

Specializing in the diagnosis and treatment of complex respiratory conditions and disorders, the pediatric Pulmonology practice at Valley Children's provides 24/7 service in the inpatient, outpatient and emergency care settings.

We work closely with other Hospital services such as the neonatal intensive care unit, but almost 90 percent of our patients are treated on an outpatient basis. Our pulmonology team participates in clinical research involving conditions including cystic fibrosis (CF). We have about 160 CF patients participating in research projects. We are a multidisciplinary California Children's Services (CCS) Cystic Fibrosis Center.

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Pulmonology Office Numbers

Main: (559) 353-5550
FAX: (559) 353-5587
Physician Line: (559) 353-5566

Physician Liaison

(559) 353-7229

Pediatric pulmonologists are medical doctors who have had at least four years of medical school, three years of residency training in pediatrics, at least three more years of fellowship training in pediatric pulmonology, and certification from the American Board of Pediatrics in both pediatrics and the subspecialty of pediatric pulmonology.

Patients with the following conditions should be referred to a pediatric pulmonologist:

- Chronic cough
- Difficulty breathing
- Recurring pneumonia (infection of the lungs)
- Cystic fibrosis (a genetic disease with pulmonary and nutritional symptoms)
- Apnea (when a child's breathing stops for a prolonged time)
- Chronic lung disease in premature infants
- Noisy breathing

Condition	Pre-referral Work-up	When to Refer
<p>Asthma, Recurrent Cough, or Wheeze</p> <p>Referring provider should send: clinical history, respiratory history since birth, all lab results pertaining to the problem, and chest radiographs.</p>	<ul style="list-style-type: none"> • Spirometry (pulmonary function testing) in patients over 5 years old • Allergy testing • CXR, sinus films • Immunology • Bronchoscopy, if needed 	<ul style="list-style-type: none"> • Has been hospitalized, intubated/ ICU admission, frequent Emergency Department visits • Frequent need for oral steroid bursts • Less than 2 years old • Unresponsive to usual therapy with increasing medication use • Complicating conditions, such as rhinitis, sinusitis, GE-reflux, pneumonia • Abnormal spirometry or needs frequent monitoring with spirometry • History of chronic lung disease, prematurity, S/P RSV
<p>Bronchopulmonary Dysplasia, Chronic Lung Disease</p>	<ul style="list-style-type: none"> • Serum electrolytes • Capillary blood gas • Chest radiograph 	<ul style="list-style-type: none"> • Unstable respiratory status or is slow to improve • Supplemental oxygen requirement • Difficulty growing or feeding problems/ G-tube feedings • Rehospitalization after discharge • Inability to wean medications and/or oxygen
<p>Cystic Fibrosis</p>	<ul style="list-style-type: none"> • Repeat sweat chloride test, if indicated • DNA analysis if not already done • Other blood work (vitamin levels) • Sputum culture/throat culture 	<ul style="list-style-type: none"> • Sweat chloride is positive • Positive newborn screening
<p>Sleep Disorders</p>	<ul style="list-style-type: none"> • Polysomnogram • ENT evaluation, if indicated • Echocardiogram (to assess for pulmonary hypertension) • Capillary blood gas, serum electrolytes • Lateral neck 	<ul style="list-style-type: none"> • Any symptoms of sleep difficulties: Sleep disorder breathing, snoring, daytime somnolence, growth delay, and enuresis