As pediatricians, we are designated advocates for the health and well being of children. In this task we partner with parents, who of course have the primary and ultimate responsibility. An awesome task. Yes, one of the best jobs going for both pediatricians and parents, but a sometimes overwhelming responsibility. In our instant gratification, quick-fix society, where perfection is viewed as attainable and anything less with disdain, parents are taking the responsibility not simply for doing their best but for doing THE best. An awesome and impossible task. Somehow the assignment has gotten mixed up and parents seem increasingly afraid of doing it wrong. I’m sure parents have always feared making mistakes; it goes with the territory. But perhaps because we can now fix so many imperfections and discard and replace defective items, there seems to be an increasing emphasis on perfect everything—including parents and children.

As child advocates, we need to remind parents that they will make mistakes and that this is healthy for them and their children.

As child advocates, we need to remind parents that they will make mistakes and that this is healthy for them and their children. It teaches children what parents already know: that it needs to be safe to make mistakes, that life goes on, and perhaps most important, that parents and children are still loved and loveable even when things go wrong. We need to support parents who choose the popular as well as the less popular course—not to breastfeed or not to put their child in the “best” preschool, or maybe to delay preschool until that individual child is ready. I do not mean to diminish the importance of breast feeding or the benefits of preschool. I merely wish to suggest that the pressure for perfection is putting a serious damper on the joy of parenting, and, sadly, may give us children whose perfectionism will make life a series of unattainable goals.
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FUTURE MEETINGS

May 17, 2006
Parmelee Lectures
Current and Emerging Treatments in Management of Childhood ADHD
Dodger Stadium Club
1000 Elysian Park Ave.
Los Angeles, CA 90012
bcarr@lapedsoc.org or meosborne@lapedsoc.org
(See page 3 for flyer)

September 28-October 1, 2006
63rd Brennemann Lectures
Pediatric Pain, Death, & Dying
Disneyland Paradise Pier® hotel
Anaheim, California
bcarr@lapedsoc.org or meosborne@lapedsoc.org
(See page 10 for flyer)

November 16-19, 2006
Pediatric Update, 28th Annual
Las Vegas Seminars
Hosted by
American Academy of Pediatrics,
California Chapters, 1, 2, 3 & 4
Venetian Hotel, Las Vegas Nevada
(310) 540-6240 or email meetings@aap-ca.org
Register online: www.aap-ca.org

ANNUAL SPRING MEETING AND PARMELEE LECTURE

Remember the date, May 17, 2006.
Remember the event, the annual Parmelee Lecture.
Remember the topic, ADHD: an Update.
Remember the speaker, James McGough, M.D., child psychiatry U.C.L.A.
Remember the new location, the Stadium Club at Dodger Stadium.
This should be a grand slam event.
An important topic. A nationally-recognized authority on ADHD!
See you all behind home plate.

I’M GOING TO DISNEYLAND

2006 BRENNEMANN LECTURES

Save these dates for the 2006 Brennemann Lectures. We have a great new location—Disney’s Paradise Pier®
Hotel in Disney’s California Adventure Park. It’s a perfect setting for all ages. We’ll have access to California
Adventure Park and of course, Disneyland.

We are concentrating on an important area: Pediatric Pain, Death and Dying. By the end of 2006, all
physicians in California are required to fulfill twelve CME credits in pain management as mandated by
the California State Legislature, Measure AB 487. Attendees will be able to satisfy their complete CME
requirements by attending this meeting. Equally important, we will address an area which we fortunately
do not commonly encounter. With the help of Lonnie Zeltzer, M.D., an expert in pain management in
UCLA’s program, we have assembled what may be the finest group of speakers in this somewhat neglected
area of pediatrics—Heather Krell, M.D. (UCLA Psychiatry), Tonya Palermo, PhD, Gary Walco, PhD, Ste-
ven Weisman, M.D. (Anesthesia and pain management) and Lonnie Zeltzer, M.D.

We again have a stellar cast of speakers, a new exciting location and an urgent topic. I look forward to a
well attended informative and entertaining three days. I’m looking forward to see you all in Anaheim.

Marshall G. Goldberg, M.D., FAAP, FAAAA&I, Program Chairman
Attention Deficit Hyperactivity Disorder continues to be a common and challenging issue. With the recent revelations regarding possible cardiovascular side effects attributable to stimulant medications, we may now have to explore other therapeutic options. To that end, we are indeed fortunate to welcome back James McGough, M.D. from the Division of Child Psychiatry at UCLA. Dr. McGough is a nationally recognized authority on ADHD and many of you will remember the informative and stimulating lecture he delivered at a past Parmelee program. We urge you all to take advantage of what promises to be a most worthwhile evening.

**Speaker**

JAMES J. MCGOUGH, M.D., Professor of Clinical Psychiatry, UCLA Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA

**ADVANCE REGISTRATION**

The Los Angeles Pediatric Society ANNUAL SPRING MEETING AND PARMELEE LECTURE

Wednesday, May 17, 2006  Dodger Stadium Club, 1000 Elysian Park Ave., Los Angeles, CA

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<td>Address</td>
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If Pediatric Resident, Hospital Name:__________________________

(Advanced registration is required.)

**BANQUET AND LECTURE**

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<tr>
<th>Tuition Fee before April 30, 2006:</th>
<th>Tuition Fee before April 30, 2006:</th>
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<tr>
<td>Physician, Member of LAPS</td>
<td>$50</td>
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<td>Physician, Non-Member</td>
<td>$75</td>
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<td>Allied Health or Lay Person /Parent/Teacher</td>
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<tr>
<td>Pediatric Residents</td>
<td>$30</td>
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<td>Non-Member Pediatrician new to area in 2005/2006</td>
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**Banquet Choice:**

- [ ] Chicken
- [ ] Vegetarian

Late Fee after April 30, 2006: Add $10 to each category

Information: (310) 540-6240  Please make check payable to: Los Angeles Pediatric Society and return to:

PO Box 4198, Torrance CA 90510-4198

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The Los Angeles Pediatric Society designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.
Parents bring a five-week-old male to your office with a temperature of 103°F.

You have a patient in your office with exacerbated reactive airway disease. It is 4:30 pm and you know she will need additional breathing treatments.

In such cases, you tell the parent to go to the local emergency department. While you are transferring the child’s care, these are a few things you need to do to make the transition smoother, which will result in better care and patient (or parent) satisfaction.

First you or someone from your office should call in your referral to the triage nurse or an ED physician. Depending on the hospital, it may be preferable to speak to the triage nurse as opposed to an ED physician. You should know ahead of time who the best individual to speak with is and have their direct phone numbers.

This communication is essential; parents often do not remember instructions given to them while they are distracted trying to comfort their sick child.

With a quick call you can provide your patient’s name, age, chief complaint, what treatment you initiated in the office, and what you would like done by the ED. Alternatively, you can fax your instructions into the ED, as long as you inform their staff you are doing it. That way, someone is responsible for placing your faxed information on the chart or calling your office back if the fax didn’t come through.

For example, in the first case with the five-week-old febrile infant, if you gave Tylenol after noting the fever in the office, then write it down in a note for the ED staff. The patient may be afebrile upon presentation and the mother may not remember that temperature was 102°F or report it as 100.2°F. Similarly, the triage nurse should act quickly on a note stating that the infant needs a lumbar puncture.

If you know your patient with reactive airway disease has an oxygen saturation that is borderline, then provide the staff with this information. All patients are triaged in the order they present, if the acuity is equal.

If you know your patient with reactive airway disease has an oxygen saturation that is borderline, then provide the staff with this information. All patients are triaged in the order they present, if the acuity is equal. By calling ahead, you may bump your patient to a higher priority. In addition, when your patient arrives it may help expedite their triage process and give them a sense of being “welcome.”

Write down in your note any specifics instructions for the staff as well, if possible. For example, if you gave a shot of Ceftriaxone or Decadron to your patient, then you certainly don’t want it repeated. The parent may tell the doctor that “some” shot was given or forget completely to inform the staff. List any allergies or recent medications, such as in the child with resistant otitis media. Parents can loose the note you have given them with all your instructions. Don’t be upset if the ED MD asks you to repeat the information, if the parent left that note in the car. A fax can always be sent as a backup.

Calling ahead, does not ensure that the ED physician will decide your patient needs to be admitted, but feel free to give explicit instructions, such as a “three-year-old with probable AGE, give IVF and check electrolytes.” You can ask to be called only if admission needed or instead direct the staff to call Dr. X of the hospitalist service.

If there is more than one hospitalist group at your hospital, then let the staff know your referral preferences up front, even if initially your patient does not seem to need admission. Many EDs keep a “secret” list for physician preferences, that is not for general distribution. Find out if they do, or suggest that they create one. This list in the ED can help you avoid a potential late night call. Contrary to popular belief, we do not want to wake you up at night! Time gets away from us during a shift and suddenly, it is 11pm or later. If you absolutely want to be called, regardless, then state that. After hours, many doctors will simply say “to evaluate and call” after the patient is first seen. They know their
patients, but want to hear what an extra set of eyes has found on the physical exam. By making such a request you can help the ED physician tailor the tests you want ordered as well as develop any contingency plans.

If you do call ahead, let the parent know you are doing so. Ask them which hospital they prefer. If you are on staff at two hospitals, then a call to the ED may tell you which is empty and which is full. If you feel a child most likely will need to be admitted, then it may be reasonable to ask about the potential bed situation.

In many states where medical resources are stretched to capacity, this is an important question. In the US, California ranks 50th in terms of the nurse to patient ratio. This contributes to our nursing shortage and results in ward closures. A hospital may have unoccupied rooms, but without nurses to care for those patients, the beds go empty. If there is no room in the ward for a timely admission, then this may result in a transfer preferably to another hospital that you are on staff.

Not every hospital has ready access to pediatric sub-specialists, such as a pediatric surgeon. If you want a pediatric surgeon, then that may influence your hospital selection for a particular patient. There is overlap in some specialties. For example, in some areas, pediatric surgeons may be too busy to operate on a ten-year-old with appendicitis, while there are many general surgeons that would be comfortable removing an appendix in a five-year-old. Similarly, a gynecologist or a pediatric surgeon can manage an ovarian torsion. An ENT or an oral maxillary surgeon can handle some types of mouth trauma.

Plastic surgeons are not needed to repair small facial lacerations. Many EDs do not have plastic surgeons readily on-call to come in for minor lacerations that can be easily repaired by the ED physician. Even if your patient’s family states that money is no object when it comes to their child, they may not realize that some insurance plans will not cover a plastic surgeon for minor lacerations that can be repaired by the ED physician. Many years ago, I asked one of the plastic surgeons how much it was for him to come in and repair a one cm laceration on a small child. He charged them $800 and his fee was separate from the ED. If the family insists on a specialist, then an ophthalmologist or ENT with an interest in plastics may be willing to repair certain facial lacerations.

If a child presents to your office appearing gravely ill, call 911. Even if your office is across the street from the hospital, there are medical-legal implications to not calling. While in your office, that patient has you and your staff. When the ambulance arrives, they will have oxygen, monitoring, and resuscitation equipment. Lethargic children may have their airway compromised when placed in a car seat and their head flops over.

In conclusion, call ahead. You make dinner reservations at a restaurant to ensure timely service; your patients deserve the same. Have your staff get in the habit of calling the ED. Get the ED fax number. Ask them if you can fax over the relevant chart information. Write a brief note on a piece of prescription paper for the parents to take with the. After hours, a quick call early on may save you a page late in the night.

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**LAPS Membership Directory**

We are in the process of updating the LAPS Membership Directory, which is available for view or download from our Web site at www.lapedsoc.org. Please review your listing and submit any changes or additions to Barbara Carr (bcarr@lapedsoc.org) or Mary Ellen Osborne (meosborne@lapedsoc.org). You may also mail or fax the form below to the Los Angeles Pediatric Society at: PO Box 4198 Torrance CA 90503; Fax (310) 543-2375 or phone changes or additions to (310) 540-6240 or (310) 328-2036.

Please make the following changes/additions to my listing:

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Email........................................................................................................... □ Change □ Addition
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LAPS is considering producing an expanded directory in CD format that will be mailed to members only. Would you be interested in such a directory? □ Yes □ No
THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to stimulate high school students to choose careers in the health professions. This is accomplished by providing first hand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of $75.00 is given each student to cover incidental expenses and a certificate of completion at the end of the program. In addition two $500 scholarships are awarded each year from the Edward M. Rissman Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year are listed below. All are cordially invited to join. You will help students get started in the right direction just as perhaps someone helped you.

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Would you like to participate in the Gene Black Summer Medical Career Program? Do so by giving your monetary support to:

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- Individual $50.00
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DR. JIM SEIDEL MEMORIAL FUND

The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of $25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student’s essay about their experience in the program.

Please make donations payable to the Los Angeles Pediatric Society, with “Dr. Jim Seidel Memorial Fund” in the memo section of your check and mail to P.O. Box 4198 Torrance, CA 90510-4198. Tax ID #95-2673275.

Name: ..................................................................

Address: ..................................................................

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Los Angeles Pediatric Society

63rd Brennemann Lectures

Pediatric Pain, Death, & Dying

September 28–October 1, 2006

A limited number of $50.00 food vouchers and reduced Disneyland tickets are available to those who register before August 15, 2006.

(Valid at all Disneyland hotels and parks during the meeting only.)

MEETING INFORMATION

Disney Paradise Pier® Hotel
1150 West Magic Way
Anaheim, CA 92802
(714) 956-MICKEY

Faculty

HEATHER KRELL, MD Assistant Clinical Professor of Psychiatry and Pediatrics Block Chair, Human Biology and Disease Curriculum UCLA Neuropsychiatric Institute and Hospital David Geffen School of Medicine at UCLA, Los Angeles, California.

TONY PALERMO, PhD Assistant Professor (Secondary appointment), Department of Psychology and Peri-Operative Medicine, Oregon Health and Science University; Assistant Professor (Secondary appointment), Department of Psychiatry, Oregon Health and Science University, Portland, Oregon.

GARY WALCO, PhD Professor of Pediatrics, UMDNJ, New Jersey Medical School. Director, The David Center for Children’s Pain and Palliative Care, Hackensack University Medical Center

STEVEN WEISMAN, MD Jane B. Pettit Chair in Pain Management, Children’s Hospital of Wisconsin; Professor of Anesthesiology and Pediatrics, Medical College of Wisconsin; Milwaukee, Wisconsin

LONNIE ZELTZER, MD Director, Pediatric Pain Program, Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, California

Accreditation

This activity is offered by a CMA-accredited provider, the Los Angeles Pediatric Society. Physicians attending this course may report up to 15 hours of Category 1 credits toward the California Medical Association’s Certificate in Continuing Medical Education and the American Medical Association’s Physician’s Recognition Award. The California Board of Registered Nursing approved 15 hours of continuing medical education. Provider number CEP11121.

By the end of 2006, all physicians in California are required to fulfill twelve CME credits in pain management as mandated by the California State Legislature, Measure AB 487. Attendees will be able to satisfy their complete CME requirements by attending this meeting.

63rd Brennemann Lectures Meeting Advance Registration

Name _____________________________________________ Date ______________

Address __________________________________________

City _________________________________________ State __________ Zip __________

Phone ( ) __________________________________ Fax ( ) __________

Email __________________________________________

Tuition Fee

Physicians: Members of LAPS: $500 Before 9/5 After 9/5 $550

Physician Non-members: $550 $600 $

Pediaic Residents: Hospital: $100 $125 $

Allied Health Personnel: Category: $250 $300 $

Emeritus with LAPS: $175 $

Special additional incentives for registration by August 15, 2006 (see above)

Please make checks payable to: Los Angeles Pediatric Society and return to:

P.O. Box 4198 Torrance, CA 90510-4198. We regret credit cards cannot be accommodated.

63rd Brennemann Lectures Hotel Advance Registration

Name _____________________________________________ Date ______________

Address __________________________________________

City _________________________________________ State __________ Zip __________

Phone (Please include area code). ____________________________

Number in Party __________________________________________

Hotel Accommodations Requested: _____ Double _____ Single

Arrival: Time _________________ Date _________________

Departure: Time _________________ Date _________________

Your check or credit card is acceptable in payment. MasterCard VISA American Express (circle one)

# ____________________________ Exp. Date ____________________________

Signature __________________________________________

60 rooms are available to registrants at the special rate of $149 (plus tax) per day single or double occupancy, plus resort fee of $10. These rates apply from September 26-October 1, 2006. Note: Special rates will be available only until September 2, 2006 or until all 60 blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply.

WE RECOMMEND YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING. The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements. Please make check payable and send to Disney Paradise Pier® Hotel 1150 West Magic Way, Anaheim, CA 92802. Phone Number: (714) 956-MICKEY (6245).
Every now and then in the field of pediatrics, a “benign” condition is later discovered to actually have some serious consequences. Over the past five years, the endocrine condition benign premature adrenarche is now being labeled by pediatric endocrinologist as not necessarily being entirely benign. In some cases of premature adrenarche, this may be the first clinical manifestation of insulin resistance.

Benign premature adrenarche typically occurs in females beginning at age five (but it can also be found in boys but this article will discuss girls only) with isolated pubic hair, followed by the appearance of axillary hair, apocrine odor, and slight acne. There is no breast development, virilization (clitoromegaly, facial hair, or bad acne), rapid growth spurt, or advanced bone age. It is also known that premature adrenarche has no adverse effects on ultimate height or the timing of menarche. The etiology is still unclear, but it may be due to the premature activation of the zona reticularis region in the adrenal gland. Serum DHEA-Sulfate, a weak adrenal androgen is the best marker for premature adrenarche and found to be elevated but appropriate for the Tanner stage of sexual development. Pathological causes for premature adrenarche are uncommon, but they include virilizing tumors found in the adrenal gland and ovary. These patients are usually virilized and will have VERY ELEVATED androgens like testosterone and DHEA-sulfate. Non-Classical 21 Hydroxylase Deficiency can also be a cause for premature adrenarche but there is again rapid growth, advanced bone age and virilization. These patients often have an elevated 17 OH progesterone level in the early morning. Should breast development begin shortly after the appearance of DHEA-sulfate. Non-Classical 21

Since premature adrenarche may be the first clinical manifestation of insulin resistance, it is important to carefully inspect for acanthosis nigricans.

Premature Adrenarche: No Longer a Normal Variant

Ronald A. Nagel
Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. Members residing outside of California will be classified as affiliate members. Membership for all categories is $100 a year. Please complete each of the following items as applicable. *Life membership is available at a one-time fee of $1000.

**PLEASE PRINT OR TYPE**

1. Full Name: ___________________________ Birth Year: __________
   First  Middle  Last

   Academy and College members are urged to add affiliation initials after degree.

2. Check preferred mailing address.
   ☐ 1. Street: ___________________________ Phone: (________) __________________ Email: __________________
   City: ___________________________ State: __________________ Zip: __________________
   ☐ 2. Street: ___________________________ Phone: (________) __________________ Email: __________________
   City: ___________________________ State: __________________ Zip: __________________

   A Directory of Members with listings by name and by city is published online at www.lapedsoc.org.
   If you would like your full address and phone to appear, please check here: ☐
   If you do not wish to be listed in the Directory of Members, please check here: ☐

   Specialty: ___________________________ ☐ Bd. Cert. Date of Cert. _____ Date of Re Cert. _____ ☐ Bd. Elig.
   Subspecialty: _________________________ ☐ Bd. Cert. Date of Cert. _____ Date of Re Cert. _____ ☐ Bd. Elig.
   Note Board Name for Specialty: ___________________________

3. Medical School: ______________________ Year Graduated: __________
   Internship: _________________________ Years: ______
   Residencies: _________________________ Years: ______
   Other Professional Training: __________________________
   Hospital Staff: __________________________
   ☐ Private Practice: Total Years: ___________ ☐ Academic Practice: Total Years: ___________

4. Member in good standing of other medical and scientific societies: __________________________

5. References (Name of two physicians, preferably members):
   1. ___________________________ 2. ___________________________

6. ☐ *LIFE MEMBERSHIP

7. Date: ___________________________ Signature: ___________________________

YOUR CHECK FOR FIRST YEAR’S DUES ($100) MUST ACCOMPANY APPLICATION
LIFE MEMBERSHIP: $1000 (One-Time)
Make checks payable to: los angeles pediatric society • P.O. Box 4198, Torrance CA 90510-4198

Update 1/06
Classified ads are free to LAPS members and only ads from LAPS members are accepted for inclusion in the Los Angeles Pediatric Society News.

Positions Available

Full-time Pediatric Position available in four Physician Private Practice in Manhattan Beach. Inpatient care covered by hospitalist service at Torrance Memorial Medical Center. For information call 310/939 7845. Contact: Joanna Wong, M.D., Elaine Stevens-Wenzel.

Part time pediatrician for busy Cedars practice. Fax resume to: 310 652 2389

Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. There are no geographical limits. Annual dues of $100, includes partial fees to the Annual Brennemann Lectures and Spring/Parmelee meeting. For an membership application, see page 11 or visit www.lapedsoc.org.