

Sharing Innovations and Insights with Our Partners in Care

# PEDIATRIC ROUNDS

**Vaping: An  
emerging  
health  
epidemic \07**

Protecting little  
hearts \03

Reducing  
wait time for  
appointments \04

Helping hands and  
upper extremities \06

New on staff \12



In 2019, Children's Wisconsin began identifying previously healthy teenagers admitted with significant respiratory distress. The unifying finding was that all these children had been vaping.



## UPFRONT

Insights and transparent  
talk from leadership

To refer a patient, call (800) 266-0366.

# Connecting the dots

*Cooperative action sparks  
new understanding*

**BY THOMAS T. SATO, MD**

**Recently, physicians at Children's Wisconsin and primary care providers** in our region were instrumental in making the connection between the use of vaping products and unexplained lung illness in teens.

Two of our critical care pediatric pulmonologists, Louella Amos, MD, and Brian Carroll, MD, were intrinsically involved in the identification of the condition (see their story on page 7). Jenny Schreiber, MD, a primary care pediatrician from Children's Medical Group, also played an important role when she recognized something unusual about the lung illness one of her patients presented with and had the teen sent to the intensive care unit at Children's. There, Dr. Amos and Dr. Carroll uncovered the correlation between vaping and the illness.

This story represents the power of having primary care pediatricians in the community who can identify a unique condition that requires hospitalization. It is also important to have a hospital-based team that can evaluate a child's entire background, recognize the same symptoms in other children, and have the courage and moral imperative to report these findings on a state and national level. This allowed Children's to be at the forefront of the discovery that this illness is occurring not just here, but around the country.

The next hurdle is identifying the compounds in vaping products that are causing lung injuries. In the meantime, our new knowledge can help us advise young people to avoid these products.

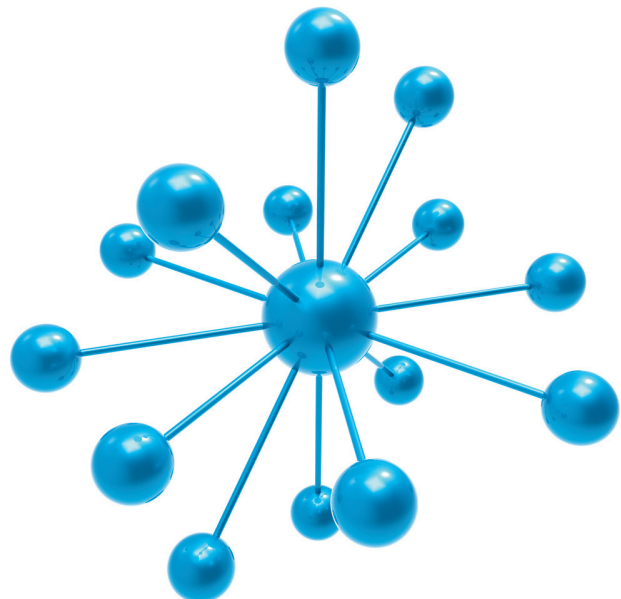
Best,



*Thomas T. Sato, MD, FACS, FAAP  
CEO, Children's Specialty Group  
Senior Associate Dean of Clinical Affairs,  
Professor of Pediatric General and Thoracic Surgery,  
Medical College of Wisconsin*



**"This story represents the power of having primary care pediatricians in the community who can identify a unique condition that requires hospitalization."**



iStock.com: matdesign24

## NEWS & NOTES

Information from around  
Children's Wisconsin

To refer a patient, call (800) 266-0366.

## Protecting little hearts



*Healthy Hearts Preventive Clinic helps children and families achieve cardiovascular health*



**According to the Centers for Disease Control and Prevention, 7% of** children in the United States between ages 6 and 19 have high cholesterol, a forerunner to diabetes, high blood pressure and stroke, among other conditions.

The American Academy of Pediatrics recommends initial screening of cholesterol levels between 9 and 11 years old, but some children may benefit from monitoring even earlier — especially if they have a family history of heart disease. At Children's Wisconsin, the Healthy Hearts Preventive Clinic provides testing and preventive medicine focused on building healthy lifestyles that will keep kids free of heart disease into adulthood.

"What we're promoting in terms of lifestyle, diet and exercise are things every kid should be doing," says Joe Block, MD, the clinic's director.

Changing a child's lifestyle often involves parental intervention, so the clinic aims to make recommendations that a whole family can follow.

**Providers who diagnose hypertension, hyperlipidemia or obesity in their patients, or identify a family history of heart disease, can make a referral to the Healthy Hearts Preventive Clinic by visiting [childrenswi.org/refer](https://childrenswi.org/refer) and listing "Healthy Hearts" as the department/specialty.**

## What's in a name?

**At Children's, we're committed to** ensuring all kids have the care and support they need for a healthy life and a bright future. For more than 125 years, we've been doing as much as we can to keep them safe and healthy. That's why we partner with others and advocate for kids in more ways and places than many people imagine. This includes providing foster care, health and well-being education in communities and schools, mental health services and more.

Our hospital and specialty services are an integral part of how we provide care. But kids need more, so we do more. Now, we want to ensure our name reflects all we are doing to improve the overall health and well-being of Wisconsin's kids, today and in the future.

To better represent the full scope of our commitment to kids and families, we have evolved our name from Children's Hospital of Wisconsin to Children's Wisconsin.



## Timely tool

*Automated appointment wait lists saves six years and counting*



Carey A. Ehlert, MD, a neonatologist at Children's Specialty Group and associate professor of Neonatology at the Medical College of Wisconsin

**It's happened to every parent: They make an appointment for their child to see a specialist for a particular condition or concern with every intention of going to that appointment. But then something comes up — maybe it's a school function that can't be missed, or a family member falls ill. Regardless of the reason, the parent must cancel the appointment.**

Until now, it's been up to the staff in busy clinics and specialists' offices to look up patients who might want that open appointment and start making phone calls. But in October 2019, Children's Wisconsin introduced a new automated wait list system, which alerts families when an appointment opens up for a clinic or provider they want.

"Professionally, I think it's a real win-win because we're making sure that the specialists' time is being used to its maximum capacity," says Carey A. Ehlert, MD, a neonatologist at Children's Specialty Group and associate professor of Neonatology at the Medical College of Wisconsin. "Providers want to be seeing patients, and it's hard when there's a time that a patient could be seen but it's been canceled."

"As a mother myself who brings her kids to Children's for outpatient care, personally, I think it's a fantastic thing," Dr. Ehlert adds.

### INNOVATION

Innovation is one of Children's five core values. "I think this is a great example of how we're using innovation," Dr. Ehlert says. "We've partnered with our electronic health record provider to come up with a new way to be more efficient, communicate with families in a way they're already used to, and then ultimately get patients the care they're seeking."

The automated wait list system operates through MyChart. If a parent would like an appointment sooner than is available, they can be added to a wait list when they schedule their child's appointment. When an appointment opens up, they'll receive an alert by email and text message. If they want that appointment, they can accept it through MyChart.

Automated wait lists currently are live with 10 specialties, including Dermatology, ENT, and the Eye Program. More will be added in the spring.

### IT'S ABOUT TIME

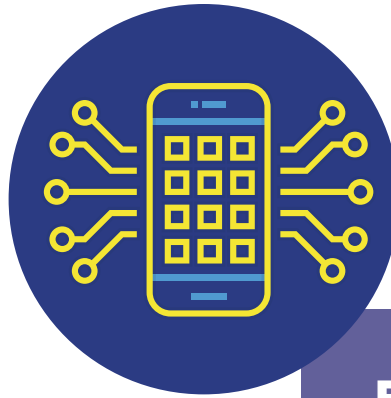
Children's has heard feedback from referring providers that sometimes it takes too long to get their patients into clinics or to see specialists.

"That's concerning, because we want to make sure we can see each and every child who is seeking our specialty care in a timely manner," Dr. Ehlert says. "We've done a lot to try to minimize the wait — opening up more care closer to home locations, expanding the range of advanced practice providers who can see patients, opening up as many clinic spots as we can. But I think this is the next step in the journey, which is making sure the clinic spots that we're opening are being filled and used to the maximum capacity."

The automated wait list system has already made a big impact, saving patients a collective total of six-and-a-half years of wait time to see specialists.

"Everybody wants to be efficient in their own lives, and when you have a sick child or a sick patient, you want to fix that as quickly as you can," Dr. Ehlert says. "This demonstrates





that we're doing everything we can, and we're looking at new and innovative ways to get patients in to see our specialists as quickly as we can."

### MyChart makes it easy

Many healthcare providers use a patient portal, and many families are familiar with MyChart, the most widely used portal.

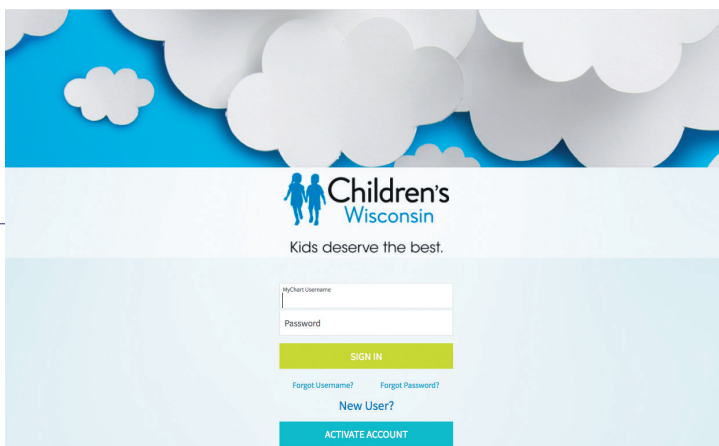
At Children's Wisconsin, MyChart allows families to access a portion of their child's electronic medical records, communicate online with their child's providers, and schedule and view appointments. Now, MyChart also allows families to be automatically notified when an appointment opens up for a particular clinic or specialist.

For families who have not yet used MyChart, this might be a good reason to sign up. "As a parent, I understand that it seems like one more thing to learn," says Dr. Ehlert. "But once you start using it, it's a nice resource to help make communication with our healthcare system faster."

Children's automated wait list system alerts families by email and text message when an appointment opens up with a clinic, location or provider they want. If they download the MyChart app, they can also get push notifications on their phone. They can then accept the appointment through MyChart, if they want it.

"Even though this is a great tool, there is still a human factor," Dr. Ehlert assures. Children's recognizes that not all families have access to digital platforms. These families can speak with their clinic or specialist's staff and ask to be called if an appointment opens up.

Families can sign up for MyChart online at [chw.org/patients-and-families/mychart](http://chw.org/patients-and-families/mychart).



## By the numbers

*Through Children's new automated wait list system:*

**MORE THAN**  
**1,150**  
appointment offers  
have been sent

**9%** of offers  
are accepted

**6.5**  
years of  
wait time  
has been  
saved



## CME events

### Connect with Children's

*There are no fees to attend these CME dinners.*

**APRIL 7**  
KENOSHA

**APRIL 8**  
GREEN BAY

**APRIL 21**  
MILWAUKEE

**APRIL 22**  
APPLETON

**NOV. 10**  
APPLETON

**NOV. 11**  
MILWAUKEE

**REGISTER:**  
[childrenswi.org/cme](http://childrenswi.org/cme)

**CONTACT FOR CME EVENTS:**  
Betsy Malten,  
(414) 266-6242 or  
[emalten@chw.org](mailto:emalten@chw.org)

## Helping hands

*Children's launches the only comprehensive pediatric hand and upper extremity program in the state*

**If you've seen a child with a traumatic hand injury or congenital condition of the upper limb,** you know that finding specialized pediatric treatment for them is tough. Physicians specializing in pediatric orthopedic surgery for the shoulder, arm, elbow, wrist and hand are rare, so families often seek out specialists who work with adults or travel out of state. When orthopedic surgeon Jessica Hanley, MD, joined Children's Wisconsin, we immediately saw an opportunity to fill this gap.

### NEW PROGRAM

Dr. Hanley began seeing patients through the newly launched Hand and Upper Extremity Program in September 2019. She helps infants, children and adolescents dealing with neuromuscular and congenital differences, soft-tissue and microvascular conditions, and traumatic and post-traumatic injuries. The program takes a multidisciplinary approach to care. Dr. Hanley works with a certified hand therapist, an athletic trainer and cast technicians. Depending on a child's treatment plan, the team can offer bracing, therapy and surgery.

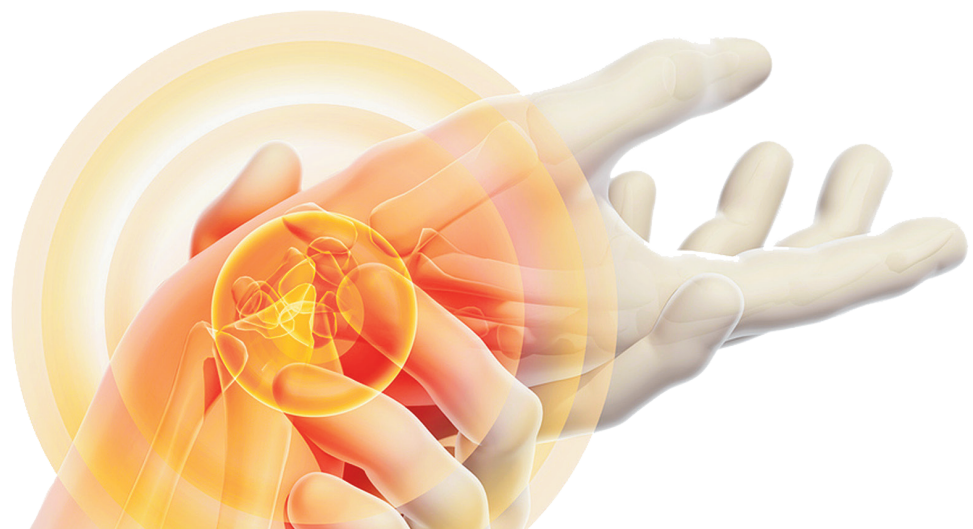
### COMPREHENSIVE CARE

While emergency departments often provide an immediate solution to a traumatic injury, if a patient requires pins or plates to hold broken bones in position while they heal, the child will need to see a surgeon. Dr. Hanley's training in operative and nonoperative care allows her to help kids who need a long-term plan for recovery or therapy.

"Hand and upper extremity anatomy is complex, and injuries can often be overlooked or misdiagnosed," Dr. Hanley says. "Some upper extremity conditions and injuries may require surgery, but many can be treated nonoperatively. Our program offers a multidisciplinary approach for each child, with hand therapists, athletic trainers and cast technicians who have lots of experience and a high level of training."

The program operates out of Children's Milwaukee and Greenfield clinics and serves children from infants to age 18. Dr. Hanley also see adults at Froedtert Hospital, where adolescents can continue their care with her if they have chronic conditions.

**To refer a patient to Children's Hand and Upper Extremity Program, call (877) 607-5280 or visit [childrenswi.org/refer](http://childrenswi.org/refer).**





## INNOVATIONS

Case studies and research  
for better care

To refer a patient, call (800) 266-0366.



# An emerging health epidemic

*Recognizing and managing lung injury associated with e-cigarettes and vaping*

**BY BRIAN CARROLL, MD, AND LOUELLA AMOS, MD**

In June 2019, Children's Wisconsin began identifying previously healthy teenagers admitted with significant respiratory distress. Some of these symptoms were severe enough to require pediatric intensive care unit (PICU) admission and ultimately mechanical ventilation. Although the Children's PICU provides expert care for critically ill children, these patients were not responding well to initial treatments.

*Brian Carroll, MD, is a pediatric pulmonary fellow in the Department of Pediatrics, Division of Pulmonary and Sleep Medicine at Medical College of Wisconsin and Children's Wisconsin.*



*Louella Amos, MD, is an associate professor of Pediatrics in the Division of Pulmonary and Sleep Medicine at the Medical College of Wisconsin and Children's Wisconsin.*



istock.com: gan chaonan

At this point, the team at Children's began asking the hard questions. We took a step back and asked these patients and families detailed questions about their environments and any new exposures. Through these interviews, the unifying finding was that all these children had been actively vaping in the weeks leading up to presentation.

As additional patients continued to present to Children's with respiratory distress, we grew increasingly concerned that we were encountering a new and dangerous disease process. Through a close collaboration with the Wisconsin Department of Health Services, we elevated our concern to the Centers for Disease Control and Prevention (CDC), which in turn sparked a nationwide investigation. Soon, medical providers from almost every state began confirming similar cases in children and adults. These efforts have led to a close collaboration between medical providers and law enforcement officials to help identify the source of these potentially dangerous vaping products.

In total, Children's has cared for more than 15 patients with e-cigarette or vaping product

use associated lung injury (EVALI). The number of cases continues to increase.

## DIAGNOSIS AND MANAGEMENT OF EVALI

The presenting symptoms of EVALI can be broad, leading to difficulties in making the diagnosis. The CDC has issued helpful guidance on the diagnosis and management of EVALI.<sup>1</sup>

Drawing on our experience, Children's Wisconsin pulmonologists have identified several highlights of EVALI diagnosis and management:

1. **Presenting symptoms of EVALI** are subacute, often developing over two to four weeks prior to presentation.
2. **The most common symptoms** include cough, dyspnea, chest pain, nausea, anorexia, loose stools and fever. In general, the GI symptoms appear before the development of respiratory complaints. Many patients have significant weight loss during this time period.
3. **EVALI has been diagnosed** in patients using products containing nicotine and

Image 1 (left): Bilateral diffuse interstitial opacities with lower lobe predominance is consistent with EVALI. Image 2 (right): EVALI can cause significant injury to the airways ranging from mucosal inflammation to frank pulmonary hemorrhage.

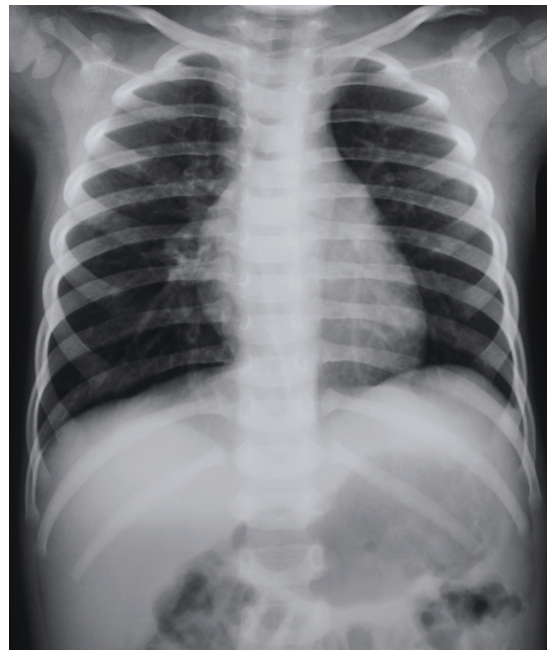


Image 1



Image 2

iStock.com: Sutthaburawonk



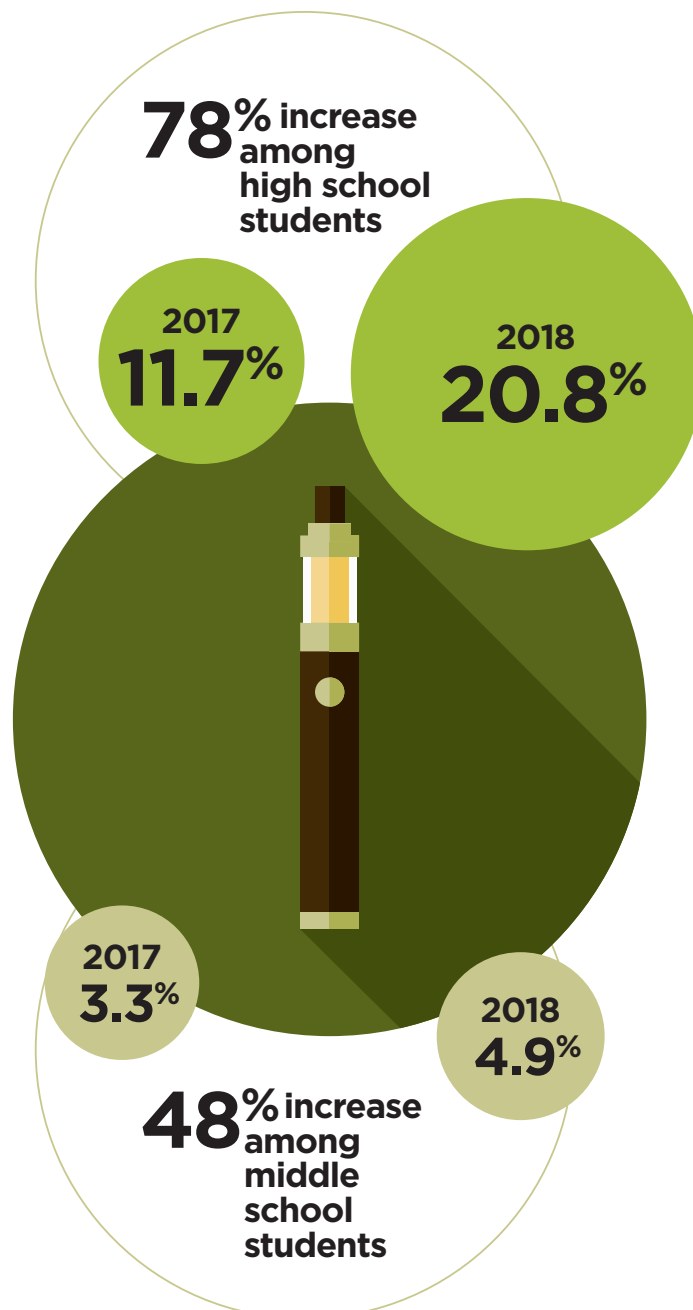
tetrahydrocannabinol (THC). However, the THC products seem to be more strongly associated with the development of EVALI.

4. **Patients with suspected EVALI** should undergo chest imaging, often beginning with a plain chest x-ray. Bilateral diffuse interstitial opacities with lower lobe predominance is consistent with EVALI (Image 1).
5. **Many patients have normal chest x-rays** on first presentation. If suspicion for EVALI is high, patients should undergo a chest computed tomography (CT) exam to identify interstitial abnormalities.
6. **Patients should undergo workup** for other common conditions, including endemic infections. Classically, patients with EVALI have negative infectious workups. However, leukocytosis, high C-reactive protein and elevated erythrocyte sedimentation rate (ESR) are seen in most patients.
7. **Patients may require inpatient admission** for hypoxemia, significant respiratory distress and poorly controlled GI symptoms.
8. **EVALI can cause significant injury** to the airways ranging from mucosal inflammation to frank pulmonary hemorrhage (Image 2).
9. **The mainstay of EVALI treatment** is the initiation of systemic corticosteroids. To date, no guidelines exist for the appropriate dosing and duration of therapy. If patients do not meet criteria for inpatient admission, the initiation of oral corticosteroids may be appropriate if workup for other conditions has been completed.

#### CONTINUED MONITORING

Although Children's Wisconsin has successfully discharged home all adolescents with confirmed EVALI, we continue to follow them closely in

## Surge in youth e-cigarette use



National Youth Tobacco Survey (fda.gov)

iStock.com: bortionia

**To refer a patient**

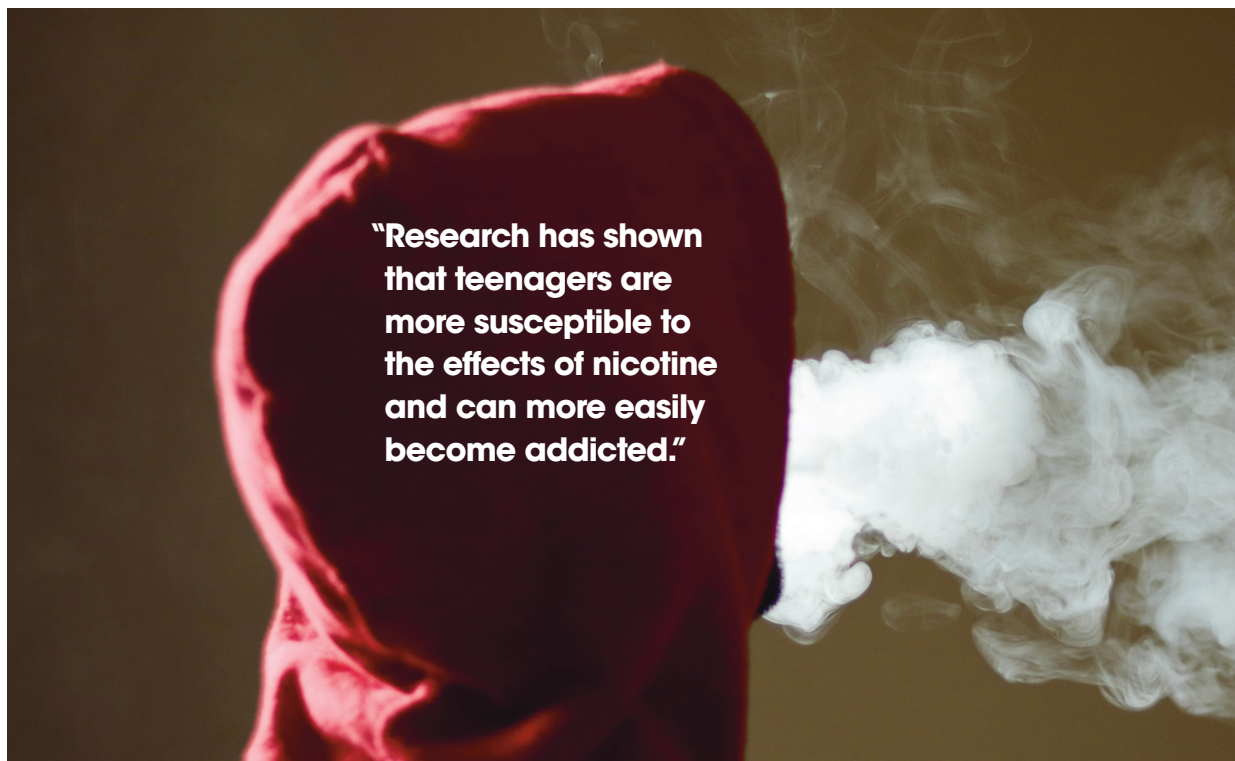
Visit  
[childrenswi.org/refer](http://childrenswi.org/refer)  
 or call  
 (414) 266-2460  
 or toll-free  
 (800) 266-0366

**To make an appointment**

Call Central  
 Scheduling at  
 (414) 607-5280  
 or toll-free  
 (877) 607-5280

**For more information**

Visit [chw.org/vaping](http://chw.org/vaping)



**"Research has shown that teenagers are more susceptible to the effects of nicotine and can more easily become addicted."**

the Pediatric Pulmonary clinic. At first visit from hospital discharge, approximately half of patients continue to complain of significant respiratory symptoms including chest pain and shortness of breath.

Additionally, the Pulmonary group has been performing sophisticated pulmonary function testing at these follow-up visits. They have identified that the majority of patients demonstrate pulmonary function abnormalities, including airflow limitation and decreased pulmonary gas exchange. Surprisingly, these abnormalities even occur in children who report resolution of their overt symptoms. This suggests that these children continue to have decreased pulmonary function even after their acute symptoms subside. It remains to be determined whether these children will go on to a full recovery, or if irreversible lung injury is present.

**NEXT STEPS**

There are many reasons to be concerned about adolescents and vaping. However, there are several measures that parents and primary care providers can take to help address this crisis:

- 1. Acknowledge that vaping** has become prevalent in middle/high school children and that there may be pressure to participate.
- 2. Educate children that e-liquids contain more than just fun flavors.** Research has shown that teenagers are more susceptible to the effects of nicotine and can more easily become addicted.
- 3. Inform children that nicotine- or THC-containing e-cigarettes are illegal for minors** to possess in all states. To date there are no e-cigarettes on the market that are





FDA-authorized. E-cigarettes are unregulated and may contain very harmful chemicals. These chemicals may be the cause of EVALI.

**4. If a child who is vaping shows readiness to quit**, there are online resources such as [teen.smokefree.gov](https://teen.smokefree.gov) or [truthinitiative.org/thisisquitting](https://truthinitiative.org/thisisquitting), which are targeted for teens and young adults.

**5. Consider pharmacologic intervention**, such as nicotine replacement therapy, when warranted. Behavioral health involvement will also likely be necessary during addiction recovery.

**6. Consider advocating for the health of all children** by supporting legislative efforts focused on tobacco use prevention, such as the Tobacco 21 initiative to raise the legal purchasing age for tobacco sales to 21 years.<sup>2</sup>

## Vaping Facts

1. The 2018 National Youth Tobacco Survey reported that 20.8% of high school students and 4.9% of middle school students regularly use e-cigarettes. (See page 9.)
2. E-cigarettes are handheld devices that are filled with liquids and produce an aerosol. (See examples below.) The act of inhaling this aerosol is called vaping.
3. E-cigarettes can be used to vape a variety of liquids. Many children believe that vaping only involves flavoring chemicals and water vapor. However, these liquids often contain psychoactive drugs like nicotine or tetrahydrocannabinol (THC).
4. Since children cannot legally possess nicotine- or THC-containing liquids, they are often purchased through an unregulated illegal market. Thus, there is no way to know whether the components are harmful when inhaled.
5. E-cigarette or vaping product use associated lung injury (EVALI) can involve serious damage to the lungs, requiring hospitalization. There are a rising number of deaths from EVALI.



iStock.com: Naveen Asathambi, Rain Ungert

## REFERENCES

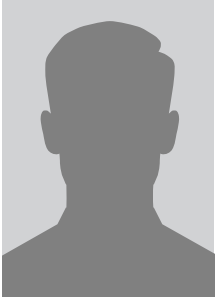
1. Update: Interim Guidance for Health Care Providers Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use Associated Lung Injury — United States, October 2019. MMWR Morb Mortal Wkly Rep. 2019;68.
2. <https://tobacco21.org/>

## NEW ON STAFF

Specialists in our network  
ready to help

To refer a patient, call (800) 266-0366.

### Anesthesiology



**Justin Tanem, MD**, is an anesthesiologist at Children's Wisconsin.

- Medical College of Wisconsin, MD
- Medical College of Wisconsin, Anesthesiology, Pediatrics
- Medical College of Wisconsin, Critical Care, Pediatric Anesthesiology
- Anesthesiology, Critical Care, Pediatrics

### Emergency Medicine



**Kelly Bailey, MD**, is an emergency medicine physician at Children's Wisconsin.

- Medical College of Wisconsin, MD
- Medical College of Wisconsin, Emergency Medicine, Pediatrics
- Medical College of Wisconsin, Pediatric Emergency Medicine
- Pediatrics

### Cardiology



**Kristin Kroll, PhD**, is a psychologist at the Herma Heart Institute at Children's Wisconsin and an assistant professor at the Medical College of Wisconsin.

- University of Georgia, PhD

### Emergency Medicine



**Daphne Branham, MD**, is an emergency medicine physician at Children's Wisconsin.

- New York Medical College, MD
- Washington University in St Louis School of Medicine, Pediatrics
- Medical College of Wisconsin, Emergency Medicine
- Pediatrics

### Cardiology



**Andrew Spearman, MD**, is a pediatric cardiologist at Children's Wisconsin and an assistant professor at the Medical College of Wisconsin.

- New York University School of Medicine, MD
- University of Chicago Comer Children's Hospital, Pediatrics
- Medical College of Wisconsin, Pediatric Cardiology
- Pediatric Cardiology, Pediatrics

### Emergency Medicine



**Sarah Thill, MD**, is an emergency medicine physician at Children's Wisconsin and an assistant professor of pediatric emergency medicine at the Medical College of Wisconsin.



- Medical College of Wisconsin, MD
- Medical College of Wisconsin, Pediatrics
- Medical College of Wisconsin, Pediatric Emergency Medicine
- Pediatrics



## Emergency Medicine





**Sarah Zuk, MD, MPH**, is an emergency medicine physician at Children's Wisconsin.

-  University of Kansas, MPH; University of Kansas School of Medicine, MD
-  Medical College of Wisconsin, Pediatrics

## Hematology/Oncology







**Kerri Beckett, MD**, is a pediatric hematology/oncology specialist at Children's Wisconsin and an assistant professor at the Medical College of Wisconsin.

-  Michigan State University College of Human Medicine, MD
-  McGaw Medical Center of Northwestern University, Pediatrics
-  Medical College of Wisconsin, Pediatric Hemostasis-Thrombosis
-  Pediatrics

## Gastroenterology





**Janice Bitong, MD**, is a pediatric gastroenterologist at Children's Wisconsin.

-  Michigan State University College of Human Medicine, MD
-  Advocate Children's, Pediatrics
-  UCLA Mattel Children's Hospital, Pediatric Gastroenterology
-  Pediatrics

## Hospital Medicine





**Priya Agrawal, DO**, is a hospitalist at Children's Wisconsin.

-  Midwestern University AZCOM, DO
-  Medical College of Wisconsin, Pediatrics

## General Medicine






**Constance Gundacker, MD, MPH**, is a pediatrician at Children's Midtown Clinic.

-  University of Wisconsin School of Medicine and Public Health, MD; University of Alabama at Birmingham, MPH
-  University of California Davis Health System, Pediatrics

## Hospital Medicine



**Mariann Chelampath, MD**, is a hospitalist at Children's Wisconsin.

-  Ross University, MD
-  Jersey Shore University Medical Center, Pediatrics
-  Pediatrics

## Hospital Medicine



**Benjamin Earle, MD**, is a hospitalist at Children's Wisconsin.

- University of Vermont, MD
- Emory University, Pediatrics

## Hospital Medicine



**Elizabeth Segar, MD**, is a hospitalist at Children's Wisconsin.

- University of Iowa Carver College of Medicine, MD
- University of Iowa Hospitals and Clinics, Pediatrics

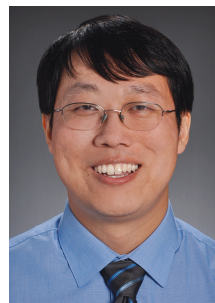
## Hospital Medicine



**Kerri A Houser, MD**, is a hospitalist at Children's Wisconsin.

- Southern Illinois University School of Medicine, MD
- Medical College of Wisconsin, Pediatrics

## Infectious Disease



**Frank Zhu, MD**, is medical director of Infection Control and Prevention at Children's Wisconsin and an assistant professor of pediatrics at the Medical College of Wisconsin.

- Wayne State University School of Medicine, MD
- Wayne State University, Pediatrics
- Wayne State University, Pediatric Infectious Disease
- Pediatrics

## Hospital Medicine



**Francesca Moral, MD**, is a hospitalist at Children's Wisconsin.

- Medical College of Wisconsin, MD
- Children's Mercy Hospital, Pediatrics

## Orthopedic Surgery



**John Erickson, DO**, is a pediatric orthopedic surgeon at Children's Wisconsin.

- Des Moines University College of Osteopathic Medicine, DO
- Doctors Hospital, Orthopedic Surgery
- Children's Healthcare of Atlanta, Pediatric Orthopedic Surgery

## Departures

Children's Wisconsin would like to thank the following providers for their contributions. We wish them well in future endeavors.

**Gabrielle Geddes, MD**, Genetics

**Amy Henry, MD**, Anesthesiology

**Deborah Hermes, MD**, Neonatology

**Priya Monrad, MD**, Neurology

**Elisabeth Pordes, MD, MPH**, Special Needs

**Angela Stanley, PsyD**, Adolescent Medicine

**Christopher Takala, MD**, Psychiatry

## Orthopedic Surgery



**Jessica Hanley, MD**, an orthopedic surgeon who specializes in hand and upper extremity surgery at Children's Wisconsin, Froedtert Hospital and the Medical College of Wisconsin.

- Medical College of Wisconsin, MD
- University of Iowa Hospitals and Clinics, Orthopedic Surgery
- Brigham & Women's Hospital, Hand and Upper Extremity Surgery

## Psychiatry



**Jennifer A Zaspel, MD**, is a psychiatrist at Children's Wisconsin.

- Medical College of Wisconsin, MD
- Medical College of Wisconsin, Psychiatry
- Medical College of Wisconsin, Child and Adolescent Psychiatry
- Psychiatry

## Orthopedic Surgery



**Adam Thiessen, MD**, is a pediatric orthopedic surgeon at Children's Wisconsin.

- University of Kansas School of Medicine, MD
- Medical College of Wisconsin, Orthopedic Surgery
- University of Texas Southwestern Medical School, Pediatric Orthopedics

## Pulmonology



**Laura McCauley, MD**, is a pediatric pulmonologist at Children's Wisconsin.

- UW-Madison School of Medicine and Public Health, MD
- University of Minnesota Medical School, Pediatrics
- University of Minnesota Medical School, Pediatric Pulmonology
- Pediatric Pulmonology, Pediatrics

## Psychiatry



**Colleen Manak, MD**, is a pediatric psychiatrist at Children's Wisconsin.

- St. Georges School of Medicine (Grenada), MD
- Ohio State University Medical Center, Psychiatry
- Medical College of Wisconsin, Child Psychiatry
- Psychiatry

## Surgery



**John G Schneider, MD**, is a pediatric surgeon at Children's Wisconsin.

- Medical College of Wisconsin, MD
- Fletcher Allen Healthcare, General Surgery
- Cincinnati Children's Hospital Medical Center, Pediatric Colorectal Surgery; Medical College of Wisconsin, Pediatric General Surgery; OU Children's Hospital, Pediatric Surgery
- Pediatric Surgery, Surgery



## Add For Medical Professionals to your phone

Want to access Children's For Medical Professionals website from the comfort of your phone? Add the "For medical professionals" icon to your home screen and access the section anytime you like.

### HOW TO ADD MEDICAL PROFESSIONALS TO YOUR PHONE

Go to [childrenswi.org/medicalprofessionals](http://childrenswi.org/medicalprofessionals)



#### FOR AN ANDROID DEVICE:

1. Make sure your browser is showing the "For medical professionals" page.
2. Click the three dots found in the upper right-hand corner of the screen.
3. Select "Add to home screen."



#### FOR AN IPHONE OR APPLE DEVICE:

1. Make sure your browser is showing the "For medical professionals" page.
2. Click the arrow in the box found in the middle of the icons at the bottom of the screen. (Scroll sideways to see the "Add to home screen" option.)
3. Select "Add to home screen."

