The partnership between Nemours/Alfred I. duPont Hospital for Children and South Jersey Healthcare (SJH) was celebrated at a special event in Vineland, New Jersey, on December 1. The partnership enhances access to high quality pediatric specialty care throughout South Jersey and provides for around-the-clock neonatal, pediatric, and emergency care for children at SJH Regional Medical Center.

Access to Nemours physicians and advanced child-friendly outpatient specialty care will continue to be made available at Nemours Children’s Clinics in Voorhees, NJ, Egg Harbor Township, NJ, Philadelphia, PA, and Wilmington, DE. In addition, Nemours Children’s Clinic offers outpatient cardiology sessions in Vineland, NJ. This partnership is supported by Nemours’ use of a fully integrated electronic medical record system that enables full access to patient data, regardless of where they are treated within the Nemours system.

“At Nemours, we’ve made a promise to do whatever it takes to help children grow up healthy and reach their full potential,” stated Kevin B. Churchwell, MD, CEO of the Nemours/Alfred I. duPont Hospital for Children. “Establishing Nemours Pediatric Partners at South Jersey Healthcare helps us achieve this promise by bringing neonatology and pediatric hospitalist services to children and families in their own community and making the duPont Hospital for Children’s advanced pediatric care resources available when needed.”

“Nemours and South Jersey Healthcare are perfect together,” said Chet Kaletkowski, SJH President and CEO. “Nemours brings wonderful clinical expertise and the backing of a nationally recognized pediatric hospital to our community, while SJH brings a state-of-the-art level IIIa neonatal unit. This is a win-win for our organizations, and the community.”

(continued on page 2)
CASE IN POINT
Infant with Respiratory Distress and Cardiomegaly on Chest X-ray

An 11-month-old, previously healthy girl was admitted to the pediatric inpatient unit, presented with wheezing, labored breathing and having had a cough for seven days. She was in respiratory distress. Her pediatrician had started her on Amoxicillin, Prednisone and Albuterol. An X-ray was ordered and showed cardiomegaly, or enlarged heart.

As the cardiologist on call, I was contacted for a consult. Upon examination, I noted her heart was quite enlarged and she continued to show signs of significant respiratory distress. Her liver was also enlarged, and I suspected congestive cardiac failure. I ordered an electrocardiogram which showed an accelerated ventricular rhythm with marked ST segment elevation. I arranged an echocardiogram immediately. The echo showed severely depressed left ventricular function, a severely dilated left atrium and left ventricle, with moderate to severe mitral valve leaking. Because of her severely depressed cardiac function, she was immediately transferred to the Cardiac Intensive Care Unit (CICU). She continued with labored breathing, and for this reason we intubated and ventilated her, and started her on Milrinone to help improve her cardiac function. Her shortening fraction improved from an initial 8.8% to a 15% on the echo (normal value for shortening fraction is greater than 29%). Fractional shortening (FS) is the percentage change in the short axis diameter of the left ventricle of the heart from diastole to systole. Diastole refers to the relaxed state of the heart, systole refers to the contracted state of the heart.

The patient continued to have accelerated ventricular rhythm with intermittent sinus rhythm for the next several days. Based on her initial presentation, I suspected viral myocarditis and was weighing this diagnosis against chronic dilated cardiomyopathy, trying to evaluate whether it was an acute or long-standing condition. A workup was done for possible etiologies. Her nasal and tracheal wash were positive for Parainfluenza3 and parvovirus B-19 viral PCR (polymerase chain reaction). It is not possible to determine with certainty if either of those viruses caused her condition or were an incidental finding on the test. We administered intravenous immunoglobulin (IVIG) and continued supportive care.

The patient improved significantly to the point where we were able to extubate her five days later. We sent her for a cardiac catheterization to evaluate her hemodynamics. After a month, we changed all her medications to be administered by mouth, removing her IV. She celebrated her first birthday in the hospital and was discharged home shortly thereafter. She is a happy little girl developing appropriately and living at home with her parents, with close follow-up with our heart failure/transplant team.

Discussion
Respiratory distress is the name given to a condition when a child’s respiratory system is in danger of not being able to keep up with the child’s needs for oxygen and gas exchange, and wheezing is a common symptom of reactive airway disease or asthma. Yet, it is important to remember that respiratory distress and wheezing can occur in a great many conditions, including those arising in the lungs, bronchi, bronchioles, diaphragm, chest wall or heart. When a previously healthy patient presents with respiratory distress for the first time, a chest X-ray should be ordered to evaluate for underlying abnormalities of the heart, lungs or diaphragm. Enlarged hearts are not everyday problems, but keeping such potential diagnoses in consideration can save lives.

If you have concerns about a patient, we at the Nemours Cardiac Center are always happy to discuss the patient with you. Call (302) 651-6600.
New Physicians Providing Advanced Pediatric Specialty Care

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Also provides care in Newtown Square, PA
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Also provides care in Philadelphia, PA
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Thomas P. Ferry Palliative Care Program

To alleviate a child’s physical, emotional, social, psychological and spiritual distress, the Thomas P. Ferry Palliative Care Program has been established under the direction of Elissa Miller, MD. Dr. Miller is a graduate of Carnegie Mellon University and the University of Rochester School of Medicine and Dentistry. She is board certified in pediatrics and completed her fellowship training in pediatric hospice and palliative care medicine at the Children’s Hospital of Philadelphia. Patients, families and pediatric providers can request a consultation at (302) 300-8274 or palliativecare@nemours.org.

Interventional Radiology Services Expanded

Interventional radiology services are expanding with the arrival of Deborah Rabinowitz, MD. Using image-guided technology, interventional radiology provides minimally invasive methods for vascular access, enteral access, diagnostic and therapeutic angiograms, joint injections and treatment of vascular malformations. Dr. Rabinowitz completed fellowships in pediatric diagnostic radiology and pediatric interventional radiology at the Children’s Hospital of Philadelphia. She graduated from the University of Pennsylvania School of Medicine, completed her internship in pediatrics at Schneider Children’s Hospital in New York and a radiology residency at George Washington University Hospital. For more information, call (302) 651-4643.