

Quality Report Card

Licking Memorial Health Systems



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PEDIATRIC CARE

Sleep Deprivation in Children

It is not uncommon or harmful for a child to occasionally experience sleepless nights. Distractions caused by electronics or stress can disrupt normal sleep patterns. However, continued sleep deprivation can seriously impact a child's growth, emotional state and ability to heal. Sleep plays an important role in maintaining good health and directly impacts a child's development. Continued lack of sleep can lead to poor attention, intense emotionality, irritability, depression and increased risk-taking behaviors.

During the time spent in sleep, the child's body receives more than rest. The blood supply to the muscles increases, energy is restored, tissues undergo growth and repairs, and hormones for development are released. For proper development, 40 percent of childhood is spent sleeping. Even one hour less than the recommended amount of sleep per night can directly impact mental and physical growth. For school age children, not enough sleep can affect grade performance. The amount of sleep needed for growth and development changes as the child ages. The National Sleep Foundation recommends the following hours of sleep:

- Newborn (0 to 3 months): 14 to 17 hours
- Infant (4 to 11 months): 12 to 15 hours
- Toddler (1 to 2 years): 11 to 14 hours
- Preschool (3 to 5 years): 10 to 13 hours
- School age (6 to 13 years): 9 to 11 hours
- Teenager (14 to 17 years): 8 to 10 hours

Most causes of sleep deprivation easily can be remedied at home. The most common cause is poor sleep hygiene. Children and teenagers may believe they do not need sleep, or will simply refuse to sleep so they can continue an activity such as a video

game. It is important to establish good sleep habits such as a regular, consistent schedule and bedtime routine. Ensure the child's room offers a comfortable sleep environment that it is quiet, dark and not too hot or cold. Limit caffeine intake and exposure to stimulating activities. Items in the room such as a phone, computer, tablet or video gaming consoles, may keep a child awake because the content holds their attention and light from the devices may delay the release of melatonin, the sleep promoting hormone.

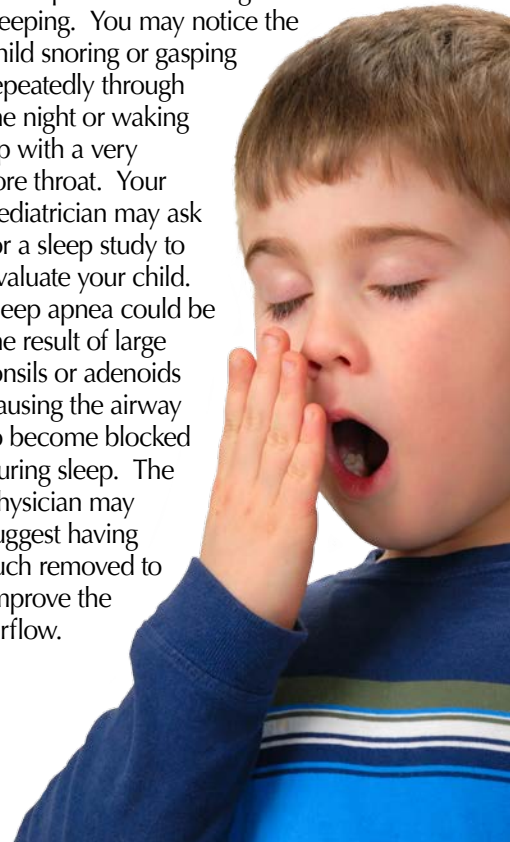
If the child has trouble falling asleep, look for triggers such as chronic stress, pain, anxiety or attention deficit hyperactivity disorder. Try to identify the stressors your child might be facing, such as bullying at school or worry over grades. Help the child learn to relax by teaching them deep breathing and positive mental imagery. Again, a few restless nights are not harmful, but if the child continues to have trouble falling asleep for more than a month, and you have tried establishing good sleep habits, you may need to seek medical advice.

Children who are overtired or stressed also may experience sleepwalking and night terrors. Sleepwalking usually occurs three to four hours after a child falls asleep and includes walking, talking or other complex behaviors. The child usually is in a very deep sleep and may be difficult to wake. If the child is in danger, wake them immediately. Night terrors also are associated with stress. A child experiencing night terrors will wake with a sudden reaction of fear. This can happen two to three hours after the child falls asleep. Unlike a nightmare, there are no images to recall, just the sensation of fear. To prevent

sleepwalking and night terrors, consider the possible stressors and create a safe sleep environment.

Illnesses which make it difficult to breathe, such as colds, tonsillitis or allergies, can lead to loss of sleep as well. In this case, do the best you can to alleviate the symptoms of the illness. Medications also may interfere with the sleep cycle, so check side effects of any prescriptions the child is taking.

If your child remains drowsy or continues to have trouble sleeping through the night, you may need to talk to your physician about possible sleep disorders. Children can suffer from sleep apnea, which causes interruptions in breathing while sleeping. You may notice the child snoring or gasping repeatedly through the night or waking up with a very sore throat. Your pediatrician may ask for a sleep study to evaluate your child. Sleep apnea could be the result of large tonsils or adenoids causing the airway to become blocked during sleep. The physician may suggest having such removed to improve the airflow.



Health Tips – Infant Sleep Safety Tips

Creating a safe sleep environment for your infant can help reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths. In 2016, the American Academy of Pediatrics released new recommendations on infant sleep for parents. The Academy suggests infants should sleep in the same bedroom as parents, but not the same bed, for at least the first six months of life. They also issued the following recommendations to create a safe sleep environment.

- Place the baby on his or her back
- Use a firm sleep surface such as a crib or bassinet
- Use only a tight-fitting sheet in the crib or bassinet
- Avoid soft bedding, including crib bumpers, blankets, pillows and soft toys
- Do not use commercial devices, including wedges or positioners, marketed to reduce the risk of SIDS
- Offer a pacifier at nap time and bedtime
- Supervised, awake tummy time is recommended daily to facilitate development
- Avoid exposure to smoke, alcohol and illicit drugs

If you are concerned about the infant being cold during the night, use a sleep sack that is wearable and specifically designed for infants.



Pediatric Care – How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

1. Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:

- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
- 3 doses of polio
- 1 dose of measles, mumps and rubella
- 3 doses of Haemophilus influenzae B (influenza type B)
- 3 doses of hepatitis B
- 1 dose of varicella (chicken pox)

| | LMHP 2014 | LMHP 2015 | LMHP 2016 | National |
|--|-----------|-----------|-----------|--------------------|
| Childhood immunization rate (4:3:1:3:3:1 series) | 91% | 88% | 86% | 75% ⁽¹⁾ |
| Children, aged 6 months to 18 years, receiving the influenza vaccination | 38% | 35% | 32% | 59% ⁽²⁾ |

2. LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox) and meningitis among adolescents.

| | LMHP 2014 | LMHP 2015 | LMHP 2016 | National |
|--|-----------|-----------|-----------|--------------------|
| Female adolescents, aged 13 to 17 years, completing HPV vaccination series | 60% | 56% | 56% | 42% ⁽³⁾ |
| Adolescent children receiving varicella vaccination | 95% | 96% | 96% | 83% ⁽³⁾ |
| Adolescent children receiving meningococcal vaccination | 87% | 88% | 89% | 81% ⁽²⁾ |

3. Pharyngitis (sore throat) is a common illness in children. Most children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, they are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

| | LMHP 2014 | LMHP 2015 | LMHP 2016 | National |
|---|-----------|-----------|-----------|--------------------|
| Children with pharyngitis receiving test before antibiotics | 96% | 95% | 96% | 78% ⁽⁴⁾ |

4. LMHP screens children, aged 9 to 11 years, for high blood cholesterol levels. Studies have shown that children who have high cholesterol are more likely to have high cholesterol as adults, placing them at increased risk for heart disease. By identifying at-risk children at a young age, families have an opportunity to make important lifestyle changes to diet and exercise to increase the likelihood that their children will enjoy long and healthy lives.

| | LMHP 2014 | LMHP 2015 | LMHP 2016 | LMHP Goal |
|---|-----------|-----------|-----------|-----------|
| Children, aged 9 to 11 years, receiving cholesterol screening | 81% | 65% | 72% | 65% |

5. When a child arrives with suspected or known sexual abuse, the specially trained sexual assault response team (SART) conducts a comprehensive evaluation of the child, including use of forensic kits to gather evidence from sexual assault victims. Complete use of this kit ensures that evidence is collected properly and submitted to law enforcement for analysis.

| | LMH 2014 | LMH 2015 | LMH 2016 | LMH Goal |
|--|----------|----------|----------|----------|
| Forensic kit collection was complete for children treated for sexual abuse | 100% | 100% | 100% | 100% |

Data Footnotes: (1) Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area; US, National Immunization Survey Q3/2014-Q2/2015. (2) Centers for Disease Control and Prevention, National Immunization Survey, "Flu Vaccination Coverage, United States, 2014-15 Influenza Season" updated October 30, 2016. (3) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by State/Area; National Immunization Survey-Teen (NIS-Teen), United States, 2016. (4) NEW-National Committee of Quality Assurance, State of Health Care Quality Report Card 2016.



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Please take a few minutes to read this month's report on **Pediatric Care**. You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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