



# healthy start



## High-Touch Care in a High-Tech Environment

**M**achines are providing life-saving oxygen. Flashing monitors are beeping frequently. Equipment wires and tubes surround and dwarf tiny patients. The first sights and sounds of the Newborn Intensive Care Unit (NICU) at Cook Children's Medical Center can be overwhelming for parents.

Cook Children's offers access to some of the most advanced technology available for the care of premature and critically ill newborns.

But staff members also understand that human touch can be an important part of healing.

"We encourage both moms and dads to use 'kangaroo care' while in the unit," explains Carla James, PT, a physical therapist in the NICU. "Kangaroo care involves a parent placing the baby skin-to-skin against the chest. This is good for bonding, and skin-to-skin contact helps keep the baby's temperature up. The rhythm of the parent's breathing helps regulate the baby's breathing."

Infant massage is another way parents are involved in their infant's care. Staff members certified in infant massage teach parents various techniques. "Through infant massage, parents learn to read their baby's body language ... to recognize what their baby likes or doesn't like," James explains. "The parents' touch is positive in an environment where so much of the touch is associated with negative stimuli, like needles. Plus, massage helps an infant's development. It stimulates circulation and development of the neuromuscular system."



NICUs previously focused primarily on the medical needs of fragile newborns. Awareness of the importance of supporting and encouraging normal child development has grown over the past decade.

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**"We take an individual approach to determining and meeting what each infant and family needs."**

**—Carla James, PT,  
NICU physical therapist**

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"In the past, we were most interested in the medical problems of newborns," says Barbara Greer, RN, director of the NICU. "Now, we consider the role a comfortable environment and parental

involvement play in the healing process."

NICU patients are swaddled in a soft wrap that they can push against and snuggle into, much like they did in the womb. Attention is paid to reducing noise, turning down lights and grouping tests to give infants more time undisturbed.

"We take an individual approach to determining and meeting what each infant and family needs," James says. "For example, if a baby tends to be fussy, we might move the infant away from high-traffic areas to minimize stimulation. We try to provide the best environment for that baby."

The Cook Children's NICU admitted almost 700 premature and critically ill newborns in 2004. The unit admits infants from the Dallas-Fort Worth area, as well as much of north and west Texas and adjacent states. ❖

# Give Eating Right a Green Light

## How to heed Uncle Sam's diet advice

The government's new Dietary Guidelines for Americans say everyone ages 2 and up should eat a variety from the five basic food groups each day. You should focus on nutrient-rich foods and avoid empty calories.

But the new advice raises an old question: How do you get kids to eat right?

"What the parents are doing, the kids are doing," says pediatric psychologist Lamia Barakat, PhD, of Drexel University in Philadelphia. She says it's "essential" that your home environment support healthful eating.

Dr. Barakat favors keeping "go" and "no-go" foods in different

places. You can further split foods into green light, yellow light and red light groups. Put green light foods, perfect for snacks, within kids' easy reach.

**Green light foods:** High-nutrition, low-fat, low- or moderate-calorie foods kids can eat often — celery, carrots, broccoli, apples, low-fat yogurt, multi-grain pretzels

**Yellow light foods:** Nutritious but higher-fat or calorie foods that must be eaten in moderation — meats, enriched breads and pasta, full-fat cheese

**Red light foods:** Foods with no nutritional value, like cookies and candy, which you should save for special treats



"Parents should serve only meals, no snacks," says Dr. Rogers. "Do not plan dessert with dinner. Rewarding kids with a cookie if they eat a lot doesn't make much sense. Also, if your child does not want to eat what is served at mealtime, do not offer anything else until the next meal."

She also recommends increasing your children's exercise. "Exercise, much more than diet, determines whether we are thin and in shape. Adults need to set a good example for their children. Finally, it's important to limit TV, computer and electronic game time — and I do not recommend putting a TV in a child's room." ❖

**Audrey Rogers, MD,** is a pediatrician with Cook Children's Physician Network. Her office is located at 3200 Riverfront Drive in Fort Worth.



Audrey Rogers, MD, a primary care pediatrician with Cook Children's Physician Network, believes that no snacking is best. She has several suggestions for parents who are trying to get their children to eat right.

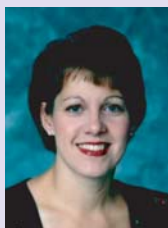
# Leave No Children on Their Behinds

## Health clubs add classes and gear to help kids get fit and stay slim

It's ironic. As concern grows over children's potentially harmful weight, physical education gets less and less emphasis in many schools. In response, there's more and more interest in fitness programs for kids outside of schools.

An International Health, Racquet and Sportsclub Association survey shows that 4.5 million U.S. kids under age 18 belong to health clubs — up 25 percent in five years. Call it "No Children Left on Their Behinds," says exercise physiologist Jan Schroeder, PhD, director

**Deborah Bain, MD,** is a pediatrician with Cook Children's Physician Network. Her office is located at 751 Hebron Parkway in Lewisville.



of event programming for the IDEA Health and Fitness Association, a fitness professionals' group.

Local YMCAs have offered kids programs for years. Many health clubs are joining them. What should you look for in a fitness program for your child?

■ **Age-appropriate gear.** Many kids can't reach the pedals on a stationary bike, for instance. If your child wants strength training, the grips on normal resistance machines are too far apart, and the weight increments are too big.

■ **Age-appropriate programs.** Look for a class geared to your child's size and abilities. "Typically, you want a child in a class with peers, not with adults," says Dr. Schroeder. "A child's motor coordination may not be as well-defined, and sociological issues, including possible embarrassment or intimidation, may



make your child feel uncomfortable." ■ **Qualified supervision.** Seek trainers who are used to working with kids. Look for smaller instructor-to-student ratios than adult classes. Dr. Schroeder suggests one supervisor for every 20 teens and one for every 12 younger children.

## What Kids Should Eat

- Offer a balanced diet from these five groups: grains, vegetables, fruit, milk, and meat and beans. Kids need the same variety as adults.
- Start with small portions and let kids heed their hunger signals. Around age 4, kids can eat adult portions, like half a cup of fruit or vegetables, or 2 to 3 ounces of meat or fish.
- Introduce high-nutrition dark green, orange and starchy vegetables, as well as legumes.
- Serve whole grains, like whole wheat and oats, for half of kids' daily grain intake.
- Give young kids at least 2 cups of milk a day.
- Limit fat to no more than a third of a child's diet. Most fats should come from fish, nuts and vegetable oils.
- Urge at least 30 minutes of exercise a day.

For details, visit [www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines)

- **Fun.** "Kids are so stressed with school that the emphasis should be on having a good time," says Joan Missett-Gambill, coordinator of Junior Jazzercise. Some 500,000 3- to 16-year-olds have joined this Jazzercise program nationwide. Besides music movement routines for girls, Jazzercise now offers 6- to 12-year-old boys' classes that include kick-boxing and strength training. "Make sure it's noncompetitive," she adds. "It's so important to identify children at risk of obesity early," says Deborah Bain, MD, a Cook Children's primary care pediatrician in Lewisville, "and to identify poor eating or exercise habits and motivate these families to help their kids have a healthier, happier future." John Menchaca, MD, a pediatrician with Cook Children's Physician Network, heads the Fit for Life Program in Tarrant County. This program includes weight management and exercise components, and is available to English and Spanish speakers. For more information, call 817-336-7275. ❖

## [ health bits ]

### Smoking Adds Asthma Risk

**If you smoke while pregnant, your children — and their children — face a higher risk for asthma, a study shows.**

**"The findings suggest that smoking could have a long-term impact on a family's health that has never before been realized," says study author Frank D. Gilliland, MD, PhD, of the University of Southern California in Los Angeles. The study appeared in *CHEST*, the journal of the American College of Chest Physicians. Children whose moms smoked while pregnant were 1.5 times more likely to develop asthma. Children whose grandmothers smoked while pregnant were 2.1 times more likely to get asthma. If both mother and grandmother smoked while pregnant, the child was 2.6 times more likely to get asthma. Dr. Gilliland speculates that smoking while pregnant affects the unborn child's DNA and harms the immune system, making the child more prone to asthma. The DNA damage is passed to the child's own children.**



### "Lazy Eye" Treatments Help Older Kids

Treatments used mainly on younger children could help a lot of kids ages 7 to 17 with "lazy eye" (amblyopia), says a study funded by the National Eye Institute. All the children in the study wore glasses, but some also used an eye patch or eyedrops that limited use of their strong eye. Those children then did work that made them rely on the lazy eye for close-up vision. Their vision improved more than the kids who just wore glasses. "This study shows that age alone should not be used as a factor to decide whether or not to treat a child for amblyopia," says study cochairman Mitchell M. Scheiman, OD, of the Pennsylvania College of Optometry. To learn about amblyopia, visit [www.nei.nih.gov/ats3/background.asp](http://www.nei.nih.gov/ats3/background.asp), or go to [www.cookchildrens.org](http://www.cookchildrens.org), then link to Physicians and Services.

### Don't Call Medicine "Candy"

Have you ever gotten a child to take medicine by calling it candy? A survey by the American Society of Health-System Pharmacists (ASHP) found that about half of parents and caregivers have pretended to take their child's medicine or called it candy to sway a child. These dangerous tactics could lead to poisonings, says Daniel J. Cobaugh, PharmD, director of research for the ASHP Research and Education Foundation. "By telling a child medication is candy, they are led to believe it is harmless when, in fact, medications should be treated seriously," he says. You should keep all medicines in a secure place. To learn more about medicine safety, visit ASHP's website, [www.safemedication.com](http://www.safemedication.com). In cases of poisoning, immediately call 1-800-222-1222, the national number for poison control centers.

### AAP Slams Use of Drugs in Sports

The American Academy of Pediatrics condemns performance-enhancing drugs in sports "and vigorously endorses efforts to eliminate their use among children and adolescents." It urges:

- Schools to take a strong stand against the use of performance-enhancing substances;
- Coaches to encourage fair competition, with a tough stance against cheating;
- Athletes who admit using such substances to get the unbiased medical facts about risks and purported benefits. For more information, go to [www.aap.org](http://www.aap.org).



# Cook Children's Northeast Campus Continues to Grow

## Mini-Campus Located at Mid-Cities Boulevard and Precinct Line Road

**T**HE PEDIATRIC POPULATION in northeast Tarrant County is projected to grow at a rate of 11 percent between now and the year 2009. The percentage, according to the U.S. Census Bureau, represents a population of children ages 14 and younger living in ZIP codes in northeast Tarrant County. Specifically, numbers show an increase from 79,070 in 2004 to a projected 87,699 in 2009. In response to this growth, Cook Children's Health Care System continues to add convenient pediatric health care services to the area.

Since January 2001 and the opening of the Cook Children's Surgery and Urgent Care Center at 6316 Precinct Line Road in Hurst, the Cook Children's northeast campus has grown rapidly to provide the best in service to Mid-Cities and northeast Tarrant County area children and their families.

The latest addition (and fourth structure) comes with the opening of Cook Children's Northeast Imaging Center in November. This development follows the April 2005 opening of a new primary care practice building at 731 Martin Road and the ongoing addition of full-time specialists to the long-time Cook Children's facility at 750 Mid-Cities Blvd. Three streets in the area — Mid-Cities Boulevard, Precinct Line Road and Martin Road — form a triangle-shaped property that is home to the Cook Children's northeast campus.



**Meenu Lalani, MA**  
(medical assistant),  
reviewing patient  
charts at the new  
primary care facility.

### Cook Children's Northeast Imaging Center

Although some radiology services have been available at the Surgery and Urgent Care Center since its opening in 2001, the addition of the freestanding Northeast Imaging Center provides added capabilities. About 23,000 square feet of space is now available for diagnostic imaging, CT and MRI procedures, and ultrasound. The same Picture Archiving and Communication System (PACS) used at Cook Children's Medical Center in Fort Worth is available at this new location. PACS allows images to be viewed by medical professionals at the medical center, the Northeast Center and any of Cook Children's Physician Network primary care offices simultaneously.

Outpatient diagnostic imaging, such as for bone fractures and gastrointestinal views, is available by referral daily — Monday through Friday from 8 a.m. to 10 p.m. — and on Saturday and Sunday from noon to 10 p.m. CT, MRI and ultrasound is available on weekdays from 8 a.m. to 4 p.m. A pediatric-trained radiologist is on-site and available for fluoroscopic and contrast procedures during scheduled exams.

### Cook Children's Primary Care

The primary care facility for Cook Children's in Hurst opened its doors March 1, 1998, with the merging of four area pediatric practices. Today, six pediatricians are on staff with about 30 employees available for support. The new practice on Martin Road offers 11,345 square feet of space, featuring 22 exam rooms, two procedure rooms, two well-child waiting areas, a large central waiting area and ample free parking. Physicians include Melissa Adams, MD; Barry Bzostek, MD; Julia Coutoumanos, MD; John Dalton, MD; Michael Deitchman, MD; and David Lopez, DO.



**Pediatricians with Cook Children's Physician Network provide extended weekday hours and urgent care time on Saturday mornings for their practice patients.**



Cook Children's continues to add pediatric specialties to the Hurst campus.

This Cook Children's Physician Network practice offers greeters, late physician hours for busy parents and urgent care for practice patients from approximately 8 to 10 a.m. on Saturday and Sunday mornings. Cook Children's Northeast Urgent Care Center opens next door at 11 a.m. to accommodate any who may have missed the earlier hours.

### Cook Children's Specialty Care

The relocation of these primary care pediatricians across the northeast campus has allowed space for Cook Children's growing specialty lines. Cardiology, gastroenterology, psychology, rehabilitation and orthopedic specialists are now available to serve patients on a daily basis during the week. Increased access to other specialties is expected soon. An example of the specialty services offered here is Cook Children's Orthopedic Services, where a physician's assistant is available to provide evaluation and treatment. Physicians will evaluate a wide range of orthopedic problems, including clubfeet, scoliosis, spina bifida, cerebral palsy, fractures and dislocations.

### Cook Children's Urgent Care Centers

Cook Children's Urgent Care Center in Hurst is one of two such centers within Cook Children's Health Care System. The other is located on the Cook Children's Medical Center campus in Fort Worth. An urgent care facility offers treatment of minor illnesses and injuries, such as flu, colds, sprains and cuts that often occur after primary care offices have closed for the day or weekend. Use of these facilities often allows patients and their families faster service than going to an emergency room. However, only urgent care cases are seen here — not emergencies.

"Cook Children's is pleased to be a part of this ongoing growth in northeast Tarrant County," says Steve Whitson, vice president of Ambulatory Services for Cook Children's Medical Center. "We're approaching 10 years as part of this community; we feel as if we've grown up with HEB."

Cook Children's also offers several primary care practices in Hurst-Eules-Bedford and surrounding areas, including Grapevine/Colleyville, North Richland Hills, Southlake, Keller, Lewisville and Denton.

For maps to the northeast campus and more information, go to [www.cookchildrens.org](http://www.cookchildrens.org). ❖



Cook Children's Surgery Center opened in January 2001 to provide a convenient pediatric medical center for outpatient surgeries for Mid-Cities families.



# New Meningitis Shot Shields Adolescents

Vaccine could save hundreds of lives each year

**A** new vaccine can help head off meningitis for 11- and 12-year-olds, teens entering high school and college freshmen in dormitories.

Though somewhat rare, meningitis can be deadly. Caused by bacteria that infect the bloodstream, brain lining and spinal cord, it kills one in 10 victims — up to 300 Americans a year. One in five survivors may face permanent disabilities.

Most meningitis patients are less than a year old. That's why infants get shots to fight bacteria that can cause this contagious disease.



However, meningitis peaks again in adolescents and young adults. “More deaths actually occur among teenagers,” says Paul A. Offit, MD, chief of the Division of Infectious Diseases at Children’s Hospital of Philadelphia.

The federal Advisory Committee on Immunization Practices (ACIP) has long backed meningitis shots for college freshmen — especially those who live in crowded dormitories. A vaccine available since 1981 protected them for three to five years.

But earlier this year the ACIP approved a new vaccine to help block



**Mark Shelton, MD,** is medical director of infectious disease at Cook Children’s.

meningitis — the meningococcal conjugate vaccine (Menactra). Suggested for adolescents, it lasts longer than the previous vaccine. “The advantage of Menactra is that one shot protects you, arguably, for the rest of your life,” says Dr. Offit. “It also makes you less able to transmit the bacteria.”

The new vaccine protects against four of the five bacteria groups that cause meningococcal infection, or about 70 percent of the meningococcal cases.

“This is a new weapon in the fight against meningitis,” says Mark Shelton, MD, director of the Infectious Disease Department at Cook Children’s Medical Center. “Even though meningococcal meningitis is sporadic, this vaccine will be able to prevent outbreaks and great tragedy.” ❖

## Meningitis Symptoms

According to the National Meningitis Association (NMA), meningitis initially presents like the flu or a migraine, but it worsens quickly. Symptoms include:

- A headache, which may seem like the worst your child has ever had
- A fever (perhaps very high) that doesn’t respond to a tepid bath, acetaminophen or ibuprofen
- Vomiting
- Numbness, cold or loss of feeling in extremities
- Stiff neck
- Sensitivity to light
- Disorientation or confusion
- Seizures
- A rash or purple spots

The NMA suggests you call your child’s doctor or go to an emergency room if you see more than one of these symptoms. Antibiotics treat bacterial meningitis. People who have been in close contact with the patient may be prescribed an antibiotic.

# On the Road, Pack for Good Health

**T**he car is packed. The kids are excited. You finally feel ready for your holiday trip visiting family or your relaxing holiday vacation. But have you gone over your health safety checklist?

Too often, we overlook safety when vacationing by car, says Don Lauritzen of the American Red Cross (ARC). “It’s important to take some first-aid essentials and safety know-how along with you when you travel. Taking the basics helps ensure you won’t get stuck on the road with a child in pain. We also would encourage parents to know first aid and CPR before they travel.”

## Don’t Sell a Short Kid Short

**Growth disorders are rare and small children do fine**

**Y**our child seems short next to others of the same age. Should you worry?

The short answer is no. The long answer is that studies show shortness has little effect on social standing, peer relations or academic success.

Some children grow more slowly than others. Height in the low normal range is still normal, doctors say. If you and your spouse are short, your child will likely join you.

While being short is common, serious growth disorders are not. Don’t ignore your concerns — talk with your child’s doctor. The doctor can check your child’s height against growth charts for children that age.

And when you reach your destination, experts advise, identify emergency phone numbers, fire exits and a fire-escape route. Also, make sure that a friend or family member not traveling with you knows your itinerary.

Being prepared for emergencies helps keep your family safe and secure, says Lauritzen. "But most important — don't forget to include fun!"

### ARC recommends these items for your car's first aid kit:

- Absorbent compress dressing
- Adhesive bandages (assorted sizes)
- Adhesive cloth tape
- Antibiotic ointment packets
- Antiseptic wipe packets
- Packets of acetaminophen or ibuprofen
- Pair of non-latex gloves (size large)
- Scissors
- Roller bandage
- Sterile gauze pads
- First aid instruction information

- A Mylar blanket
- Cold pack

### Your family should also have:

- Health insurance cards for every passenger
- Any prescription medications your family needs
- A flashlight
- Extra clothing and shoes
- A battery-powered radio
- Extra food and water

### If the seat fits ...

- Whether you're driving your own car or renting, make sure your child safety seats fit both child and car.
- If possible, bring your own child safety seats when renting a car for vacations. Parents are more likely to have the best seat for their child's size and age, the American Automotive Association (AAA) says.
- Most major car rental agencies have



child safety seats to rent. Be sure to call ahead and arrange to have a seat ready when you pick up the car, AAA advises.

- Ask for the seat installation instructions. ❖

### To Learn More

To learn more about child safety seats, see the American Academy of Pediatrics' car seat safety guide at [www.aap.org/family/carseatguide.htm](http://www.aap.org/family/carseatguide.htm), or go to [www.cookchildrens.org](http://www.cookchildrens.org) and link to Health Information.



The doctor can also track your child's growth year by year.

"If your child's growth chart shows abnormalities," says Paul Thornton, MD, medical director of the Endocrinology Department at Cook Children's Medical Center, "your pediatrician may wish to send your child for a growth evaluation to determine if there is a problem. A few simple blood and X-ray tests can usually diagnose any growth issues."

After age 2, kids tend to grow slightly

more than two inches a year, on average, until a growth spurt at puberty. Spells of little growth may follow growth spurts.

A small child who stops growing worries doctors more than a small child who's growing at a normal rate. Chronic illness, poor nutrition and hormone problems can hamper growth.

Can growth hormones help? "I would make this recommendation only when a child is actually diagnosed by a doctor as growth-hormone insufficient," says Concordia University psychology professor William Bukowski, PhD, coauthor of a study on the effect of height differences on kids.

"For those with true growth problems," says Dr. Thornton, "your local pediatric endocrinologist will be able to help your child grow. But remember, it is important to sort out these problems before puberty starts. Girls complete 95 percent of their growth by the time of their first period, while boys grow fastest in the third and fourth years of puberty."

*Short & OK*, the Human Growth Foundation parents' guide, says it's "natural for parents to have feelings of anger, guilt, disappointment and frustration" about a child's small size. But it won't help to show or act on those feelings.

If your child worries about height, explain that kids grow at different rates — and late bloomers tend to catch up. Short children may face teasing, but you can help by boosting their self-esteem. Focus on their brains, personalities and skills — and support activities that don't rely on size. ❖

**Paul Thornton, MD,**  
is medical director of  
endocrinology at  
Cook Children's.



### Stand Tall for Short Kids

The Human Growth Foundation offers guidelines for parents of short children:

- Encourage children to talk about their feelings.
- Help them define problems and solutions.
- Explore positive possibilities.
- Help identify personal qualities not related to height.
- Foster independence by serving as an advocate only when you need to.

## Injury Prevention for All Children

**I**t's every parent's worst nightmare: A child is trapped in a burning house, found floating facedown in a swimming pool or thrown from a car. Unintentional injuries are the leading cause of death for American children under age 14. That's why children's hospitals are taking the lead to help children lead active but injury-free lives.

Nearly all (94 percent) of children's hospitals engage in injury prevention advocacy, according to a NACHRI survey of member hospitals. Through educational activities, such as safety fairs, school visits and community classes, children's hospitals provide families with information on injury

prevention topics, including motor vehicle safety, drowning, and avoiding sports and play injuries. They also teach parents and caregivers how to keep children with disabilities safe.

Children's hospitals work with local and state legislators to improve child safety laws and to increase funding for programs that help protect children from childhood injuries. Many hospitals provide free or discounted protective equipment, such as bike helmets and booster seats, to families who need them and also supply educational materials in different languages.

To help support children's hospitals' injury prevention efforts, NACHRI and Dorel Juvenile Group USA launched "Get on Board with Child Safety," a nationwide injury prevention campaign. The campaign Web site — [www.getonboardwithsafety.com](http://www.getonboardwithsafety.com) — provides injury prevention informa-



tion for families and free copies of the *Essential Home & Travel Childproofing Guide* in both English and Spanish. ❖

### To Learn More

To learn more about the injury prevention efforts of children's hospitals, visit [www.childrenshospitals.net](http://www.childrenshospitals.net), or [www.cookchildrens.org](http://www.cookchildrens.org).



#### **NACHRI**

National Association of Children's  
Hospitals and Related Institutions  
[www.childrenshospitals.net](http://www.childrenshospitals.net)