

Central California Pediatrics

Specialty information for physicians who treat children and expectant mothers.

Children's Hospital
Central California 

Amazing People. Incredible Care.

Physician News

Mydili Subramaniam, MD Pediatric Emergency Physician

Board certified in pediatrics and board eligible in pediatric emergency medicine, Dr. Mydili Subramaniam joined Children's as a pediatric emergency physician in May. Prior to joining Children's, Dr. Subramaniam was an attending physician in the department of pediatric emergency medicine at Children's Hospital of Michigan in Detroit, Mich. She completed pediatric residencies at Henry Ford Hospital and Children's Hospital of Michigan, and a pediatric emergency medicine fellowship at Children's Hospital of Michigan. Topics that especially interest her include awareness and utilization of emergency medical services by limited English proficient patient families in the emergency department, thermometer-induced acrodynia and lead poisoning research.

Basima Razak, MD Pediatric Hospitalist

Dr. Basima Razak joined Children's as a pediatric hospitalist in June. Board certified in pediatrics, she brings more than a decade of pediatric experience, having served as an attending physician, general pediatrician and pediatric hospitalist. Prior to Children's, Dr. Razak served as division head of general pediatrics at Tawam Hospital in Al Ain, United Arab Emirates. Her experience includes providing care to a diverse patient population and decreasing the length of stay for hospitalized patients. She has a special interest in asthma and allergic rhinitis and established an asthma clinic for evaluation of asthma patients, achieving excellent results. Dr. Razak completed her pediatric residency at Henry Ford Hospital in Detroit.

Nadia Sattar, MD Pediatric Endocrinologist

Board certified in pediatrics, Dr. Nadia Sattar joined Children's in July as a pediatric endocrinologist. Dr. Sattar's research interest in endocrinology conditions such as diabetes, Denys-Drash syndrome and celiac disease has been presented at national conferences. Her current research interest is specifically looking at body composition changes in type 1 diabetics. She received her medical degree from the Medical University of Lublin in Lublin, Poland. She completed her pediatric residency at the University of Tennessee in Chattanooga, Tenn. Dr. Sattar completed a pediatric endocrinology fellowship at State University of New York, Stony Brook in Stony Brook, N.Y.

Heat a serious summer threat.

When temperatures soar across the Valley in the summer and early fall, too much fun in the sun can lead to serious and even life-threatening heat-related illnesses. Children who spend a lot of time outdoors or play sports are particularly at risk. About 5 percent of all heat-related deaths occur in children under age 15.

Several factors can limit the body's natural sweat response to regulate temperature, including intense exercise in high temperature or humidity, age, obesity, fever, preexisting dehydration or illness and certain medications.

To help prevent your patients from suffering from heat overexposure, these guidelines can be shared with your patient families and athletic coaches, including during your patients' sports physicals.

Heat cramps refer to sudden, brief, excruciating cramps in muscles following severe work stress, probably caused by electrolyte depletion. Conditioned athletes are most often affected. Most cases are mild and resolve with rest and increased salt intake. With prolonged or frequent cramps, IV infusion of 5-10 ml/kg of normal saline over 15-20 minutes is an effective treatment.

Heat exhaustion can occur at any age and is due to not ingesting enough fluids when exposed to a hot environment. This is the most common problem when a child is left in a hot car. Patients present with progressive lethargy, intense thirst, and the inability to work or play progresses to headache, vomiting, central nervous system (CNS) dysfunction, hypotension and tachycardia. If untreated, heat exhaustion will progress to heat stroke. Treatment starts with rehydration and rest in a cooled or well-ventilated place. In progressive cases IV fluids and active cooling measures may be needed. If IV fluids are required patients may need to be admitted overnight for observation.



Heat stroke is a life-threatening emergency. Classic signs include a temperature above 41 degrees Celsius, hot dry skin that is pink or ashen depending on the circulatory state, and severe CNS dysfunction. Often sweating ceases before the onset of actual heat stroke. The onset of CNS disturbance may be abrupt. Usually premonitory signs exist, such as headache, confusion, dizziness, weakness, and a feeling of impending doom or combativeness. Seizures or a coma may occur in progressive cases. These patients need stabilization and transfer to a PICU.

Athletes especially need to drink fluids before and after exercise. A feeling of thirst indicates dehydration. After exercising, lost electrolytes should be replaced with salty foods or sports drinks. Light-weight, light-colored, loose-fitting clothing should be worn. When sports conditioning begins athletes should acclimate slowly to the heat over one to two weeks. Conditioning should not be done outdoors when temperatures are hottest. If a child feels a headache, fatigue or irritability they should stop exercising and cool off.

Despite the hot temperatures, most children should be encouraged to get daily exercise for their health. Knowledge of heat-related illnesses and common sense are usually enough to prevent complications.



Children's Physician Liaison David Chuhlantseff is available to answer questions or assist you at (559) 353-7229 or emailed at physicianrelations@childrenscentralcal.org.

Preventing and treating accidental ingestions.

At Children's Emergency Department, a number of accidental ingestion patients come through our doors. Many end up in our Pediatric Intensive Care Unit (PICU) for supportive care. Across the country, over 70 percent of 2 million calls to poison centers annually are for children under age 5 and 87 percent occur in the home.

Medications designed for children often are not put in the same safe place as prescription medications. But some over-the-counter medications contain ingredients that could fatally harm a young child in small doses. The following identifies some common substances to be aware of and counsel your patient families about:

Methyl salicylate is the active ingredient in aspirin. It is found in Bengay, Icy Hot, and wart and callus removers. Methyl salicylate can cause seizures, coma, vomiting and metabolic acidosis. One ounce of a medication with 20 percent methyl salicylate could kill a 15 kg toddler. Ingestion of over 250 mg/kg can cause severe intoxication. Children with significant ingestion will require PICU care and possible hemodialysis.

Camphor is found in Vicks VapoRub and insect bite medications. Camphor is rapidly absorbed and symptoms can present within 15 minutes of ingestion. A 10 ml ingestion of Campho-Phenique can be fatal in a young child. Children present with ataxia, restlessness or coma. Seizures can occur within 30 minutes of ingestion. There is no antidote for camphor ingestion; children will require PICU care.

Imidizolines are in many over-the-counter eye drops. One-half teaspoon can cause symptoms in children, including bradycardia, lethargy,



hypotension, coma, respiratory arrest and pupillary constriction. There is no antidote; significant ingestions will require supportive PICU care.

Benzocaines are among the most worrisome over-the-counter drug ingestion since many medications are developed for children. Orajel and Boil Ease are 20 percent benzocaine. The main effect of a benzocaine ingestion is methemoglobinemia – 1.2 ml of baby Orajel given to a 7 kg baby could be toxic. Low levels produce cyanosis, higher levels cause headache and central nervous system depression leading to coma, seizures or shock. IV methylene blue can reverse the symptoms with PICU care.

Common household medications can cause great harm in young children. Primary care providers and parents need to be aware of these medications, which should be kept out of reach. No ingestion is too minor to warrant a call to the poison center.

Physician News Continued

Natalie Hauser, MD Clinical Geneticist

Board certified in genetics and pediatrics, Dr. Natalie Hauser joins Children's in August as a clinical geneticist. Dr. Hauser received her medical degree from the University of Nebraska Medical Center in Omaha, Neb. She completed pediatric residencies at Children's Medical Center and medical genetics at the University of Texas Southwestern Medical Center in Dallas, Texas. Dr. Hauser completed a medical biochemical fellowship at the National Institute of Health/Children's National Medical Center in Bethesda, Md. Her research focus has included methylmalonic acidemia and related disorders.

Other Medical Staff Changes:

Dr. Jose Martinez, a gastroenterologist, retired from Children's in May.

Dr. Amar Siddique, a neonatologist, left Children's in February.

Children's Pediatric Symposium Series

All events held 7:30 a.m. to 1:30 p.m. Free registration includes all symposium materials, continental breakfast, plenary session and lunch.

San Luis Obispo - Sierra Vista Regional Medical Center
Saturday, September 25

Modesto - Memorial Medical Center, Health & Education
Center (McHenry Village) Saturday, October 9

Madera - Children's Hospital Central California
Saturday, October 23

Bakersfield - Kaiser Permanente Medical Office Building
Saturday, November 13

For a complete list of monthly Medical Education topics, visit childrenscentralcal.org. For questions about Medical Education contact Norma Barajas, PhD, at 559.353.7230 or email nbarajas@childrenscentralcal.org.