



Central California Pediatrics

FEBRUARY 2020

Specialty information for physicians who treat children and expectant mothers.



Squeezing Out the Pain From Chest Pain

Carl Owada, MD, FACC, FSCAI
Cardiology, Valley Children's Healthcare

Chest pain in an adult can be an ominous sign of impending heart attack or sudden death. Those individuals should seek urgent medical attention. In children and young adults, however, it is - in most instances - very common and benign. Studies from both ER visits and cardiac clinic encounters report an incidence of non-cardiac etiology of pain in 92 – 96% of patients. In these studies positive predictors of organic disease were: acute onset (relative risk 3), abnormal physical examination (RR 12) or fever (RR 3.6). Predictors of non-organic/benign symptoms were: duration of symptoms greater than 6 months and family history of heart disease or chest pain.

Conducting Our Own Study

Several years ago, Valley Children's performed an observational study looking at the prevalence of patients referred to our Willson Heart Center for evaluation of chest pain in an effort to identify predictors of cardiac disease. Over a period of 19 months, there were 373 patients referred for a prevalence rate of 7.7%. The median age was 12.5 years with more boys than girls being referred. The majority reported symptoms for over a month prior to referral. Pain was described as sharp or pressure-like localized to the left side or mid-sternal area. Of these patients, 92.5% were diagnosed with non-cardiac chest pain; 56% were musculoskeletal/precordial catch syndrome; 21% were idiopathic; 8% were related to reactive airway disease; 4% were psychogenic; and 3.5% involved other non-cardiac conditions. Of the cardiac etiologies, dysrhythmia was predominant with incidental findings of: innocent murmurs, a ventricular septal defect in two patients, an atrial septal defect in one patient and subaortic stenosis in another. None of the patients had life threatening conditions. We then called the families back and/or reviewed their medical record at a median follow up of 2.5 years. We were able to make contact with 82% of this study group. Over two-thirds reported being symptom-free. The remaining had persistence of intermittent chest discomfort. There were no documented hospital admissions, major missed diagnoses or deaths. An abnormal physical exam and/or electrocardiogram lead to a diagnosis of organic disease in 100% of those with conditions that needed ongoing follow up.

What Does This Mean

Chest pain, particularly at rest, that has been present for over 48 hours in duration, is a benign symptom in most children and young adult patients. A normal physical examination or ability to elicit chest wall tenderness on palpation and a normal electrocardiogram squeezes out the ominous chest pain from the benign. Here in the Valley, assessment for reactive airways disease should be strongly considered. Finally, psychiatric health cannot be overstated to rule out psychogenic issues, including hypochondria/anxiety.



Epic Change Coming to Valley Children's

Joel Brownell, MD

Director, Community and Government Relations - Valley Children's Healthcare

Thank you for choosing Valley Children's to partner in the care of your patients. Starting April 25, 2020, Valley Children's is moving from several different electronic medical record systems into one, using the Epic platform. The goal of this change is simple: to keep kids at the center of everything we do.

Valley Children's will shift to Epic on Saturday, April 25, 2020, and you will be able to access patient information through our new provider portal called Valley Children's CareLink. Athena and Meditech access will no longer be available. CareLink is a web-based portal where you will be able to access patient information, follow the progress of care for referred patients, improve the ability to coordinate ongoing care and much more. The system seamlessly bridges communications between your practice and our specialists, providing constant, real-time sharing of information to help in the care of your patient.

In next month's issue of Central California Pediatrics, we'll share more information about registering for CareLink and how to access the online training tools that will be made available to you at no charge. CareLink is designed to be as intuitive and user friendly as possible, though our online tutorials will ensure you are comfortable before we switch on April 25.

Please visit valleychildrens.org/CareLink for more information on our new EMR. Questions can also be sent to CareLink@valleychildrens.org.

Thank you for continuing to place your trust in us as we work together to help Valley families.

Medical Staff News

The following pediatric specialists recently joined Valley Children's:

Hospitalist

Bakersfield Memorial

Aqsa Sabir, MD

Pediatrics

Gulafsha Chaudhary, MD

Neonatology

Kimberly Gerard

Upcoming CME Opportunities

**Third Annual Child Abuse
Prevention Conference!**

Thursday, March 26, 2020

7:30 a.m. to 4:00 p.m.

This conference will feature experts presenting trending topics involving medical child abuse, Munchausen's syndrome by proxy and neuro trauma. There will also be a guest speaker discussing his journey in overcoming childhood adversity and demonstrating resilience through physical fitness and public service.

Register online at bit.ly/childabuseprevention2020