



## Use Your Head and Wear a Helmet!

by Allyson Van Steenbergen, M.D.

At every well child check from birth to 18 years we discuss safety. As my patient will tell you, I am always amazed when they tell me that they do not wear their helmets for their various high-risk activities that could cause head injuries. We know helmets are so important, but national estimates report that bicycle helmet use among children range from 15 to 25 percent. Here are a few of the statistics:

- Each year in the U.S. approximately 140 children are killed as bicyclists. Fifty-three percent of these are accidents on minor neighborhood roads.
- Nearly 690 children are injured daily due to bicycle-related crashes.
- There are 38,155 roller skating/rollerblading injuries per year in children up to age 14.
- There are 61,000 skateboard injuries annually.
- Helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent.

Helmets should be worn when using anything with wheels to include bicycles, skates, skateboards and scooters. In addition, the helmet should be appropriate for that activity for instance, skiing, snowboarding and horseback riding. The helmet should meet the safety standards by the U.S. Consumer Product Safety Commission. They also should be worn on snowmobiles and ATV's. Children under the age of six should not ride on snowmobiles and those under 16 should not drive them. Riding on ATV's is not recommended for any child as a passenger or a driver until they are fully licensed to operate a motor vehicle.

We as pediatricians will continue to be passionate about the need for helmets. We see the traumatizing affects head injuries have on our patients and their families. Parents, it is up to you to set a good example and to also wear a helmet. Make helmet use a priority with your children whether they are riding a bike in the driveway or skiing on a black diamond slope.

If you are unable to obtain helmets for your family, please let your primary care physician know. There are several community grants that can help get everyone safe and into a helmet.

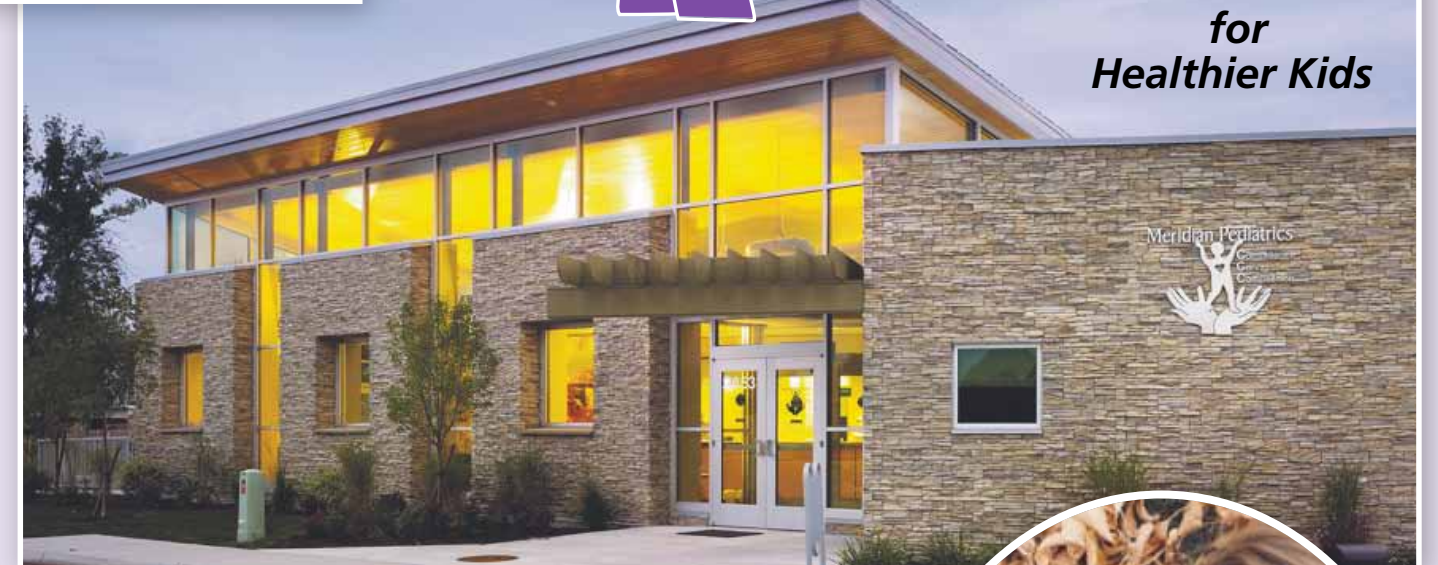


## FLU VACCINE HAS ARRIVED!

# Welcome to Meridian Pediatrics

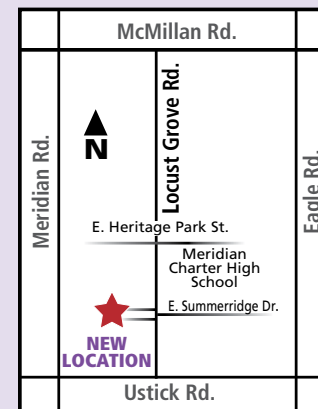


**Hand In Hand for Healthier Kids**



**3653 North Locust Grove Rd., Meridian**  
**(208) 338-5437**

[www.meridianpediatrics.com](http://www.meridianpediatrics.com)



### Our Doctors

**Allyson Van Steenbergen, M.D., FAAP**

**Angel Zieba, M.D., FAAP**

**Barbara E. Kissam, M.D., FAAP**

**Heather D. Owens, M.D., FAAP**

**V. Susan Bradford, M.D. FAAP**



## STAFF CORNER

### Jaime Lenz, RN, BSN

Jaime Lenz is the Nursing Supervisor for Meridian Pediatrics. Jaime has an extensive nursing background in health care. She has been in the medical field for 14 years with her career beginning in the Air Force where she worked in the Emergency Room for 4 years. Jaime has worked in New Born Nursery, Neonatal Intensive Care (NICU), and Pediatric Intensive Care (PICU). Jaime has single-handedly written all the nursing policies and procedures for Meridian Pediatrics and key in the development of Patient telephone triage for our patients. When asked what she enjoys most about nursing Jaime responded, "I enjoy nursing because every day I learn something new and every day is a new experience. I rarely get bored and it is very rewarding watching our patients grow up and it is a privilege being a part of that process." Jaime has two children, Sydney (5) and Kellen (2) and has been with Meridian Pediatrics from the beginning 4 years ago and is considered a mentor to her fellow nurses.

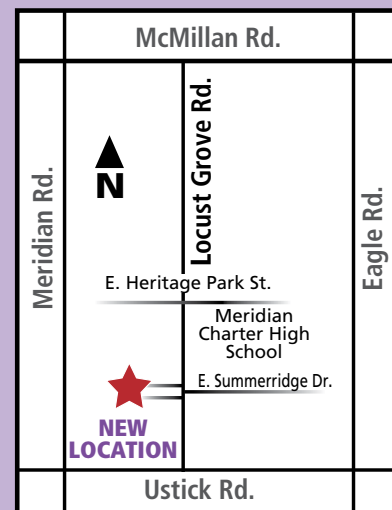


### Tiffany Neale, MA

Tiffany Neale is the Front office Supervisor and Referral & Synagis coordinator for Meridian Pediatrics. Tiffany has worked in various aspects of health care for the past 11 years, with nine of those in Pediatrics and 2 years as an instructor. When asked to pick one thing she loves about working at Meridian Pediatrics Tiffany stated, "I look forward to coming to work every day and working with an amazing group of doctors and staff. I have a special place in my heart for children with disabilities, as I am a mother of a child with an Autism Spectrum Disorder. I am blessed to be able to share my experiences and knowledge with families, so they can be advocates for their children." Tiffany has two children, Drew (12) and Victoria (6). Tiffany has been with Meridian Pediatrics since our doors opened 4 years ago and we are very fortunate to have her.



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## Why get vaccinated?

Influenza ('flu') is a contagious disease. **Other illnesses are often mistaken for Influenza, i.e. Vomiting & Diarrhea; however these are not typical symptoms of Influenza.** It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions. Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever
- sore throat
- chills and fatigue
- cough
- headache
- muscle aches

Infants, the elderly, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from seasonal influenza and even more require hospitalization.

By getting vaccinated you can protect yourself from influenza and may also avoid spreading influenza to others.

## Who should get influenza vaccine and when?

All people 6 months of age and older should get flu vaccine. Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

People who got the 2009 H1N1 (pandemic) influenza vaccine, or had pandemic flu in 2009, should still get the 2010-2011 seasonal influenza vaccine.



## BRONCHIOLITIS by Susan Bradford, M.D.

As we enter the winter cough and cold season, we begin to see lots of bronchiolitis in infants and toddlers. Bronchiolitis is caused by a viral infection that causes the small airways within the lungs (bronchioles) to become inflamed and filled with mucus (just like the nose does when you get a cold). This blocks airflow through the lungs and causes difficulty breathing and wheezing as well as cough and copious nasal secretions. Some children will run fever while others do not. Some do not feed well and may become dehydrated. Occasionally, young infants may stop breathing (apnea) or become gray or blue (cyanosis) around the mouth or under the nails due to need for oxygen.

Bronchiolitis is NOT the same as "bronchitis", which is an infection of the larger, more central airways in adults (common in smokers). Bronchiolitis is caused by a number of viruses, the most common is Respiratory Syncytial Virus (RSV). RSV may cause just a "bad

cold" in older children and adults. It is spread by contact with an infected person's mucus, respiratory droplets, or saliva and easily spreads through families and daycare facilities. The most vulnerable are young infants (particularly if premature or with underlying health problems), people with chronic lung disease or immune problems, and the very elderly.

**Treatment** There is no specific treatment for bronchiolitis. Antibiotics are NOT helpful as they treat illnesses caused by bacteria, not viruses. To ease symptoms, thin the nasal mucus with saline (salt water) drops; do not use over the counter drops that contain medication. Use a suction bulb to clear the nose in a child who is too young to blow the nose. A cool mist humidifier at the bedside may help during sleep to keep the mucus moist and easier to breathe through. Infants may feed better if offered a clear liquid such as Pedialyte for a few feedings.

For children who are wheezing or having trouble breathing, your doctor may try a breathing treatment to help open the breathing tubes, but this is not helpful for many children. If infants need oxygen or iv fluids for dehydration, hospitalization may be necessary for supportive care. Most children do not require hospitalization.

**When to call the doctor** Call if your child is having difficulty breathing (grunting, flaring his or her nostrils, or pulling in the muscles underneath the rib cage), turning gray or blue, or having decreased urine output and not taking fluids well.

**Prevention** You can help to prevent the spread of bronchiolitic infections to your infant by: keeping your baby away from anyone who has a cold, cough or runny nose. Make sure everyone washes their hands before touching your baby. Avoid exposure of young infants to the general public (grocery stores, malls, church nurseries, daycare) during winter months. When you shop, use antibacterial wipes/sanitizers on grocery carts and wash your hands when you get home before you touch your baby (leave baby at home when possible)

There is a vaccine against RSV, but it is very expensive and only available to extremely premature infants or those with certain severe health problems and does not prevent bronchiolitis caused by other viruses

**Remember** Most children have had RSV by the age of 2, and may become infected each winter with RSV or another virus. Most recover on their own with home treatment; only a small number require hospitalization. Contact your health care provider if you have questions about treatment, or feel that your infant or child is having difficulty breathing or staying hydrated.



## Meet our NEW PHYSICIANS



### Dr. V. Susan Bradford

Dr. Susan Bradford grew up in Alabama and worked as a chemist in Kalamazoo, MI. She attended Medical School at University of Alabama at Birmingham. Dr. Bradford completed her residency at Seattle Children's Hospital at University of Washington., where she played an active role in the WWAMI Program and spent two months at the Pocatello Children's Clinic as part of her residency. After residency, Dr. Bradford returned back to Alabama to be close to family; however, she missed the West and returned to Pocatello where she has been for the past 12 years.

Soon after arriving in Pocatello, Dr. Bradford became disheartened by the number of women who used substances during pregnancy and saddened by the fact that there was little treatment available to these women even when they wanted it. Through an AAP CATCH grant, she was able to work with other concerned members of the community to investigate the scope of the problem. As a

result of this community effort, there is now a day treatment program for parenting women in Pocatello. Many of these women have shared that their drug abuse resulted from sexual abuse that occurred in their childhood or adolescence. As a result, Dr. Bradford became interested in doing what she could to break the cycle of this very pervasive problem in pediatric patients. She was fortunate to be able to spend sabbatical time with the Safe and Healthy Families Team at Primary Children's Medical Center in Salt Lake City, learning how to evaluate and treat children who have been victimized by sexual and physical abuse. As a result of this interest, Dr. Bradford serves as the Child Abuse Coordinator for the Idaho Chapter of the American Academy of Pediatrics and has worked on the Bannock County Multidisciplinary team. While she enjoys all aspects of pediatric practice, working with abused children is the arena that has allowed her to feel that she may make a difference by helping healing to occur in a child's life.

Dr. Bradford was Idaho Pediatrician of the Year for 2006 and serves as a board member for the Perinatal Project.

Dr. Bradford enjoys hiking, cycling, Cross country skiing and just being outdoors in the beautiful state of Idaho. She also enjoys gardening and when she has time she likes to read and decorate cakes and cookies.

*Dr. Bradford is Board Certified in General Pediatrics.*



### Dr. Heather D. Owens

Dr. Heather Dominguez Owens is a native of southern New Mexico, where she completed her Bachelor of Science with Honors from New Mexico State University in Biochemistry. She then completed her medical training at Baylor College of Medicine in Houston, Texas. With an early interest in pediatrics, she was able to garner a wealth of pediatric subspecialty training at that institution. During medical training, she also served as a research assistant at the Children's Nutrition Research Center. It was there that she met and married her husband, Jonathan. Her residency in pediatrics was completed in Denver at the University of Colorado Health Sciences Center. She had her first child while in residency training. Her first position was in Denver, where she served as a hospitalist as well as community physician. Once her husband completed training in otolaryngology, the family moved to the Napa

Valley in northern California, where she worked in a busy private practice. Dr. Owens, her husband, and two great kids relocated to Boise for it's respectable medical community, outdoor activities, and wealth of family values in 2009. She and the family are enjoying fly-fishing, cycling, soccer, and are now committed to this beautiful area. Her medical areas of interest include asthma and allergy as well as assisting young families with optimizing the development of their newborns. She prides herself in educating parents about the health and development of their children.

*Dr. Owens is board certified in pediatrics.*

## What is a Pediatrician?

A pediatrician is a physician whose specific specialty is caring for children from birth to 18 years of age. Pediatricians address acute and chronic illnesses, learning disabilities, behavioral issues and the growth and development of children. Our goal is to help ensure that children grow into mentally and physical healthy, productive and happy adults.



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