

† **816** ANEMIA IN INFANTS WITH MILD INFECTIONS. Jerry D. Reeves, Ray Yip, Peter R. Dallman. David Grant Medical Center, Travis Air Force Base, CA, and The University of California, San Francisco, School of Medicine, Department of Pediatrics, San Francisco, CA.

A group of 467 healthy infants had Hgb, MCV, erythrocyte protoporphyrin (EP), serum ferritin (SF), serum iron (Fe) and TIBC measured as part of a nutritional evaluation in conjunction with the well child examination at 12 months of age. In addition to the nutritional history, the frequency of clinic visits within 3 months of examination related to infection (URI, otitis, gastroenteritis) was determined. Frequent recent infection visits were associated with a pattern of reduced Hgb, MCV, and Fe with elevated EP and SF that is also characteristic of the anemia of chronic inflammation. (In iron deficiency, SF is typically decreased.) Of the infants with ≥ 3 recent infections, 22% had Hgb < 11.5 g/dl, in contrast to 9% of those with no infection ($p=0.005, X^2$). A subgroup of 323 infants was treated with either placebo or iron (30 mg iron/day as

# visits	None	1-2	≥ 3	ANOVA	ferrous sulfate) for
N =	197	202	68	Sig	3 mo. The percentage
Hgb, g/dl	12.7	12.4	12.3	0.002	of subjects with ≥ 1 g/dl
MCV, fl	78.1	77.1	76.5	0.04	rise in Hgb was 35% in
EP, μ g/dl WB	17.0	18.2	22.3	0.05	infants with ≥ 3 infection
SF, μ g/L	22.1	25.0	27.6	0.03	visits compared to 13%
Fe, μ g/dl	77.1	76.0	64.8	0.05	in those with no infec-
TIBC, μ g/dl	389	396	399	0.3	tion visits ($p < 0.001$).

Each of the response rates was slightly but not significantly higher in the iron treated compared to the placebo group. Mild, acute, antecedent infections contribute substantially to the frequency of low Hgb values in infants who are screened for iron deficiency.

817 DESCRIPTION OF INTERACTIONAL PATTERNS IN PEDIATRIC ENCOUNTERS. William Rittenberg and George Baker (Spon. by William B. Weil). College of Medicine, Department of Pediatrics/Human Development, Michigan State University, East Lansing, MI.

The pediatrics residency regularly videotapes ambulatory clinical encounters between residents and patients. These are analyzed and reviewed with residents to aid the development of communication skills. In 1981-83 tapes of 35 patient encounters of 15 residents were collected. An assessment was conducted to identify the routine interactive tasks performed in the encounters, to analyze the characteristics of those tasks, and to describe the range of variation in how the tasks were accomplished. The purpose was to depict the "behavioral anatomy" of pediatric encounters.

The analysis revealed that despite individual variations the majority of taped encounters contained recurring interactional routines. Some have conventional names (greeting, the presenting complaint), others have technical terms from the literature on interaction (turn-exchange, adjacency pairs). Each of the routines can be described and classified easily by a trained evaluator.

The paper presents the classification of pediatric encounters and summarizes how those routines contribute to accomplishing the tasks of pediatric encounters.

Review of the interactional patterns enables residents to assess and modify their exchanges as needed. This description also aids in coding clinical behavior and examining its relation to patient satisfaction and effective problem solving.

† **818** USE OF DISH SOAP AS AN EMETIC IN THE OUTPATIENT MANAGEMENT OF ACCIDENTAL POISONINGS. George C. Rodgers, Jr., Patience Fort, (Spon. by Billy F. Andrews) University of Louisville School of Medicine, Department of Pediatrics and the Kentucky Regional Poison Center of Kosair-Children's Hospital, Louisville, Kentucky.

Emesis was induced in 47 patients using commercial liquid dish washing soap (30 cc plus fluid). Patients entered in the study met the following criteria: 1) emesis indicated by nature of exposure, 2) 10 mos. old, 3) no contradictions to emesis, 4) ipecac not available and patient 30 minutes from a likely source, 5) continued telephone contact possible or patient referred to medical facility. A consecutive group of patients (74) in whom ipecac was used to induce emesis served as the control group. All subjects were followed for two days to determine effectiveness and adverse reactions. Emesis occurred in 39 (83%) of the study group and 72 (97%) of the control group. Emesis occurred in 5 min in 21 (54%) of the study group and none of the ipecac group. In 30 (77%) of the study group and 30 (42%) of the control group emesis occurred in 20 min. In the study group 67% of the subjects had 1 episode of emesis compared to 86% in the control group. In the study group the return on emesis was judged good in 44%, moderate in 44%, poor in 7%, and unknown in 5%. In the ipecac group return was good in 72%, moderate in 26%, and unknown in 2%. No significant side effects were observed, but, nausea tended to be more prolonged in the ipecac group. Liquid dish soap appears to be a safe and effective method for inducing emesis when ipecac is not available.

819 ERYTHROMYCIN-SULFISOXAZOLE (PEDIAZOLE^R) vs AMOXICILLIN IN THE TREATMENT (Rx) OF ACUTE OTITIS MEDIA (AOM) IN CHILDREN: A DOUBLE-BLIND MULTIPLE-DOSE COMPARATIVE STUDY. Wm. J. Rodriguez, Richard H. Schwartz, Tahir Sait, Waheed N. Khan, Om P. Chhabra, Bess Gold, Margan J. Chang, Soma Reddy, Lloyd A. Marks, Jack Gold, Peter Ruey & Sydney Ross. Children's Hosp Nat Med Ctr, Washington DC and Ross Laboratories, Columbus OH

A fixed combination of erythromycin ethylsuccinate and sulfisoxazole acetylate, Pediazole^R (P) was compared to amoxicillin (A) for the Rx of AOM in children. Middle ear fluid was obtained by tympanocentesis. Of 145 patients (pts) studied, 76 boys and 69 girls were compliant and were evaluated for drug efficacy (72A, 73P). Based on otoscopic and tympanometric results, cure rates at 10-14 days for Hemophilus species (Hem), including mixed infections, were 84% (26/31) for A and 83% (20/14) for P. P was successful Rx in 7/8 pts with ampicillin-resistant (Amp^R) Hem species; one had persistent AOM at Day 10. A was successful Rx in one pt with Amp^R Hem. Cure rates for AOM due to all organisms were 83% for A and 89% for P. The cure rate for S. pneumoniae AOM was 82% (29/35) in the A group and 98% (39/40) in the P group ($p > .05$). A pts with S. pneumoniae as the initial infecting organism had significantly more clinical recurrences than their P counterparts, 8/12 vs 3/9 ($p = .045$). There was no difference between Rx in recurrence rates for pts with Hem as the initial infecting organism (3A vs 4P). By Day 10-14, 27/72 A pts and 35/73 P pts had middle ear effusion; by Day 28, 7/71 A and 11/70 P pts. There were no significant differences in adverse reactions. P is safe and effective Rx for AOM, including Amp^R Hem.

820 A SERIALLY UPDATED PREDICTOR OF RISK. Urs E Ruttimann, Adelin Albert, Murray M Pollack, Nancy L Glass (Spon by Glenn Rosenquist), GW Univ Sch of Med, Chil Hosp Nat Med Cntr, Departs of Pediatrics and Anesth, Washington, D.C.

Assessments of severity of illness have only utilized single measurements in isolated time periods. Using a multiple logistic approach, a continuous variable (Risk Index: RI) was developed that utilizes serial measurements and characterizes the risk of acute (< 24 hr) and eventual mortality. The RI is based on the Physiologic Stability Index (PSI), a validated measure of severity of illness. The parameters of the logistic model were determined from 293 consecutive ICU patients. The number of serial observations required was 2 ($p < .05$). $RI_1 = -6.474 + .159 * PSI_1 + .042 * PSI_2$. A prospective validation was done on a group of 345 consecutive ICU admissions. Results: The model reliably predicted acute deaths in the validation set (χ^2 , $p > .8$). Examples are: pre = .7%, obs = .5 + .3%; pre = 4.7%, obs = 4.7 + 2.3%; pre = 26.9%, obs = 23.3 + 11.7%. Receiver operating characteristics (ROC) curves demonstrated excellent performance in predicting eventual deaths. There was no loss of performance in the validation set compared to the estimation set (area under ROC curve = A_2 ; A_2 validation = A_2 , estimation = .91). At a RI cutoff value of -3.25, the truly predicted survivor fraction = .93, truly predicted nonsurvivor fraction = .83 falsely predicted survivor fraction = .17, falsely predicted nonsurvivor fraction = .07. Discussion: The large amount of data recorded in the ICU naturally arise as serial observations and should be treated as such. The RI maximizes predictive power using this approach. The RI can aid decision making, therapeutic evaluations, health care evaluations, and cost containment.

821 PROFILE OF OUTSTANDING CLINICAL TEACHERS. Edward L. Schor, Marsha Grayson, (Sponsored by Robert E. Greenberg). University of New Mexico School of Medicine, Department of Pediatrics, Albuquerque, and Johns Hopkins University School of Medicine, Department of Medicine, Baltimore City Hospitals, Baltimore.

This study was designed to provide a profile of behaviors and characteristics of outstanding clinical teachers which others undertaking that professional role could use as a model for their own teaching behavior. Chief residents at 67 medical school pediatric residency training programs nominated a single faculty member whom they thought to be one of their department's best attending physicians. Those selected averaged 11.7 years of experience attending; 64% were subspecialists.

Among the questionnaire items was one asking the nominated physician to identify the 5 qualities which he felt were his strongest attributes as a teacher. His nominator made a similar appraisal of him. Aggregated rankings and paired correlations of the most frequently selected strengths were:

Characteristic	Faculty	Resident	Correlation
Clinical Judgement	1	2	.33
Knowledgeable	2	1	.02
Housestaff Interaction	3	4	.26
Enthusiasm	4	3	.05
Empathy & Sensitivity	5	7	.00
Intelligence	11	5	-.11

While there is general agreement on the qualities most important to attending, individual teachers perceive themselves quite differently than do those they teach.