



Kids Count!

Summer 2006

News from the Goryeb Children's Hospital

Summer Safety Tips

Summer is a great time for children to play outside. Whether your child is on the playground, a bicycle, or skates, put safety first to help prevent a visit to the emergency department. Michael Gerardi, M.D., Director of Pediatric Emergency Medicine for Atlantic Health System, the Gagnon Pediatric Emergency Department at the Goryeb Children's Hospital and the American College of Emergency Physicians has some important summer safety tips to help your children stay healthy while having fun.

Playground Safety

Each year, approximately 200,000 pre-school and elementary age children end up in the emergency department because of playground injuries.

It is important to supervise children when they play on equipment and to make sure that children play on age-appropriate equipment that is safely anchored in the ground and properly maintained. Other tips to help avoid injury are:

- Have children play on cushioned surfaces. Sand, shredded mulch, or soft synthetic surfaces are better than concrete, asphalt, packed dirt or rocks.
- Do not dress children in clothes that have strings that can cause strangulation.
- Teach safe play rules and intercede when necessary (take turns, share, don't push others).
- Watch for moving swings, the most likely moving equipment that causes injury.

To read more summer safety tips, please visit our web site at www.mmhf.org and click on "What's Happening" then "Current News Archives" in the browser.

Spotlight on the Children's Kidney Center of New Jersey at the Goryeb Children's Hospital: Leading the Way in Treating Kidney Disease

Though it is not as common as cancer, diabetes, or asthma in children, when a parent is told their child has a kidney disease, they are equally frightened. According to the American Society of Pediatric Nephrology (ASPN) each year, 20,000 children are born with kidney abnormalities; 4,500 children and teenagers will require dialysis for renal failure; and 300,000 children will develop disorders that cause blood and protein to leak into their urine, such as hemolytic uremic syndrome and glomerulonephritis.

The kidneys play a critical role in the body. Acting as the body's filtering system, they help control water levels and eliminate wastes through urine. They also help regulate blood pressure, red blood cell production, and the levels of calcium and minerals.

When the kidneys don't develop properly and, as a result, don't function the way that they should, a child can encounter a whole host of medical conditions that must be treated by a specialist.

The Children's Kidney Center of New Jersey, located in the Goryeb Children's Hospital, is a leader in special health care for infants, children and adolescents with kidney diseases. As a specialized referral unit, the Center coordinates all aspects of patient care and treatment in conjunction with each child's pediatrician.

Under the direction of Howard Corey, M.D., a board-certified specialist in pediatric nephrology, the staff provides care, support and guidance for children and their families as they deal with emergencies, chronic conditions and serious illnesses. "Being diagnosed with a chronic illness can be frightening to not only the young patients but to their parents or caregivers," said Dr. Corey. "Regardless of the patient's age at the time of diagnosis, the Center's physicians and staff strive to provide the best medical care to it's patients and families in a supportive environment."

Utilizing advanced diagnostic and treatment techniques, the Children's Kidney Center of New Jersey offers a variety of procedures for pediatric patients, including: renal ultrasound, radiology, percutaneous renal biopsy and all forms of dialysis (hemodialysis and peritoneal).

"Regardless of the patient's age at the time of diagnosis, the Center's physicians and staff strive to provide the best medical care to it's patients and families in a supportive environment." —Howard Corey, M.D.

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Pediatric Ambassador Program

Every year we are honored to have patients who are willing to tell their stories. We hope you enjoy this newsletter feature and will contact us if you have a story to tell.



David Hodges



David W. Hodges, III was born three months premature on August 11, 2000, weighing three pounds, eight ounces. This delicate baby was not only born too early, he was born with prune belly syndrome, a group of birth abnormalities, marked by the lack of development of abdominal muscles, undescended testicles, and urinary tract problems. In addition, David was born without a urethra making it impossible for David to urinate on his own.

On August 11, 2000, David's birth mother went to a local hospital in Port Jervis, New York complaining of pains. She did not receive any prenatal care and when doctors performed a sonogram, they could tell immediately that the baby was going to need special care. Since the hospital was not equipped to handle this case, she was airlifted to Morristown Memorial Hospital where doctors delivered David and admitted him into the level three NICU.

During the first two weeks of David's life, doctors were not optimistic, so his father decided not to tell anyone about the birth. As days past and David's chances for survival increased, his father decided to tell his mother, Carol Hodges, that she was a grandmother.

As a NICU nurse for almost 25 years, Ms. Hodges knew that her grandson was seriously ill. She met with doctors, including Howard Corey, M.D., director of the Children's Kidney Center at the Goryeb Children's Hospital, to discuss David's diagnoses and treatment plans.

"Dr. Corey has been with us since the beginning," said Carol Hodges. "I know I can call him anytime with my concerns and he puts everything into perspective."

For the next three months, Ms. Hodges did everything for her grandson from changing his diapers to taking his temperature to giving him his medicine. She was building a bond with her grandson. "David thrived on affection," said Ms. Hodges. "His vitals improved when he heard my voice or felt my touch."

During this time, David underwent numerous surgeries to correct some of his medical conditions. He began to gain weight, hold his body temperature and breathe unassisted.

David's parents were not prepared to take him home, so Ms. Hodges and her partner, Marge Janitschek stepped in and were awarded temporary custody of David who went home with

them in mid-November of 2000.

Though David was home holding his own, his kidney disease caused many medical problems. For the next 18 months, Ms. Hodges would take David to the Goryeb Children's Hospital regularly for blood work to check potassium levels, blood pressure, and iron levels, among others. He was also on special formula and fed with feeding tubes through his nose into his belly. There were many times that David was admitted to the hospital because of test results indicating a problem that required medical care.

In this period of time, David required peritoneal dialysis done at home every night. Peritoneal dialysis is a technique that does the work of the kidneys to remove the toxins and impurities in the blood. The continual ambulatory peritoneal dialysis nurses in the Goryeb Children's Hospital trained Ms. Hodges to perform this on David, which was done every night for a minimum of eight hours.

In September 2001, David was in desperate need of a kidney transplant (and his birth mother and father were not suitable donors), Ms. Hodges got tested and she was a perfect match. "David was really meant to be here and in our lives," said Ms. Hodges. Carol donated one of her kidneys to David on December 18, 2001, and gave him a second chance to live.

David did encounter some problems after surgery, and because of the many medical problems David has, he is under the care of many pediatric subspecialists, including gastroenterologist, pulmonologist, and nephrologist. "It was reassuring to know that all the doctors at the Goryeb Children's Hospital work as a team, along with David's pediatrician, so we know that his care was being coordinated," said Ms. Hodges.

After several months of being in and out of the hospital, David was finally adjusting to his new kidney.

"David has come so far in spite of his limitations," said Ms. Hodges. "He has benefited from many of the pediatric services available at the Goryeb Children's Hospital which give him a chance to live as normal of a life as he possibly can."

David must visit Dr. Corey once a month for blood work and an ultrasound every six months to confirm that his kidney is functioning and that his body is not rejecting his new kidney.

Today, David is five-years-old and in Pre-Kindergarten. He is a happy little boy who loves books, cars and music, and is in the process of being adopted by Ms. Hodges and Ms. Janitschek.

Programs have been developed to educate each patient's family and to help maintain normal living patterns. Family members are able to gain a better understanding of conditions and the steps necessary to ensure a pediatric patient's recovery and return to normal activity. The physician works with a team of health care professionals including a nutritionist, social worker, child-life specialist, or specially-trained nurse, all working together to develop an individualized program tailored to each child's specific needs.

The physicians and staff of the Children's Kidney Center approach the comprehensive treatment of each child with experience, understanding, skill and advanced technology tools.

The Children's Kidney Center of New Jersey treats children with diseases such as:

Hematuria (blood in the urine) and proteinuria (protein in the urine):

An abnormal urinalysis can signify serious renal disease.

Hypertension: In children, high blood pressure is often associated with kidney disease. The Center specializes in its diagnosis and treatment of hypertension.

Urinary tract infection: When left untreated, urinary tract infections that spread to the kidney can result in permanent damage. An accurate diagnosis of the cause of infection and the initiation of a treatment program can prevent many life-long problems from occurring.

Enuresis (bedwetting): Bedwetting is common in children and often resolves itself with behavior modification techniques and time.

Children with an abnormal urinary tract may experience daytime wetting, urinary tract infections, and persistent nighttime wettings. These occurrences may indicate a need for more extensive evaluation.

Nephrotic Syndrome: A group of symptoms that results from damage to the glomeruli (filtering units). This leads to abnormal amounts of protein in the urine, which can in turn, cause fluid retention.

Glomerulopathies: Kidney disorders in which inflammation affects the glomeruli (filtering units).

Hemolytic-Uremic Syndrome: A disorder in which the number of blood platelets suddenly decreases, red blood cells are destroyed and the kidney stops functioning.

Lupus: An auto-immune disease that results in episodes of inflammation in joints, tendons, and other connective tissues and organs.

Renal Calculus (kidney stone): A hard, stone-like mass that forms in the kidney. Renal colic is a sudden, acute and intermittent pain that occurs when the stone begins to pass down the ureter.

"Collaborating with child, parent, and the child's pediatrician or primary care physician, our specialists develop and coordinate individualized treatment plans for each child," concluded Dr. Corey. "We look to continue expanding our services by offering our patients the best tools to diagnose and treat kidney diseases."

For more information about the Children's Kidney Center of New Jersey at the Goryeb Children's Hospital, please call 973/971-9857.

For more information about ways you can support the Children's Kidney Center of New Jersey and other pediatric specialties at the Goryeb Children's Hospital, please contact Kathleen DeSantis or Geraldine King at 973/971-7256.

Honoring One of Our Doctors

This year's distinguished winner of the 2005 Augusta Stone Award given by the Morristown Memorial Health Foundation is Harold Starkman, M.D., medical director of the BD Diabetes Center at the Goryeb Children's Hospital. Over the years, Dr. Starkman has been a dedicated partner in the fund development process. He's been responsible for raising over \$1 million in gifts and grants ranging from corporate and foundation donors like Becton Dickinson and the Warner Fund, to community organizations such as Hoop-a-paluzza, Womenade, and the Kaleidoscope Fund. He's an active member of the Pediatric Philanthropic Leadership Council since its inception in 2002, and has spent countless hours writing funding proposals, speaking at dinners, and meeting with donors.

Dr. Starkman and his colleagues have the largest pediatric diabetes practice in the metropolitan area, and that is in no small part due to his work in generating philanthropy to expand their medical services and programs.

Morristown Memorial was founded in 1892 thanks to the philanthropic leadership of Miss Augusta Stone, who is considered to be the hospital's first fundraiser. The Augusta Stone Award was created by the Morristown Memorial Health Foundation in Miss Stone's honor to recognize those leaders who have distinguished themselves as volunteer fundraisers for the hospital. The award is presented annually at the Chairman's Dinner.



Dr. Harold Starkman accepts the Augusta Stone Award from former patient, Kristen Williams.

Missed an issue of *Kids Count*?

Log on to www.mmhf.org and visit the What's Happening/Foundation Publications section of the web site where you can access past issues.

Gifts from the Heart

Putting a smile on a child's face at the Goryeb Children's Hospital is made possible by many people who give of their time, talent and treasure. Listed below is just a sampling of the many donors who give to make life better for children and families who rely on us for help.

★ The Morris County Chapter of Jack and Jill of America donated two "comfort carts" from the Goryeb Children's Hospital Wish List to the inpatient floor at the Goryeb Children Hospital. The large carts are filled with items for pediatric patients and families to use, including toothbrushes, deodorants, underwear, feminine products, shampoo, bathrobes, slippers, socks, etc. Special thanks for your thoughtful gift.

★ Thank you to Matthew O'Neill. He may be just five years old, but he's already a seasoned donor. For the second year, the birthday boy declined presents from his party guests, asking them to make donations to the Goryeb Children's Hospital instead. This year, the Mendham resident raised \$430 for the Child Life Department.

★ Many thanks to the Mountain Top School of Young Children in Warren who donated \$686.45 to the Goryeb Children's Hospital in March. As part of Tzedakah (giving charity), the children, ages two to six, collected coins each week for a two-month period.



Pictured l to r: Cathy Martin, Jourdan Martin, Cheryl Outlaw, Chris Outlaw and Amy Goldberg, Child Life Specialist, standing in the middle front.

Goryeb Children's Hospital Wish List Updated

We invite you to view the recently updated Goryeb Children's Hospital Wish List by visiting the Pediatrics page under Hospital Services at www.mmhf.org.

We continually depend on the support of community groups, individuals, corporations and foundations to help us continue to enhance the quality of care and services we provide our patients and their families. Thank you to the generous donors who have helped fund items on the Goryeb Children's Hospital Wish List.

If you are interested in learning more about an item on our Wish List or would like to reserve an item, please contact Kathleen DeSantis or Geraldine Kling at 973/971-7256.

New Docs on the Block

Syed Alam, M.D. Psychiatrist
Developmental Disabilities Center

Harvey Bieler, M.D. Pediatric Pulmonologist
Respiratory Center for Children

Harvey S. Bennett, M.D. Pediatric Neurologist, Director of the
Division of Child Neurology and Developmental Medicine

The clinical programs at The Goryeb Children's Hospital continue to grow with the recruitment of new pediatric subspecialists to the Department of Pediatrics. Some recent additions include:

Tosan Nanna-Obi, M.D. Neurodevelopmental Pediatrician
Division of Child Neurology and Developmental Medicine

Sergey Prokhorov, M.D. Pediatric Neurologist
Division of Child Neurology and Developmental Medicine

Donna Marie Timchak, M.D. Pediatric Cardiologist
Children's Heart Center

Kids Count is published for friends of the Goryeb Children's Hospital. For more information, please call 973/971-7256 or visit our Foundation web site at www.mmhf.org. Donations can be made online or can be mailed to us at the Goryeb Children's Hospital, c/o Morristown Memorial Health Foundation, P.O. Box 35558, Newark, NJ 07193-5558.

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