



“Kids in the Emergency Room”

Notes from Program Meeting with Steve Rudd, M.D.

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On April 11th, at the Good Beginnings Program Meeting, we were fortunate to hear from CSMC's attending ER physician, Steve Rudd, MD. Here are some of the guidelines that Dr. Rudd noted for all of us as parents with little ones at home. We need to be educated to look for specific signs of distress and then we need to be prepared for what to expect in an Emergency Room setting.

What to look for at home:

1. Lung Problems - many problems are manifested through the lungs, and it is important to know if your child looks uncomfortable.

A. Increased Respiratory Rate - how fast is your child breathing?

B. Color Changes - changes such as dark red or shades of blue. Here you must call for help immediately.

C. Noisy Breathing - listen for wheezing patterns and sounds

D. Pauses in Breathing - your doctor should be contacted immediately

E. Chest Movement - look at baby's chest and ribs, check for chest sucking in or ribs sticking out while baby is breathing.

F. Nose - check to see if baby's nostrils are flaring out because he/she is trying to suck in air.

G. Stridor - this is caused by narrowing of the airway. Listen for stridor. It sounds like a barking seal and here you need to contact help immediately.

2. Heart Problems - most problems will manifest with the lungs, so look at list of lung problems, especially color change.

3. Brain - Babies can have seizures accompanying high fevers. Intracranial bleeds in infancy can also lead to seizures. The following signs will help make you aware of what to look for in case of a seizure.

A. Eyes - the baby's eyes may flicker to the right or left side. The eyes may look fixed to one side.

B. Shaking - the baby's arm or leg may shake and not stop when you hold it.

4. Fevers- most infections are caused by viruses and your baby will be able to fight off the virus at home. However, if your baby has a bacterial infection it may be very serious. Your baby may need medication. Most doctors consider significant fever as anything above 100.4 F. If your baby is under two months of age, he/she will need testing to discover the problem. Either way it is important to keep your doctor abreast of your baby's temperature. This way the doctor can carefully monitor the situation.

5. Vomiting - babies are constantly spitting up, drooling and gurgling. So, when do you call the doctor?

A. Vomiting entire feeding or bottle, this may result in dehydration.

B. Color Change - look for color change in the vomitus. If it is green or yellow, call your doctor.

6. Signs of Dehydration - what to look for:

- A. Crying without tears
- B. Tongue - it should be moist and wet not dry and sticky
- C. Press on heel-when you press on the baby's heel the color should come back very quickly. If it is not immediate, this may be a sign of dehydration.
- D. Listlessness - activity level bottoms out
- E. Diaper - a dry diaper (child is not urinating) is a sign of dehydration

Once you arrive at the Emergency Room, it is important that you come prepared and know what to expect. Dr. Rudd explains that the ER is not going to be like your intimate stay in the NICU. First, try and pick a hospital that has an emergency room, a pediatrician in the hospital and a neonatal intensive care unit. (Especially Cedars because you have history there.)

Understand you will spend at least 15 minutes giving your child's history. This is part of the ER's process. Realize, the doctor may not be a pediatrician and the room may not be private. Prepare for screaming. The ER personnel do not have the same experience as the neonatal nurses, therefore it may, for example, require several attempts to obtain blood from your tiny baby.

Finally, if possible bring a discharge summary of your child's experience in the NICU. You can request this from medical records, your social worker or your discharge coordinator. This is an invaluable piece of paper. In addition, keep a running list of your child's current problems. Keep record of all your child's medications, doses and feeding schedule. Make sure to bring your pediatrician's 24 hour availability phone number. If your child has a heart or lung problem, it is very helpful to know your child's usual pulse oximetry number. Overall, Dr. Rudd stressed how important it is to know as much as possible about your child's health.

All of us at Good Beginnings want to thank Dr. Rudd for his time and valuable information!