

The Bruin Breathes

UCLA Pediatric Pulmonology & Sleep Medicine

Respiratory Health

CHRONIC COUGH: A WINTER'S TALE

Cough plays many roles for children, including to protect their airways from irritants, clear mucus from airways, and warn of disease.

One of the most common causes of cough in children is a viral illness. A cough associated with a viral illness resolves by four weeks in 90% of cases. In this issue, we focus on the 10% of children who continue to cough beyond four weeks.

Once a cough lasts for more than four weeks, it is considered "chronic." There are many causes of chronic cough in children, including: asthma (very common, often labeled by practitioners as reactive airway disease), gastroesophageal reflux (GERD), allergic rhinitis, and chronic sinusitis. Less common is pertussis, tuberculosis, or foreign



body aspiration. In addition, post-viral bronchospasm in children should be viewed as a manifestation of asthma, rather than distinct causes of chronic cough. Tumor/masses are very rare causes of chronic cough. The first steps of an evaluation are to

obtain a two-view chest X-ray (to exclude a foreign body, mass or anatomic abnormality) and a lung function test (in patients ≥ 5 years old).

Treatment of chronic cough depends on the cause. Over-the-counter medication is not indicated. Asthma should be treated with bronchodilators and daily anti-inflammatories such as inhaled corticosteroids and/or montelukast. Allergies can be treated daily with nasal steroids and/or antihistamines. Until the cough resolves, patients should be seen monthly. Referral to pediatric pulmonology (to determine the diagnosis and management) is warranted if chronic cough persists 2-3 months, or sooner if desired.

~Dr. Mindy Ross and Dr. Sande Okelo

For Parents and Practitioners

ASTHMA ATTACKS

50% of all children with asthma will have at least 1 attack yearly. This leads to missed school or work, ER visits, and hospitalization. Attacks are preventable with 1) a **daily controller** (inhaled steroids and/or montelukast) taken whether sick or well.

2) a rescue medication (**Albuterol**), taken once cough, wheeze, and/or cold symptoms start. Starting Albuterol when symptoms first appear is key to keep attacks under control. We recommend:

1) **Albuterol/Xopenex** 4-8 puffs (or 2.5 - 5mg nebs) every 20 min for 3 doses, then every 1-4 hours

If symptoms do not improve within 1-2 hours, seek medical attention.

2) **Ipratropium** 0.25-0.5mg (or 4-8 puffs) every 20 min for 3 doses if Albuterol not effective (in ERs only)

3) **Prednisone** 1 mg per kg (or per 2 pounds) (max 60 mg per day) for 3-10 days, when Albuterol is not controlling symptoms.

~Dr. Sande Okelo and Dr. Mindy Ross

Reminders

- ★ Flu vaccine is still available
- ★ Synagis for those who qualify through the month of April
- ★ Ensure patients with asthma know how to use their inhalers/spacers and can obtain their medication.
- ★ Refer asthma patients to pulmonology if: ≥ 2 ED visits, >2 albuterol refills/yr, any hospitalization, ≥ 2 oral steroid courses, moderate or severe persistent, >1 controller med, or difficulty controlling symptoms.

Meet the doctors

PROFILE: DR. MINDY ROSS

Dr. Ross is a board-certified pediatric pulmonologist and clinical informaticist. Her clinical practice is focused on caring for infants, toddlers and children with asthma, bronchopulmonary dysplasia (BPD), chronic cough and/or children who require home ventilators. A special area of expertise is asthma in obese patients, whose asthma is often difficult to control. Dr. Ross is currently taking new patients.

In addition, Dr. Ross is a clinical research informaticist: she develops comprehensive management tools in the electronic health record (EHR) to improve medical care.

On a personal note, she has always enjoyed writing and this pediatric pulmonary newsletter brings back fond memories of her undergraduate years as one of the photo editors at the UCLA Daily Bruin. Stay tuned for our **Spring issue** of the newsletter that will focus on **sleep**.

Wellness

MINDFULNESS MATTERS



Mindful awareness can help families manage stress. One of its principles is to stay focused on the present without judgment.

UCLA has the MARC (Mindful Awareness Resource Center), devoted to fostering mindful awareness education and promoting well-being. www.marc.ucla.edu. ~Sahbah Akmal, LCSW

Ask the Docs

DEAR PED PULM: My child is a 1-year-old and I think she has asthma. Is she too young to be diagnosed with this? -ASTHMA OR NOT

DEAR ASTHMA AGE LIMIT: According to the National Institutes of Health (NIH), there is no minimum age to diagnose asthma. There are 3 age groupings used in the NIH asthma guidelines: 0 - 4 years, 5 - 11 years and 12 years and older.

For a child around 5 years old, lung function testing can be performed to confirm the diagnosis, but this is unnecessary in children under 5 years of age. ~Dr. Mindy Ross

Nutrition

TIPS FOR A HEALTHY 2018!

- 1. Be Specific** - Define the goal and why it's important.
- 2. Be Realistic** - Set goals that are challenging, yet achievable.
- 3. Set Measurable Goals** - Set a timeline and track your progress. Example: Instead of "I will eat healthier" be specific "I will eat vegetables with my family at dinner for 4 nights per week in the month of January."



~Suzanne Hollander, RD and Chanel Suarez, RD



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