



LPCH'S PEDIATRIC ANESTHESIOLOGISTS KEEP YOUNG KIDS COMFORTABLE, SAFE

SPECIALIZED TRAINING TO MEET CHILDREN'S UNIQUE PHYSIOLOGICAL, BEHAVIORAL NEEDS

Pediatric anesthesiologists are the common denominator for many children at Lucile Packard Children's Hospital. Any procedure — diagnostic, surgical, or percutaneous interventional procedures — that requires a young child to remain still for any length of time calls for some type of anesthesia, which can range from moderate sedation to general anesthesia.

While Packard Children's general pediatric anesthesiologists see a wide variety of cases throughout the hospital, others specialize in the care of specific groups of children, such as those undergoing cardiac surgery or struggling with chronic pain. All are devoted to making every procedure as stress free as possible for both the patients and their parents.

"We're always there behind the scenes, making sure our young patients are comfortable and safe," said Anita Honkanen, MD, chief of pediatric anesthesiology at Packard Children's.

"We help kids through radiation, MRI or CT scans, bone marrow biopsies and cardiac catheterizations, in addition to surgery." Pediatric anesthesiologists are a critical component of the hospital's new pediatric Cyberknife facility, which makes radiosurgery an option for even very young children.

Honkanen estimates that pediatric anesthesiologists were involved in more than 8,000 procedures last year at Packard Children's. In addition, the highly specialized, six-member cardiac anesthesia team had more than 900 cases during the same time period, from heart transplants to catheterizations to complex surgeries to repair congenital cardiac defects.

In every one of these cases, the anesthesiologist must consider not just the fact that children are smaller than adults, but also the fact that children of different ages have varying physiological and behavioral characteristics that affect how they metabolize drugs and what types of instructions they are able to follow prior to their procedure.

"There are differences between preemies and babies, and between toddlers, school-aged children and teens," said Honkanen. "We have to adjust our expectations with regard to the medications and environments with which we have to work. If the child is too young to tolerate or follow commands, we may have to get him or her to fall asleep using different conditions, for example. It's a very different paradigm than that for adults."

Pediatric anesthesiologists undergo three years of specialty training, followed by one year focused only on children. In that time, they learn not just the physiological requirements of their young



Chandra Ramamoorthy, MD,
director of pediatric cardiac
anesthesiology at Packard Children's.

patients, but also the emotional and psychological needs of the entire family.

"We don't just treat the child," said Honkanen, "we treat the entire family. Because it's rare for us to meet the family before the day of the procedure, we must be skilled in developing a rapport with just a few minutes of conversation."

CARDIAC ANESTHESIA

Some surgeries or procedures, such as cardiac surgery, can put unusual strains on a child's body. Chandra Ramamoorthy, MD, knows all about it. As the director of pediatric cardiac anesthesiology, she and her colleagues are trained in both pediatric and cardiac anesthesiology. This highly specialized combination of skills enables them to safely and effectively care for children whose underlying cardiopulmonary disorders may affect gas absorption and anesthesia metabolism. In addition, many cardiac surgeries last for

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several hours, and some restrict the use of oxygen and anesthetic to only one lung.

PAIN MANAGEMENT CLINIC

Pediatric anesthesiologist Elliot Krane, MD, directs Packard Children's comprehensive pain-management clinic. He and his colleagues at the clinic combine pharmacological, psychological and behavioral approaches to help patients with a host of ailments, from neuropathic pain to terminal illness.

Pain management services are available at all times to hospitalized children, or on an outpatient basis several times a week. Like their colleagues, many of the clinic's physicians provide highly specialized care. For example, anesthesiologist Julie Good, MD, directs the clinic's palliative care services, and both she and Brenda Golianu, MD, are experienced in the use of acupuncture for pain management.

Like all areas of anesthesia, however, there are unique challenges to treating pediatric patients, including the fact that children often seem to overreact to painful circumstances. It's not known if this is because they have little or no context with which to judge their pain, or if something about their developing nervous systems makes them feel pain more keenly than adults. But regardless, it's important to take their reports at face value.

"Pain is what the child says it is," says Krane. "But children also tend to be less skeptical and more adept than adults at some of the biofeedback and relaxation techniques that we teach."

RESEARCH AND TRAINING

Packard Children's anesthesiology team is also actively involved in many areas of research. In 2005, pediatric anesthesiologist and critical care specialist Gregory Hammer, MD, collaborated with Ramamoorthy and others on a study indicating that children who received both spinal and general anesthesia during open heart surgery experienced less pain after the operation and were less dependent



Anita Honkanen, MD, is the chief of pediatric anesthesiology at Packard Children's Hospital.



Elliot Krane, MD, pediatric anesthesiologist, is the director of Packard Children's pain-management clinic.

on narcotics during the hours after surgery than children who received only general anesthesia. In addition, the technique facilitates a rapid return to consciousness and quicker extubation. Studies like this one are important because of the paucity of data on how many commonly used drugs affect pediatric patients.

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Elliot Krane, MD

"There have been very few pharmacokinetic or pharmacodynamic studies done in children," pointed out Hammer. He and David Drover, MD, assistant professor of anesthesia at Stanford's School of Medicine, are currently conducting an NIH-sponsored study to investigate the safety and effectiveness of sodium nitroprusside use in children.

Finally, many anesthesiologists at Packard Children's have trained using

the hospital's advanced pediatric or infant simulation facilities, which allow practitioners to plan for the worst-case scenario before a patient is in crisis. Packard Children's is currently developing a surgical simulation facility that will allow all members of a surgical team to practice individual surgeries before they occur. This kind of planning ahead is particularly important during complex surgeries.

"We set up our operating rooms to be sure we always have more than one set of educated hands available at all times during critical procedures," said Honkanen, who summed up her specialty like this: "Sometimes pediatric anesthesiology is not well understood even by other physicians. Not only are we focused on our patient's anesthetic care for each procedure; but we help ensure that all aspects of their care, from communication with the patient and family members, to coordination of multiple treatments that may require anesthesia, are considered."

For more information about anesthesia at Packard Children's, visit anesthesia.lpch.org or call (650) 723-5728. For more information about the hospital's Pain Management Clinic, visit pain.lpch.org or call (650) 724-5338.



HARVEY COHEN STEPS DOWN AS CHIEF OF STAFF

KEN COX, CHRISTY SANDBORG FILL INTERIM POSTS

After 14 years of administrative duties, Harvey Cohen, MD, PhD, handed over the titles of chief of staff of Lucile Packard Children's Hospital and chair of pediatrics at Stanford's School of Medicine in November without regret.

"These past years have been the best of my life," said Cohen, "but it's time for someone to come in and take the hospital to the next level of greatness. I've missed not being a doctor."

Cohen stepped down to resume his research and clinical work at Packard Children's. Kenneth Cox, MD, and Christy Sandborg, MD, will serve as interim chair and chief, respectively, until a permanent replacement can be found.

"I am leaving the department in very qualified hands," said Cohen. "Ken was one of the first people I recruited after my arrival here. He has helped the clinical programs thrive, grow and be as excellent as they now are. He also has the respect of the other faculty members and proven leadership ability."

Although the chair and the chief-of-staff positions are usually held by the same person, Cox's other administrative obligations — he is chief of the division

of gastroenterology, the associate chair of pediatrics, the senior associate dean for pediatrics and obstetrics, and Packard Children's chief medical officer — necessitated dividing the duties.

"Christy Sandborg has demonstrated real leadership qualities," said Cohen. "As chief of staff, she will ably maintain and enhance the quality of care." Sandborg is a professor of pediatrics (rheumatology) and chief of the division of rheumatology.

"I have had the privilege and pleasure to have worked closely with Dr. Cox since my arrival, and I have the utmost confidence in his knowledge, commitment and dedication to pediatrics, LPCH and Stanford," commented Philip Pizzo, MD, dean of the Stanford School of Medicine. I am grateful that he and Dr. Sandborg have agreed to serve as interim leaders, and am sure that they will do a wonderful job supporting the faculty and staff in pediatrics as I work to identify the next chair."

Although his leadership responsibilities left little time to examine patients, Cohen has made a lasting impact on children's health care — locally and nationally — through his tireless dedication to



Harvey Cohen, MD, PhD, stepped down in November after 14 years as Packard Children's chief of staff.

mentoring, recruiting, legislative lobbying and fundraising.

Over the course of his tenure, hospital admissions have more than doubled; outcomes for kids with transplants, cancer, heart disease and cystic fibrosis have dramatically improved; outreach programs have blossomed, and grant support for research in the Department of Pediatrics is up fivefold.

CHILDREN'S HEART CENTER RECOGNIZED BY URN

NAMED CENTER OF EXCELLENCE IN CONGENITAL HEART DISEASE

Packard Children's Heart Center was recently named one of only two United Resource Networks Congenital Heart Disease Centers of Excellence on the West Coast. The designation, which is meant to help families seek out medical care that is safe, successful and cost-effective, is based on several criteria including volume and outcome of procedures, patient and family-oriented services, multidisciplinary approaches, clinical research, relationships with referring physicians and payers, and numbers of active CHD/ cardiovascular transplant surgeons and pediatric cardiologists.

Packard's Children's Heart Center offers many programs and surgical

services for congenital and acquired heart disease. Frank Hanley, MD, is considered the world's expert in unifocalization as a treatment for Tetralogy of Fallot with pulmonary atresia and MAPCAs, and V. Mohan Reddy, MD, has pioneered reparative cardiac surgery for extremely tiny premature infants. Peri-operative care is provided by pediatric cardiac intensivists and pediatric cardiac anesthesiologists.

The Heart Center also has one of the nation's first pediatric heart failure and transplant programs. Cardiologists David Rosenthal, MD, and Anne Dubin, MD, pioneered the use of pediatric pacemakers and Packard Children's Pediatric Advanced Cardiac Therapies

Center has the most experience in North America with pediatric left ventricular assist devices. Finally, Heart Center interventionists Stanton Perry, MD, and Jeff Feinstein, MD, are at the forefront of new non-surgical technologies, from fetal catheter intervention to trans-catheter heart valve replacement.

For more information about Packard Children's services for children with congenital heart disease and other conditions, visit heartcenter.lpch.org. For more information about pediatric cardiac transplantation, visit hearttransplant.lpch.org. To learn more about the United Resource Network, visit www.urnweb.com.

PACKARD CHILDREN'S ADOLESCENT MEDICINE WELCOMES NEW CHIEF NEVILLE GOLDEN

DIVISION'S RECENT EATING DISORDERS RESEARCH INDICATES NEED FOR PARENT, PHYSICIAN VIGILANCE

New adolescent medicine chief Neville Golden, MD, feels right at home at Packard Children's. As the former director of the eating disorders center at Schneider Children's Hospital in Long Island, Golden is quite familiar with the difficulties involved in diagnosing and treating children with the life-threatening condition.

"These are challenging, but very special, patients," said Golden, who is a national expert in the medical complications of eating disorders. "They are usually highly intelligent and talented, but they just don't feel good about themselves." In December, Packard Children's adolescent medicine and eating disorder specialist Rebecka Peebles, MD, published two research articles indicating that parents and physicians should both more closely monitor Internet use in adolescents with eating disorders and also be alert for pre-teen weight loss in seemingly healthy children.

One study, published in *Pediatrics*, is the first to confirm that pro-eating disorder Web sites may promote dangerous behaviors in adolescents with eating disorders. The second, published in the *Journal of Adolescent Health*, indicates that pre-teens with eating disorders tend to lose weight more quickly than adolescents with the condition and weigh comparatively less at diagnosis.

In the first study, the researchers surveyed families of eating disorder patients. About half of the 76 patients who returned the anonymous questionnaire said they had visited Web sites about eating disorders. Ninety-six percent of teens who visited pro-eating disorder Web sites reported learning new dieting and purging techniques. They also tended to have a longer duration of disease and to spend less time on schoolwork and significantly more time online each week than did those who never visited the sites. Even pro-recovery sites aren't harmless. Nearly 50 percent of patients visiting such sites reported learning about new methods to lose weight or to purge.

While about 50 percent of the 106 parents who responded were aware of the existence of pro-eating disorder sites, only 28 percent had discussed these sites with their child. Only about 20 percent reported placing limits on either the time their child spent online or on the sites they visited.

The second study indicated that younger eating disorder patients may be at risk for more rapid weight loss than adolescents and frequently have atypical presentations that may make diagnosis more difficult.

"These are challenging, but very special, patients," said Golden, who is a national expert in the medical complications of eating disorders. "They are usually highly intelligent and talented, but they just don't feel good about themselves."

Neville Golden, MD

Adult-specific diagnostic criteria muddy the issue for pre-pubertal children by referring to missed menses and ideal body weight percentages that may not be valid in a child who has stunted his or her height through starvation. Also, young children may not display the same kind of disordered body image as older children.

"Young kids may truly not know why they don't want to eat," said Peebles. "They just don't want to be bigger." As a result, more than 60 percent of patients younger than 13 are diagnosed with an "Eating Disorder Not Otherwise Specified". Younger patients were also more likely to be male, and one in five had tried vomiting to lose weight.

"Don't think of weight loss, or even lack of weight gain, in pre-teen

as a phase," cautioned Peebles. "If they express wanting to lose weight, take it seriously."

"We'd be happy to come out and talk to groups of physicians about eating disorders or other issues," said Golden, "or to help them manage their patients." Golden is considering collaborative efforts with other eating disorders programs to enhance research opportunities and perhaps expand the available levels of care to include a partial hospitalization program.

Golden's interest extends beyond eating disorders. He is opening Packard's Center for Adolescent Health to address the many special medical concerns of this patient population, including sexual health.

"About 50 percent of girls in high school are sexually active," said Golden, "yet many don't feel comfortable speaking to their parents about menstrual irregularities, dysfunctional uterine bleeding and other gynecological issues." Other possibilities include expanding Packard Children's current mobile health van program or beginning a school-based health program.

"Adolescents today are faced with very different issues than my generation," said Golden. "There's more information available out there, and an increasing need for people to help them make healthy choices."

For more information about Packard Children's Adolescent Medicine Program, visit adolescentmedicine.lpch.org or call (650) 694-0600. For more information about the hospital's Comprehensive Eating Disorders Program, visit eatingdisorders.lpch.org or call (650) 498-4468 for outpatient clinical services or (650) 498-4468 for the inpatient clinical program. To learn more about Rebecka Peebles' recent research, visit www.lpch.org/newsEvents/NewsReleases/2006/eatingDisorders.html.



CHILD-FRIENDLY DIALYSIS COMING SOON TO LPCH

PERSONALIZED TREATMENT KEEPS KIDS HEALTHY FOR TRANSPLANT

Physicians and patients alike are eagerly awaiting the spring 2007 opening of Packard Children's new pediatric dialysis treatment unit. The nearly 3,000 square-foot facility will house six dialysis machines in child-friendly treatment rooms and a training room for parents learning to care for their children on dialysis at home. The new unit will triple the daily number of patients who can receive dialysis at Packard Children's.

"The new dialysis unit will be state-of-the-art in every way, including all new hemodialysis machines and monitoring equipment," said Steven Alexander, MD, medical director of dialysis and kidney transplantation, and director of pediatric nephrology at Packard Children's. "We will even have the capability to generate our own ultra-pure dialysis water."

The new dialysis machines allow treatment to be personalized for each patient, and adjusted during the

procedure if necessary based on changes in blood chemistry or patient status. Such flexibility helps to keep patients as healthy as possible while they wait for a kidney transplant.

"One of the reasons we have such good results with transplants is that we bring kids to transplant at the optimum time," said Alexander.

But most kids will appreciate more the ability to play with the child life therapists, access the Internet, watch videos or play video games, and even do homework in rooms looking out into a sunny, landscaped courtyard.

"Dialysis in an adult dialysis unit is psychologically, educationally and emotionally draining to young patients," said Alexander. "A pediatric unit like Packard's makes good use of this time with lots of highly specialized nursing care and attention from a multi-disciplinary team in a cheerful, stimulating setting. We're very lucky to have this facility at LPCH."



Steven Alexander, MD, is Packard Children's medical director of dialysis and kidney transplantation, and director of pediatric nephrology.

For more information about Packard Children's dialysis and kidney transplant programs, visit **nephrology.lpch.org** or **kidneytransplant.lpch.org**. The hospital's nephrology clinic can be reached at (650) 724-0353, and the kidney transplant program can be reached at (650) 498-5480.

PHYSICIAN Update 5

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TO FILL OUT
OUR SURVEY.

PHYSICIAN UPDATE INPUT: WHAT DO YOU THINK?

Lucile Packard Children's Hospital and the Office of Physicians Relations would greatly benefit from your input regarding our quarterly referring physician publication, *Physician Update*. Please take a few minutes to complete the following questions and drop the pre-paid postcard in the mail.

We thank you for your feedback!

- 1. Do you find the information in Physician Update useful?** Yes No
Further explain: _____
- 2. Do you think the information in Physician Update is of the appropriate tone and nature?** Yes No
Further explain: _____
- 3. Would you prefer content that is more technical?** Yes No
Further explain: _____
- 4. Please prioritize the following areas of content, per your interest (1 being highest priority):**
 Clinical Advances
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- 5. Do you have any additional suggestions?**

SALINAS NICU NOW LEVEL III

PACKARD CONTINUES PARTNERSHIP WITH SALINAS VALLEY MEMORIAL HEALTHCARE

Many pregnant women and medically fragile newborns in the Monterey area can now receive care closer to home in the new Perinatal Diagnostic Center and Level III Neonatal Intensive Care Unit at Salinas Valley Memorial Healthcare System. The new services, offered through a joint partnership between Packard Children's and Salinas Valley, are made possible by two new faces. Neonatologist Gregory Glasscock, MD, PhD, recently joined former NICU director David Kasting, MD. Kasting is now the director of perinatal and neonatal care at Salinas Valley, and a clinical professor at Packard Children's. Glasscock is the medical director of the new 11-bed, Level III NICU. Plans are underway to expand the facility to 24 beds within the next three years to meet growing demand.

In addition to Glasscock, Salinas Valley recently welcomed obstetrician Amen Ness, MD, from Packard Children's to the

new Perinatal Diagnostic Center. Ness, a specialist in maternal-fetal medicine and high-risk pregnancies, is the first full-time perinatologist to practice locally in Monterey county. Women visiting the Perinatal Diagnostic Center can receive a variety of services formerly available only in the Bay Area, including genetic counseling, chorionic villi sampling, high-level 3D and 4D ultrasound and in-patient consultative services for high-risk patients.

"The expansion of these services is another step forward in our ability to offer outstanding, local care to our patients," said Kasting.

"The arrival of Dr. Ness raises the level of care, and the type of complicated patients that we can care for, to a much higher level than we have ever been able to do before," said Edward Ramirez, MD, chair of the OB/GYN department at Salinas Valley Memorial. "Instead of having to transfer all the highly complicated patients to the

Bay Area for continuation of care, we will be able to keep most of those patients in our facility, thereby making it more convenient for those patients and their families. This will increase the family support these patients receive while in the hospital, many of whom may need to be in the hospital for weeks," Ramirez said.

"This is an important step towards ensuring that families, in particular pregnant women and newborns, can be served fully in their own communities," agreed Packard Children's chief of neonatology David Stevenson, MD. "Such a partnership is not simply a business plan for incremental services, but a true synergy for quality care."

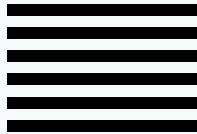
For more information, visit www.svmh.com/womens/nicu.asp. To reach David Kasting, call 831-759-1860; Gregory Glasscock, call 831-755-0720; Amen Ness, call 203-249-4575.

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FACULTY UPDATE

FACULTY UPDATES



STEPHEN HUHN, M.D., F.A.C.S., F.A.A.P., has accepted the position of Vice President and Head of the Neural Program with StemCells, Inc., effective January 1. Dr. Huhn is on leave from his position as Chief of Pediatric Neurosurgery at Packard Children's. As a consultant to StemCells, Inc., Dr. Huhn was instrumental in the design of the protocol for the Company's clinical trial of its proprietary human neural stem cell product, HuCNS-SCTM, in Batten disease now being conducted at Oregon Health & Science University in Portland, Oregon.



LYNDA KNIGHT, RN, Pediatric Director of Life Support Nursing Education, has been recognized by the American Heart Association (AHA) with the 2006 Pediatric Advanced Life Support Outstanding Regional Faculty award. Every year the AHA Central Coast and Valley Area Task Force nominates someone whose life-saving work makes a difference in their training center and communities.



ALFRED T. LANE, MD, professor of dermatology and pediatrics, has been elected President of the Association of Professors of Dermatology. Lane, who is also the chair of dermatology at Stanford and Packard Children's, is particularly interested in developing gene therapy for genetic skin diseases such as epidermolysis bullosa and ichthyosis. He also directs efforts aimed at understanding the physiology and function of the extremely fragile skin of the premature infant. Lane will serve as president of the association until 2008.



JOSHUA D. SCHIFFMAN, MD, has been invited to present his work on "Novel Genotyping Technology to Classify Childhood Leukemia" at the annual Japanese Pediatric Society meeting in Kyoto, Japan in April 2007. An abstract of the work was recognized last spring with the Society for Pediatric Research (SPR) Fellow's Clinical Science Award at the SPR annual meeting. Schiffman, a pediatric hematology/oncology fellow at Packard Children's, is the hospital's former chief resident.

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