKD before moving on to a Pediatric Hospital Medicine fellowship at Children’s Hospital Los Angeles. During his fellowship, he gained the knowledge and skills to care for children with life-threatening diseases after working intimately with the CHLA palliative care team. Cyrus returned to CHKD as a Pediatric Hospitalist and Assistant Professor in Pediatrics. He is currently working as a CSG Pediatric Hospitalist and is the newly appointed medical director for Pediatrics at Sentara Williamsburg Regional Medical Center. Additionally, he is a medical director for Edmarc Hospice, which serves the palliative care needs of children with severe diseases in Hampton Roads.

Highly skilled and dedicated providers are the fabric of our organization. Over the last year, 4 of such physicians have retired as CSG partners:

Dr. Marilyn Gowen
Dr. Charles Bullaby
Dr. Jon Mason
Dr. Herbert Bevan

Please join us in thanking them for their enduring commitment to the families of Hampton Roads and beyond.

CSG OPERATIONAL UPDATE

Downtown Norfolk Location
Allergy, Dermatology, and Psychology have moved to the Fort Norfolk Office, which is located at 301 Riverside Avenue in Norfolk.

Gastroenterology Motility Program
Our new program is led by Dr. Orhan Atay, a Pediatric Gastroenterologist, with a team of physicians, nurse practitioners, child life specialists, psychologists, and pediatric endoscopists. We are now one of the few children’s hospitals in the nation to offer state-of-the-art high resolution and 3-dimensional manometry studies which can measure muscle pressure in different areas of the digestive system, from the esophagus to the anus. The conditions we diagnose and treat include, but are not limited to the following: Achalasia, Anorectal malformations, Dysphagia, Gastrointestinal Reflux Disease, Gastroparesis, Intestinal pseudo-obstruction, and Intractable constipation.

Need more CSG info? Visit www.csgdocs.com

Did You Know?
CSG has referral information for every specialty posted on their website?

This information includes:
- commons conditions treated
- how to contact the various practices
- locations where patients may be seen
- operating hours of the various locations

CSG OPERATIONAL UPDATE

Newport News Location
Urgent Care, Sports Medicine, and Therapy services are now available at the Tech Center in Newport News at 660 Oyster Point Road.

Pediatric and Adolescent Medicine Gynecology Division
Our new service provides a comprehensive approach to female reproductive healthcare, offering everything from first-time gynecology visits to specialized care for congenital conditions and other reproductive disorders. This program is led by Dr. Marcel Focseneanu, who is board certified by the American Board of Obstetrics and Gynecology. She is seeing patients in Williamsburg, Newport News, and Norfolk, Virginia.

Virginia Beach Location
Allergy, Pulmonology, Rheumatology, Dermatology, Sports Medicine, and Healthy You will all now be available at the Landstown office, which is located at 1924 Landstown Centre Way.

Click “For Providers” on the main navigation bar.
Click “Referral Information”
Select desired Specialty

Need more CSG info? Visit www.csgdocs.com

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Excellence in Physician Leadership

by James ‘JD’ McCoy

Dr. Rohn arrived at Eastern Virginia Medical School (EVMS) in July of 1976 after he completed a combined fellowship in Adolescent Medicine and Endocrinology. At the time of his arrival in Norfolk, he was one of seven pediatric faculty that practiced at Children’s Hospital of The King’s Daughters (CHKD). The hospital was only two stories tall back then. Dr. Rohn has successfully navigated numerous and drastic changes since he first started. One of which was a transition from all paper to use of computer systems and now to an electronic medical record. He also successfully made the transition to Pediatric Faculty Associates in 1987 and was one of the founding partners of Children’s Specialty Group in 1998.

When he was asked what makes this organization a great place to work, Dr. Rohn talked about its friendly, cooperative staff and faculty. He stated that everyone works together for the greater good and always does what is best for the patient. He feels that a good physician is someone that can listen, genuinely cares about their patients, and can effectively communicate what needs to be done. Lastly, when asked what makes a great leader, he discussed the need for them to set a good example. A leader should be able to effectively set a vision and endure changes. Dr. Rohn has been and continues to be a great example of all of these traits.

Dr. Rohn has held numerous leadership roles at EVMS, CSG, and CHKD. He has chaired the EVMS Promotions Committee for many years, participated on the Student Evaluation Committee, and served as the EVMS Third Year Medical Student Clerkship Director for ten years. He has served on several CSG committees and has been an active member of the Finance and Benefits Committee since its inception. He has also participated in numerous committees for CHKD, such as the Nutrition and Patient Care Committees. His commitment to his profession is unique. We are honored for Dr. Reuben Rohn to be a member of the CSG, EVMS, and CHKD community and to award him the 2016 Excellence in Physician Leadership Award.

In 2015, Children’s Specialty Group (CSG) created an award to recognize Excellence in Physician Leadership as a meaningful way to honor Dr. Svinder Toor as he stepped down after serving as CSG’s President for 17 years. While there are many qualities of an effective and successful physician leader, it was noted that those particularly characteristic of Dr. Toor were Confidence, Collaboration, Vision, and Humility. The 2016 Excellence in Physician Leadership Award was presented to Dr. Reuben Rohn.

CSG’s Mission is to: Provide High Quality Care and Excellent Service; Provide Efficient, cost competitive healthcare; Promote Medical Education and Research; Enhance relationships with healthcare providers and delivery systems.

CSG is comprised of over 170 Pediatric Specialists along with more than 50 Advanced Practice Providers practicing in 28 Pediatric Specialties!

CSG’s Neonatologists, Hospitalists and Pediatricians provide neonatal care at 8 area hospitals 24/7 – 365 days per year.

In 2014, CSG Specialists provided over 130,000 outpatient patient care visits.

CSG’s Emergency Medicine Specialists and Pediatricians saw over 50,000 children in the CHKD Emergency Room last year.

CSG supports the Patient Center Medical Home Model of Care by supporting our community-based pediatric colleagues!

Do you have an idea for the next newsletter?
Email: CSGHelp@chkd.org

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