

Division Introduction



Halim Hennes, M.D., M.S.

The division of Pediatric Emergency Medicine (PEM) provides service at the emergency departments of Children's Medical Center Dallas and Children's Medical Center Plano. The Dallas campus is the only ACS verified level 1 pediatric trauma center in North Texas. The Children's Plano campus is a community hospital staffed with pediatric emergency medicine faculty, general pediatricians experienced in pediatric emergency medicine, and acute care advanced practice providers.

The Dallas Campus is a major pediatric referral center for Dallas County and the surrounding region; we are one of the busiest pediatric emergency medicine clinical services in the country. Emergency services at both Dallas and Plano campuses have an annual volume of approximately 171,673 patients. The ED hospital admission rate is 17 percent, with 50 percent of all hospital admissions coming through the ED.

Under the direction of [Halim Hennes, M.D., M.S.](#), Division Chief, the Pediatric Emergency Medicine Division plays a vital role in providing attending physician support, supervising pediatric emergency medicine fellows, pediatric residents, emergency medicine residents, family medicine residents, and the advanced practice providers in the emergency departments at the Children's Medical Center Dallas and Plano campuses.

On August 3, 2015, the Division launched a telemedicine program that connects community ED physicians with a pediatric emergency medicine specialist for consultation.

One of the major responsibilities for the pediatric emergency medicine faculty at a Level I pediatric trauma center is providing trauma stabilization and resuscitation for serious and critical injuries. They also provide medical oversight and physician coordination for the Children's Medical Center Transport team and Dallas County EMS system (BioTel). Numerous referrals from many emergency departments within the Dallas County region, North Texas, and Oklahoma are accepted each year.

PEM patients have a wide spectrum of medical conditions, as well as some unique and complex problems requiring specialized care.

Faculty are involved in several clinical research studies designed to advance patient care and knowledge regarding asthma and other respiratory diseases, brain injury, pain management, sedation, injury epidemiology and prevention, and noninvasive monitoring.

PEM has a well-established fellowship program that provides strong clinical and research training in pediatric emergency medicine and plays a crucial role in clinical teaching of pediatric residents. The program accepts three fellows every year and participates in the national match program. The Division also provides the primary teaching faculty for medical students and other allied health professionals on the acute recognition, evaluation, and management of critically ill and traumatized children.

In August 2015, the Pediatric Emergency Medicine Division launched a telemedicine program that connects community Emergency Department physicians with a pediatric emergency medicine specialist for consultation.

Faculty

The Division has twenty-two full-time and three part-time faculty members and nine fellows, all with diverse research and administrative interests. Drs. Sara Beers and Nishit Patel joined the faculty in 2015.

Sara L. Beers, M.D.

Assistant Professor



B.S.

University of New Mexico, Albuquerque, NM, 1995

M.D.

University of New Mexico School of Medicine, Albuquerque, NM, 2001

Postdoctoral Training

Internship and Residency, Pediatrics

UT Southwestern/Children's, 2001-2004

Fellowship, Pediatric Emergency Medicine

UT Southwestern, 2004-2007

Dr. Sara Beers completed her Pediatric residency and Pediatric Emergency Medicine Fellowship at UT Southwestern and has nearly a decade of experience in Pediatric Emergency Medicine. She has her Bachelor's degree in Spanish, which is an asset for our popular growing Hispanic community. Dr. Beers is an advocate for children's safety and is actively involved in teaching medical students, residents, and fellows.

Nishit H. Patel, M.D.

Assistant Professor



M.B.B.S.

Pramukhswami Medical College, Karamsad, Gujarat, India, 2004

Postdoctoral Training

Residency, Pediatrics

St. Peter's University Hospital, New Brunswick, NJ, 2007-2010

Fellowship, Pediatric Emergency Medicine

University of Oklahoma Health Science Center, Oklahoma City, OK, 2012-2013

Fellowship, Pediatric Emergency Medicine

SUNY Downstate Medical Center/ Kings County Hospital, Brooklyn, NY, 2013-2015

Dr. Nishit Patel joined the pediatric faculty at UT Southwestern after completing his Pediatric Emergency Medicine Fellowship at SUNY Downstate Medical Center/Kings County Hospital, in Brooklyn, New York. Dr. Patel had been trained within an adult program which provided him with the skills in diagnostic ultrasound, regional nerve block, and developing pediatric simulation scenarios. His research interests are in ultrasound and its use in the pediatric emergency department.

Honors / Awards

Pam Okada

- Promotion to Professor of Pediatrics

Susan Scott

- Resident Teaching Award

Invited Lectures**Marisa Abbe**

- National Drowning Prevention Alliance Conference, Dallas, TX, March 2015
 - *“Drowning Surveillance and Injury Prevention Implications”*

Halim Hennes

- National Congress on Pediatric Emergency Medicine and Critical Care, Antalya, Turkey, April 2015
 - *“Pediatric Sepsis”*
 - *“Pediatric Trauma: Improving Outcomes”*
- Pediatric Academic Society (PAS), San Diego, CA, April 2015
 - Chair, Pediatric Emergency Medicine Program Directors Special Interest Group

Rustin Morse

- Public Health Information System (PHIS) Meeting, San Francisco, CA, March 2015
 - *“Physicians and PHIS Breakout Session”*
- Mott Children’s, Ann Arbor, MI, April 2015
 - *“A Physician Perspective on Using PHIS”*
- Advocate Children’s Hospital, Chicago, IL, May 2015
 - *“Dissemination of Quality Improvement”*
- Solutions for Patient Safety National Learning Session, Chicago, IL, May 2015
 - *“Hospital Acquired Condition Champions – Effective Recruiting and Coaching”*

Platform & Poster Presentations**Mohamed Badawy**

- *“Impact of a Bronchiolitis Clinical Practice Guideline on ED Resource Utilization”*
Badawy M, Darnell C, Haug J, Pop R, Mittal V
 - Platform Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015
- *“Impact of Appendicitis Clinical Pathway on Resource Utilization and Clinical Outcomes”*
Badawy M, Kwon J, Pop R, Chen LE
 - Poster Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

Craig Huang

- *“Feasibility of Nonmydriatic Fundoscopic Imaging Using the PanOptic iExaminer System in the Pediatric Emergency Department”*
Day L, Wang S, **Huang C**
 - Poster Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

Jo-Ann Nesiama

- *“Validation of a Clinical Decision Rule to Identify Thoracic Injuries in Blunt Torso Trauma”*
Hook R, **Nesiama J**
 - Poster Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

Nishit Patel

- *“The Practice of Obtaining a Chest X-ray in Pediatric Patients Presenting with Their First Episode of Wheezing in the Emergency Department: A Survey of Attending Physicians”*
 - Platform Presentation: Eastern Society for Pediatric Research (ESPR), Philadelphia, PA, March 2015
 - Poster Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

Rustin Morse

- *“Does Pediatric Readmission Software Disadvantage Hospitals with High Percentage of Black Children?”*
Auger K, Gay J, Shah S, Pediatric Readmission Work Group (**Morse, R.** et. Al.)
 - Platform Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

David Rodriguez

- *“Nebulized Magnesium Sulfate Versus Normal Saline as a Vehicle For Albuterol in Children With Moderate to Severe Asthma Exacerbation: a Randomized Controlled Trial”*
Rodriguez D, Darling B, **Badawy M**
 - Platform Presentation: Pediatric Academic Society (PAS), San Diego, CA, April 2015

Education and Training

The Division of Pediatric Emergency Medicine provides educational opportunities for medical students and residents in addition to its fully accredited fellowship program.

The faculty are also involved in teaching pediatric advanced life support (PALS) and advanced trauma life support (ATLS) and operating the simulation lab.

Medical Students

The Emergency Medicine faculty and fellows are very active in providing didactic education to UT Southwestern medical students, as well as physicians locally and nationally.

The Division offers a fourth-year clerkship for medical students that provides in-depth exposure to Pediatric Emergency Medicine & Immunology through recognition, evaluation, and management of the acutely ill and injured child.

Residents

Major internal educational activities include didactic lectures to the Pediatric residents, as well as Family Medicine and Emergency Medicine residents. Training in the emergency department is often sought by residents from other pediatric training programs in Texas and Oklahoma.

The objectives of the course are to:

- Recognize, evaluate, and manage the acutely ill and injured pediatric patients
- Master technical skills including venous access, venipuncture, lumbar puncture, laceration repair, splinting, and bladder catheterization
- Evaluate and manage common pediatric complaints and disease processes
- Acquire and maintain efficiency and prioritization required to care for multiple patients simultaneously

Requirements for this course include:

- Core competencies: common complaints, disease processes, and technical skills
- Monthly patient lists: chief complaint and diagnosis
- Noon and monthly emergency room conferences and grand rounds

Education opportunities include:

- Group check-out rounds
- Monthly Pediatric Emergency Medicine Conferences
- "Emergigrams"
- "Article of the Month"
- Pediatric Emergency Medicine Fellows Meeting
- Core Journal CD
- "Case of the Month"

Fellows

The well-established Pediatric Emergency Medicine Fellowship Program accepts both pediatric- and emergency medicine-trained residents with interest in furthering their careers in pediatric emergency medicine. The program provides strong clinical training and includes a comprehensive research curriculum with didactic teaching that covers basic research concepts and statistics.

Division faculty have diverse research interests, offering the fellows a unique opportunity to select the appropriate mentor with interests that match theirs. An experienced research coordinator is available to assist faculty and fellows with their research projects.

Faculty and fellows play a major role in the education of pediatric residents, family medicine residents, adult emergency medicine residents, and medical students.

Recognizing the outstanding clinical training and opportunities to evaluate and manage a diverse population of acutely ill and injured children, fellows from other Pediatric Emergency Medicine Fellowship Programs often submit requests for elective rotations here.

Research Activities

PEM serves a diverse population with broad pediatric pathology and high acuity, providing an ideal environment for clinical research. Because of a rich clinical service and research interest, the Division has been routinely selected to participate in multicenter, national, and international level studies. The research team has a proven track record of success by becoming one of the top enrolling sites for multiple studies.

The mission of the Division is to conduct state of the art clinical research, with an emphasis on improving the clinical care and outcome of the acutely ill or injured child. The pillars of the research program in the Division include trauma, EMS/pre-hospital management, injury prevention, pain management, sedation, respiratory care, and neurologic emergencies.

The research infrastructure includes a full time dedicated research coordinator and three research assistants. The research assistants are present in the Emergency Department 15 hours per day. In addition, we have a part time research coordinator and two volunteer medical students.

The Division has created a Research Council to review and oversee all PEM research. The Council is composed of the Division, Research and Fellowship Directors, the Associate Director of the Fellowship Program, Research Coordinator, faculty members of the Injury Prevention Program, a member of the Emergency Medicine nursing management and nursing education staff, and select senior PEM faculty. The PEM Research Council's purpose is to review and oversee all PEM research development and conduct. The council was formed in order to have a committee within the Division with research expertise to provide advice and support for projects and to help projects reach their full potential.

Clinical Activities

Pediatric emergency medicine faculty and fellows provide emergency services at Children's Medical Center Dallas for more than 70,000 patients each year, with an additional 47,000 patients treated annually at the Children's Plano campus. The majority of these patients are high acuity ESI levels 1, 2, and 3. Our fast track which is staffed by advanced practice providers evaluate approximately 50, 000 low acuity patients with ESI levels 4 and 5 annually. This is the only Level 1 pediatric trauma center in North Texas, and one of the busiest pediatric emergency medicine clinical services in the country. As the pediatric trauma center for Dallas County, we provide emergency care for a variety of complex problems in children with special health care needs.



Two pediatric emergency medicine faculty, Drs. Sing-Yi Feng and Collin Goto, are also certified toxicologists. They manage a special Lead Poisoning Clinic at Children's and provide toxicology consultation service at Children's, Parkland Memorial Hospital, and Clements University Hospital.

The emergency department serves as the clinical laboratory for the division faculty, where more than a dozen investigative studies are ongoing and designed to answer critical questions that will improve the care provided to children in crisis. Study themes include treatment of respiratory diseases, pain management and sedation, injury epidemiology, noninvasive monitoring, and brain injury research.

2015 Patient Statistics

Dallas Main Emergency Department

Annual Volume	70,283
Trauma (Patients meeting trauma criteria)	717
Admissions	11,696
Median time arrival to departure (minutes)	235

Plano Emergency Department

Annual volume	46,800
Admissions	3,314
Median time arrival to departure (minutes)	148

Dallas Fast Track

Annual volume	54,918
Admissions	415
Median time arrival to departure (minutes)	141

Current Grant Support

Mohamed Badawy

Grantor: NIH / NICHD

Title of Project: Use of Mechanism of Injury for the Identification of Severely Injured Children

Role: Co-investigator; Site Principal Investigator

Dates: 11/2013 – 7/2017

Pamela Okada

Grantor: NIH / National Institute of Neurological Disorders and Stroke

Title of Project: Established Status Epilepticus Treatment Trial (ESETT)

Role: Principal Investigator; Site Investigator

Dates: 09/30/2014-08/31/2019

Peer-Reviewed Publications

1. Gay JC, Agrawal R, Auger KA, Del Beccaro MA, Egtesady P, Fieldston ES, Golias J, **Hain PD**, McClead R, **Morse RB**, et al. [Rates and impact of potentially preventable readmissions at children's hospitals](#). *The Journal of Pediatrics* 2015;166:613-9 e5.
2. Kwok MY, **Yen K**, Atabaki S, et al. [Sensitivity of plain pelvis radiography in children with blunt torso trauma](#). *Annals of Emergency Medicine* 2015;65:63-71 e1.
3. Lerner EB, Drendel AL, Falcone RA, Jr., Weitze KC, **Badawy MK**, et al. [A consensus-based criterion standard definition for pediatric patients who needed the highest-level trauma team activation](#). *The Journal of Trauma and Acute Care Surgery* 2015;78:634-8.
4. Mahajan P, Kuppermann N, Tunik M, **Yen K**, et al. [Comparison of clinician suspicion versus a clinical prediction rule in identifying children at risk for intra-abdominal injuries after blunt torso trauma](#). *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine* 2015;22:1034-41.
5. Mahant S, Hall M, Ishman SL, **Morse R**, **Mittal V**, et al. [Association of national guidelines with tonsillectomy perioperative care and outcomes](#). *Pediatrics* 2015;136:53-60.
6. Obafemi AI, Kleinschmidt K, **Goto C**, Fout D. [Cluster of acute toxicity from ingestion of synthetic cannabinoid-laced brownies](#). *Journal of Medical Toxicology: Official Journal of the American College of Medical Toxicology* 2015.
7. Parker MW, Shah SS, Hall M, Fieldston ES, Coley BD, **Morse RB**. [Computed tomography and shifts to alternate imaging modalities in hospitalized children](#). *Pediatrics* 2015.
8. Sheth KR, Keays M, Grimsby G, Granbery C, DaJusta DG, Ostrov L, Hill M, Sanchez E, Harrison C, Jacobs M, Huang R, Burgu B, **Hennes H**, Schlomer B, Baker LA. [Does Near Infrared Spectroscopy Improve Twist Score in the Diagnosis of Testicular Torsion?](#) *The Journal of Urology* 2015;193:e464.
9. Wisner DH, Kuppermann N, Cooper A, Menaker J, Ehrlich P, Kooistra J, Mahajan P, Lee L, Cook LJ, **Yen K**, Lillis K, Holmes JF. [Management of children with solid organ injuries after blunt torso trauma](#). *The Journal of Trauma and Acute Care Surgery* 2015;79:206-14;quiz 332.

Book Sections

1. **Badawy M.** Spinal Trauma. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:269-284.
2. Bandyopadhyay S, **Ugalde I** (Fellow). Shock. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:113-116.
3. **Feng S, Goto CS.** Toxic Ingestions & Exposures. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:631-662.
4. **Kleczewski H** (Fellow), **Scott SM.** Approach to the Multiple Trauma Patient. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:213-220.
5. **Nesiama JO, Huang C.** Chest Trauma. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:242-250.
6. **Okada PJ,** Minkes RK. Gastrointestinal Emergencies. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:413-442.
7. Uribe M, **Hennes H.** Abdominal Trauma. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:251-260.
8. **Yen K,** Haug J. Gynecologic Emergencies. In: *Current Diagnosis & Treatment Pediatric Emergency Medicine*, Stone CK, Humphries RL, Drigala D, Stephan M, eds. McGraw-Hill Education, 2015:492-521.