Is There an App for That?
CMEs, Elvis, Memphis and Technology

The ACOP 2012 Spring CME Conference, being held March 22-25 in Memphis, TN, will focus on technology in the outpatient pediatric office. Technology has changed society and business and it is now poised to change outpatient care. Technological advances are increasingly becoming user friendly and accessible to the primary care pediatrician.

The original focus of electronic health records was on improving billing and documentation. The potential for more exists. Can an EMR improve health outcomes, provider efficiency and have a positive return-on-investment? Are there interactive devices and communication technologies that improve patient knowledge and adherence to prescribed care plans? How can you use office-based programs to appropriately diagnose, prescribe and follow patients? Technology exists to aid in the diagnosis and treatment plans for concussions, risky adolescent behavior, dentistry and dermatology.

Thought about using ultrasound in your office? Handheld portable US units are now the size of smart phone and have the potential to augment the physical exam, speed diagnosis and communicate with your patient.

Don't be left behind. All of this and more will be discussed at the next ACOP CME meeting in Memphis, March 23-25, 2012.

19+
Category 1-A Credit Hours

Let's Stop Childhood Obesity!

What Are You Doing About Obesity?

- 1 in 5 children is overweight or obese by their fifth birthday
- 17.5 million 2-19 year olds are obese
- 50% of obese children at age 6 will be obese as an adult regardless of family history

Is your school, pediatric practice or health organization engaged in an obesity reduction program? How does your pediatric practice approach obesity?

Share your tips, program and story with your fellow ACOP members for potential inclusion in the Spring issue of ACOP's PULSE by emailing ACOPublications@gmail.com.

Did You Get Your Free 5-2-1-0 Prescription Pad?
They are still available to help your patients gain better eating habits. ACOP and you – working together to improve pediatric health and obesity.

Order yours by visiting: www.acopeds.org/prescriptionpad.iphtml
Infections are one of the main reasons for office visits in many pediatricians’ practices. The respiratory tract is the most frequent system that tends to be involved in these infectious processes. The number of infections and their progression that a normal host tolerates is determined by the host’s immune system. An increase in frequency and severity would suggest a host defect also known as a primary immunodeficiency. This short discussion will review a guideline that may be used to distinguish a normal immunological host from one with an immunodeficiency.

**One upper respiratory tract infection every other month to every month:**

Ear and sinus infections are very common in the pediatric population. Due to the loss of maternal immunoglobulin after six months of age, patients with immunoglobulin deficiencies will start presenting with infections at this time. Ear and sinus infections may occur at a frequency of one every month to every other month. These patients typically receive tympanostomy tubes, which will correct structural defects, but will not correct an immunological defect or alter the infection rate in patients with immunologic deficiencies. Patients with immune defects who have had tympanostomy tube placement will continue to have infections with purulent drainage from these tubes.

**Two or more pneumonias per year:**

With the advent of vaccines against pneumococcus and hemophilus influenza, bacterial pneumonias are less common in the pediatric population. These vaccines will not create an immunological response in the immunocompromised host. Patients with immunologic deficiencies will maintain their susceptibility to these pathogens. It is not uncommon to have one pneumonia event in a year, but two or more may reflect a defect in the immune system of the host.

**One or more life threatening infection in a lifetime:**

Life-threatening infections are rare, but they do occur. These types of infections suggest a large defect in the immune systems of the host. Any of the limbs of the immune systems when defective may result in a life-threatening infection.

**Abnormal response to an infection:**

The immune system is built to isolate and restrict the movement of a pathogen within the host allowing for its eventual destruction. When the pathogen progresses past the host’s anatomical and immunological barrier due to a defect, then the host may be susceptible to enhanced morbidity and mortality. Therefore, infections such as mastoiditis or meningitis as a result of an ear infection suggest a host defect.

**Infections with unusual pathogens in unusual places:**

Usual pathogens that are seen often in the pediatric population reflect organisms that can elude a normal host and cause infections. In contrast, a normal host is able to eliminate an atypical pathogen. When unusual pathogens such as Klebsiella, Pseudomonas or Candida invade the host and cause an infection in the liver, bone or other places, a defect in the host is highly likely.

**Infections causing worsening of seizure and asthma control:**

Seizure and asthma are chronic disorders that often require maintenance medication to control symptoms. Despite these medications, the disorders can be difficult to control due to infections. Repetitive episodes of infections complicating management of seizures and asthma suggest a immunologic defect.

**Family history:**

Infections occurring at an abnormal rate may be cause for suspect if associated with a family history of immunodeficiency. Infectious histories in this venue have to be carefully taken in order not to miss the subtle manifestations of a familial immunodeficiency. A careful infectious disease history may be revealing, allowing a snapshot view of the host’s immune system. Appropriate laboratory evaluation and consultation can help diminish morbity and mortality associated with immunologic deficiencies.

**Bibliography:**

Don’t Miss the Spring Issue!

Getting Ready to Rock in Memphis! See you at the ACOP 2012 Spring Conference!

• Updated CME Conference Information
• In Their Footsteps: DO Pediatricians across Generations
• By the Numbers, Melnick-At-Large, Member Speak, Historical Highlights, Members in the News and Print
• President’s Message and important Board Communications
• Member Insights and Reflections on Pediatric Obesity
• Information to Keep you in the Know

Did you miss seeing the Winter 2012 issue of the PULSE featuring Student Clubs, Lerch DO Family and ACOP news?

It is still available at ACOP Website or at http://www.acopeds.org/newsletters.iphtml

Don’t Miss the April Issue!

Keep your eyes open for the April ejournal focusing on Newborn Care.

• Ed Spitzmiller, DO, will review optimizing discharge nutrition for NICU graduates.
• Robert Locke, DO, will discuss breastfeeding as a preventative medicine strategy.
• Stan Grogg, DO, will get you caught up on the catch-up immunization schedule for NICU graduates.
• Get helpful sport medicine tips from the Sideline.
• Outmatch Dr. Marshall in his corner of picture questions.
• Great articles, free CME.

Did you miss seeing the last issue of the ejournal?

It is still available at ACOP Website at http://www.acopeds.org/ejournalarchive.iphtml