Pediatric Grand Rounds

Friday, February 24, 2017
8:00 a.m. Storm Eye Auditorium
Topic: “Hot Topics in Pediatric Critical Care Medicine-2017”
Speakers: Sally Webb, MD
Director, Pediatric Sedation Service
Division Chief, Pediatric Critical Care
Elizabeth Mack, MD
Pediatric Critical Care
Melissa Evans, MD, Medical Director
Pediatric Intensive Care Unit

Friday, March 3, 2017
Topic: “Understanding the State of Fibrinolysis in the Injured: Diagnosis and Related Outcomes”
Speaker: Dr. Christopher Silliman

Pediatric Dysphagia Clinic
By Clarice Clemmens, MD

The Pediatric Otolaryngology and Speech and Language Pathology divisions are pleased to announce that the New Pediatric Dysphagia Clinic is now scheduling patients on the first Wednesday of every month in Rutledge Tower. This clinic is staffed by Clarice Clemmens, MD (pediatric otolaryngology) and Heather McGhee, MS, CCC-SLP (pediatric speech pathology). The clinic focuses on the evaluation and treatment of all pediatric patients with dysphagia. Services that are provided include a complete dysphagia history and physical evaluation, clinical swallowing evaluation, flexible endoscopic evaluation of swallowing (FEES), comprehensive dysphagia follow-up, coordination of care with outpatient speech and language pathology, and modified barium swallow study (MBSS) referrals as indicated. To refer a patient to our clinic, please contact Lisa at 843-792-7343.

In addition to the new multidisciplinary clinic, our pediatric dysphagia team is actively involved in many research endeavors to help understand the physiologic attributes and relationship between sucking, swallowing, and breathing in infants. Recently, our pilot data from 30 patients for the standardization of a pediatric MBSS protocol was presented by Katlyn McGrattan, PhD CCC-SLP at the Society for Ear, Nose, and Throat Advances in Children in Orlando, Florida.

Our pilot data demonstrated significant worsening of all components of oropharyngeal swallow physiology over time during the swallow studies. In addition, the proportion of swallows with complete laryngeal closure and airway protection decreased over time throughout the swallow studies, indicating that the time at which swallows are visualized during a swallow study may impact the diagnostic validity.