



PAA New to USE

Winter 2005-06



December January ☞ ♪ ♫ □ ◆ ☺ ☑ ☒

We need your updated insurance information!

In order to keep your insurance information up to date please bring a copy of your card to each visit. This will help expedite the billing process and eliminate any billing questions so that there is no confusion on billed services or questions needing resolution.

You may notice that your billing statement looks a little different. If you have questions about billing or insurance, please call our Business Office at (859) 276-2005.

What is a D.O.?

A D.O. is a Doctor of Osteopathy and is a fully licensed and credentialed physician. In the United States, there are 2 types of medical training for physicians: Allopathic medical schools (M.D.s) and Osteopathic medical schools (D.O.s). Osteopathic medical schools have their roots in holistic medicine, but Osteopathic programs have evolved to become very similar to traditional Allopathic training.

Both types of physicians receive similar training in 4-year medical programs and have the same requirements for internships and

residencies. Both D.O.s and M.D.s are highly skilled, can prescribe medication, perform surgeries, and can specialize in any area, including pediatrics and primary care. There is no difference in the care you'll receive from a D.O. or a M.D.

Dr. Gillispie is a licensed Ky. physician who received his medical degree from a top Osteopathic Medical School in West Virginia. He completed his pediatric residency at the University of Kentucky Children's Hospital, and he is Board Certified in Pediatrics.

Pulmonary Function Testing now available at PAA

Starting in January, our office will be able to perform pulmonary function testing in our patients with asthma. This will enable us to provide comprehensive care to those children who use asthma medicine. The test is available for children ages 5 years and older.



Using Alcohol-Based Hand

Sanitizers really do help prevent Illnesses!

If your child attends a child-care program, sick days for your kid mean missed work for parents and illness for siblings and other family members. The two most common illnesses that kids in child care catch are viral upper respiratory infections and gastrointestinal illnesses. So what can you do at home to protect your family from illness? Researchers have studied families that have children attending daycare centers and have discovered hand sanitizers really do work to prevent spread of illnesses.

What This Means to You: Don't forget to wash up - making regular hand washing a family habit can prevent illness and missed school and work time. The results of a Harvard based study indicates that using alcohol-based hand gels could also reduce the spread of upper respiratory illnesses. Set a good example for your child by lathering up before eating and cooking, after using the bathroom, after cleaning, after touching pets, after blowing one's nose or changing a diaper, or after being outside. To practice hand hygiene on the go, carry some waterless alcohol-based hand gel in your purse or car for those times when getting to a sink isn't possible.

The child with "Fever of unknown origin"

On the first day of your child's illness you notice he is not eating well, seems fussier, and sleeps poorly during the night. Your child begins to feel warm and is found to have a fever of 102.5 under the arm. On the following day, he continues to be fussy with a fever of 102-103.4, and you are having a hard time getting him to drink fluids. He seems very restless during the night and cries unless he is being held. He has not had a runny nose, cough or any gastrointestinal symptoms over the past few days. You decide to make an appointment with your Pediatrician. Often it is possible for the pediatrician to make a diagnosis based on a visual examination of the ears, nose, throat, chest, etc. Some illnesses are more



difficult to diagnose when there is fever present but no overt signs of inflammation or infection. The physician may order several tests that check for bacterial infection in the throat, blood or urine. A chest X-ray may be ordered to help determine if the lungs may be involved in causing the illness.

If these tests are negative but the blood count showed the body is trying to fight a bacterial infection the physician may order blood cultures to help identify the source of infection.

This is often a traumatic visit for the sleep deprived parent as well as the child with the illness. It may be helpful to understand the purpose of these studies as well as the value they serve the physician in treating your child.

Urinalysis

A urine sample can be useful to get a closer look at what is happening inside the body to help fight the illness.

Doctors order urine tests for kids to make sure that the kidneys and other organs are functioning properly, or when they suspect that a child might have an infection in the kidneys, bladder, or urinary tract.

The kidneys make urine as they filter wastes from the bloodstream while leaving substances in the blood that the body needs, like protein and glucose. So when a child's urine contains protein and glucose or has other irregularities, it's usually a sign that there's some sort of infection or other health problem.

A urinalysis can measure:

- The number and variety of both red and white blood cells
- The presence of bacteria or other organisms
- The presence of substances, such as glucose, that the kidneys should have filtered out
- The pH, which shows how acidic or basic the urine is
- The concentration of the urine

How Is a Urinalysis Done?

In most cases, urine is collected in a clean container, then a plastic stick that has patches of chemicals on it (the dipstick) is placed in the urine. The patches change color to indicate certain things, like the presence of white blood cells or glucose. It is not always possible for a patient to urinate in a cup so the physician may order a urine catheter to be used to get a sterile urine sample.

If a urinalysis shows white blood cells and bacteria - which may mean that there's an infection in the kidneys or the bladder - the doctor may decide to send the urine to a lab for a **urine culture** to identify the bacteria.

Complete Blood Count (CBC)

The **complete blood count** is the most common blood test. It analyzes the three major types of cells in blood: red blood cells, white blood cells, and platelets. The CBC counts these cells, measures hemoglobin, estimates the red cells' volume, and sorts the white blood cells into five subtypes. These measurements can help the physician determine a viral vs.

bacterial infection, or even if the child is responding to an allergic condition.



White Blood Cell Count and the Differential Count

Measurement of the **total white blood cell count** is also a part of the CBC. White blood cells help the body fight infections. An abnormal WBC count may indicate infection, inflammation, or other stress in the body. For example, a bacterial infection can cause the white blood cell count to increase or decrease dramatically.

The **differential count** of the CBC measures the numbers of the different types of white blood cells present in the blood. Some of these different types of cells destroy invading microbes. Other types produce antibodies that attack and help destroy specific germs, but most of these

circulating in the blood either attack invaders or coordinate the attack of antibodies. They are especially important in fighting viral infections, like colds and flu. Some of these white blood cells may even be increased in allergic conditions.

It does not take much blood to perform a CBC. Blood is collected by a small finger prick or a heel prick in infants. It usually takes about 5 minutes to get the results back to your physician.

Chest X-ray

Pneumonia can be caused by a viral or bacterial infection in the lungs. A bacterial infection is



notorious for causing rapid onset of fever, irritability and possibly rapid breathing. The child may appear more ill with higher fevers than with viral pneumonia. This is an important test when diagnosing a

child with a fever of unknown origin.

There may be more...About Blood Cultures!

During certain illnesses, germs causing infection somewhere in the body can leak into the bloodstream. Microbes in the bloodstream sometimes can spread to other parts of the body - after all, the blood travels just about everywhere. The bacteria or fungi can then spread to other areas away from the original infection site.

The presence of bacteria or fungi in the blood usually means that the patient has a serious infection. Such infections usually cause a high fever with an increase in the white cell count in the blood.

Why Obtain a Blood Culture?

Children who have serious infections usually look very sick. Physicians describe illness involving a spreading of bacteria through the blood as sepsis and the child as septic-appearing. Sepsis (or suspected sepsis) is a cause for concern, and physicians usually start antibiotics and other appropriate therapy with little delay.

If the doctor knew exactly which bacteria were causing the illness and which antibiotic would kill the germ, then it would be easy to choose the right treatment. But to get that information, the germ must be caught, grown in a culture, and tested against various antibiotics. This takes days or longer in some cases. When a child is severely ill, physicians usually don't wait to start treatment. In that case, the physician decides which germs are most likely to be the cause of the infection and begins treatment while waiting for the results of blood cultures.

Treatment can be changed if necessary when the culture is completed and the antibiotic sensitivity of the bacteria or fungi has been determined.

Please turn your cell phone off!

Please remember to turn off your cell phones when your child is called back to the patient care area!



Cell phone signals can interfere with sensitive medical equipment.

The time we spend with your child is very important to us!

Fast Flu Facts

Every child seems to get the flu (influenza) at some time or another, right? But what is the flu? The flu is an illness caused by a virus. Flu viruses usually strike between December and early April. Since each of the types of flu virus has different strains, every year the flu is slightly different and can infect people several times during their lifetime.

The flu can last a week or even longer. Your child will usually feel the worst during the first 2 or 3 days and may have any of the following symptoms:

- A sudden fever (usually above 101°)
- Chills and shakes with the fever
- Extreme tiredness
- Headache and body aches
- Dry, hacking cough
- Sore throat
- Stuffy nose
- In some cases vomiting can occur

Both the flu and colds are caused by viruses and share many symptoms. But there are differences. A child with a common cold usually has a lower fever, a runny nose, and only a small amount of coughing. Children with the flu usually feel much sicker, achy, and miserable. Also, the flu tends to strike more quickly than a cold. Stomach upsets and vomiting are more common with the flu than with a cold. Children who have colds usually have enough energy to play and keep up with their usual day-to-day routines. The flu, on the other hand, keeps most children in bed for several days.

There are usually no serious complications from the flu. However, sometimes an ear infection, a sinus infection, or pneumonia might develop. Talk to your pediatrician if your child says that his ear hurts, he feels all congested in his face and head, if his cough persists, or if a fever lasts beyond 3 to 4 days.

Bird Flu Update

The bird flu virus does not usually infect people, but more than 130 human cases have been reported by the World Health Organization since January 2004. Most of these cases have occurred as a result of people having direct or close contact with infected poultry or contaminated surfaces; however, a few cases of human-to-human spread of the bird flu have occurred.

Human cases of the bird flu have been reported in Cambodia, China, Indonesia, Thailand, and Vietnam.

So far virus from person to person has been rare and has not continued beyond one person. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that the bird flu virus one day could be able to infect humans and spread easily from one person to another.

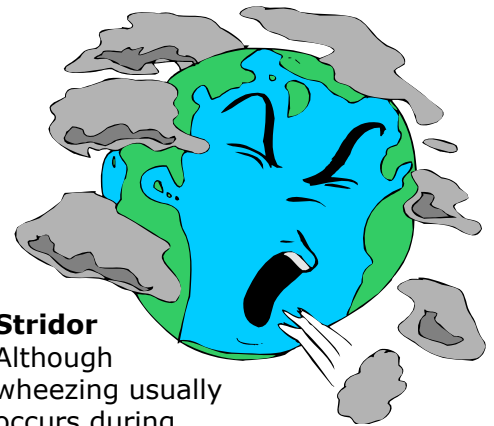
No one can predict if a pandemic might occur. However, experts from around the world are watching the situation in Asia and Europe very closely and will be prepared to recommend precautions to isolate the virus if it begins to spread from human to human. It is not likely that it will jump to Lexington, Ky. directly from Asia so please do not be overly concerned. We will be following the Center for Disease Control (CDC) recommendations in the event of reports of increased risk to children in this country.

Types of Coughs and What They Mean

- **"Barking" Cough**
These coughs are usually caused by croup, an inflammation of the larynx (voice box) and trachea (windpipe) brought on by allergies, change in temperature at night, or most commonly a viral upper respiratory infection. When a young child's airway becomes inflamed, it may swell around the vocal cords, making it harder to breathe. Children younger than 3 years of age have croup most often because their windpipes are narrow - some children have it practically every time they have a respiratory illness.

Croup can occur suddenly in the middle of the night, which can be frightening for both you and your child. Although most cases can be managed at home, if you suspect your child has croup, call your child's doctor to determine whether your child needs to visit him or her.
- **Cough With Wheezing**
When coughing is accompanied by a wheezing sound as your child exhales (breathes out), it is a sign that something may be partially blocking

the lower airway. This might be caused by swelling from a respiratory infection (such as bronchiolitis or pneumonia), asthma, or an object stuck in her airway. Call your child's doctor unless your child has this problem often and you have medicine, such as an inhaler or nebulizer, with instructions on how to use the medicine for home treatment of your child's asthma. If the cough and wheezing do not improve with medication, call your child's doctor.



- **Stridor**
Although wheezing usually occurs during exhalation, stridor is noisy, harsh breathing (some doctors describe it as a coarse, musical sound) that's heard when a child inhales (breathes in). Most often, it's caused by swelling of the upper airway, usually from viral croup. However, it's sometimes caused by a more serious infection called epiglottitis or a foreign object stuck in the child's airway. If your child has stridor, call your child's doctor immediately.
- **Nighttime Cough**
Lots of coughs get worse at night because the congestion in a child's nose and sinuses drains down the throat and causes irritation while the child lies in bed. This is only a problem if your child is unable to sleep. Asthma can also trigger nighttime coughs because the airways tend to be more sensitive and become more irritable at night.
- **Daytime Cough**
Allergies, asthma, colds, and other respiratory infections are the usual

culprits. Cold air or activity can make these coughs worse, and they often subside at night or when the child is resting. You should make sure that nothing in your house, like air freshener, pets, or smoke, is making your child cough.

- **Cough With a Cold**

Because most colds are accompanied by a cough, it's perfectly normal for your child to develop either a wet or dry cough when she has a cold. The cough usually lasts about a week; often after all other symptoms of the cold have disappeared. Your child may run a mild fever with a cold, but coughs with a fever over 102 degrees or higher can mean pneumonia, particularly if your child is listless and breathing fast. In this case, call your child's doctor immediately.

Did You Know?



By visiting our website at www.paalex.com and clicking on the "Your Child's Health" section, you can download and print medication dosage schedules for Tylenol, Motrin, Triaminic and Pediacare. You'll also find lots of other useful information on our website.

How to calm a cough:

- Avoid exposure to cigarette smoke! It is an irritant that not only paralyzes the cilia but also causes the respiratory cells to produce more mucous!
- Push oral fluids! It helps make the mucous thinner and soothe irritated respiratory cells.
- Add moisture to the air! This helps by adding water directly to your child's inflamed respiratory tract by putting more moisture into the air they breathe. Use a cool mist humidifier. Cool mist has more moisture than steam and is more effective in reducing the swelling of congested membranes. Heated vaporizers can be a safety hazard with the risk of accidental burns.