SOUTHEAST

Florida, Okeechobee. Non-profit community health center seeks BC/BE Pediatrician immediately. Bilingual (Spanish/English) preferred. Competitive salary and great benefits. Fax resume to Dr. Michael Cervais, (516) 844-1013. EOE/DFWP.

Georgia – BC Pediatrician to join practice of two pediatricians. After hours nurse triage system. Competitive employment/benefits. Mail CV to CMA, 1049 N. Houston Rd., Warner Robins, GA 31093 or fax to (478) 329-8619.

NORTHWEST

Neonatologist – Portland, Oregon. Northwest Permanente, P.C. has an excellent opportunity for a BC/BE Neonatologist in a stimulating professional environment with one of the most successful and highly rated quality health plans in the country; and to enjoy a lifestyle inherent to the beautiful Pacific Northwest! Our physician-managed multispecialty group, which provides care for over 445,000 members of Kaiser Permanente, has a full-time position available for a BC/BE Neonatologist at a state-of-the-art level 3 NICU in one of our affiliated medical centers in suburban Portland. Duties involve covering level 3 and 2 newborns in an expanding 30-bed unit, some care of well newborns, as well as coordinating newborn services as part of our Department of Pediatrics in the greater Portland area. Call will be shared with our two Neonatologists. We offer our physicians a competitive salary and benefits package which includes a generous retirement program, professional liability coverage, sabbatical leave and more. For information regarding these exciting opportunities, please forward CV to: A. P. Clark, Director, Professional Resources, Northwest Permanente, P.C., 500 NE Multnomah, Ste., 100, Portland, OR 97232-2099, phone: (800) 813-3763; E-mail: Judy.A.Parmenter@kp.org. Visit our Web site at www.kp.org/nw. EOE

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MAYO CLINIC

CHILD ABUSE PROGRAM DIRECTOR
Mayo Clinic
Mayo Medical School
Rochester, Minnesota

The Mayo Clinic seeks a physician Director for our Child Abuse Program. The Director would coordinate other physicians, psychologists, and nurse practitioners on the Child Abuse/Neglect Advisory Team. The well-established program has an experienced LICSW serving as the Child Abuse Coordinator with whom the Director will work. Clinical and educational opportunities exist with Mayo’s Pediatric, Family Medicine, Psychiatry, Psychology, and Emergency Medicine faculty and residents, as well as with Mayo Medical School students and allied health staff. The candidate will represent Mayo in child abuse/neglect related matters on a regional, state, and national level.

Mayo Clinic provides excellent career opportunities through our large outpatient clinical practice; the comprehensive Mayo Eugenio Litta Children’s Hospital, and our commitment to education and research. Mayo Clinic offers the advantages of a renowned medical center with a successful integrated group practice in a very attractive Midwestern locale with a population of 125,000.

The position would be divided between the Child Abuse Program and clinical work in the primary specialty area in which the candidate is trained. Candidates may come from one of the following clinical disciplines: Pediatrics, Psychiatry, Family Medicine, Behavior/Development, or Emergency Medicine.

Qualified individuals should forward their curriculum vitae and letters of interest to the chair of the search committee:

Jay L. Hoecker, M.D.
Interim-Director, Mayo Child Abuse Program and Search Committee Chair
Mayo Clinic
200 First Street, SW
Rochester, MN 55905
(507) 284-5247
(Fax: 507-284-9744)

Mayo Foundation is an affirmative action and equal opportunity educator and employer.
ZITHROMAX® (azithromycin for oral suspension)

BRIEF SUMMARY

INDICATIONS AND USAGE

ZITHROMAX® (azithromycin) is indicated for the treatment of mild to moderate infections (pneumonia: see WARNINGS) caused by susceptible strains of the designated microorganisms in the specific conditions listed below. Infection with certain strains of Chlamydia pneumoniae and/or atypical Mycoplasma pneumoniae in patients appropriate for oral therapy (for specific dosage recommendation, see DOSAGE AND ADMINISTRATION). Use of ZITHROMAX® for the treatment of pigeon fancier's lung and/or atypical Mycoplasma pneumoniae in patients appropriate for oral therapy (for specific dosage recommendation, see DOSAGE AND ADMINISTRATION).

NOTE: Physicians should carefully review the labels of concomitant medications that may be inappropriate for oral therapy for patients with known or suspected bacteremia, patients requiring hospitalization, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

WARNINGS

Serious adverse reactions, including angioedema, anaphylaxis, and dermatologic reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis (TEN) have been seen in patients treated with azithromycin. These reactions are unusual and are only rarely reported in association with azithromycin therapy. Although rare, fatalities have been reported. (See CONTRAINDICATIONS). Despite initially successful symptomatic improvement of patients with life-threatening infections, the underlying disease may progress leading to fatal outcomes. Azithromycin should not be used in patients with known or suspected immunodeficiency. Azithromycin should not be used in patients with known or suspected bacterial endocarditis. These patients should be treated with an antibiotic that is more active against the pathogen. In the treatment of infections, continuous therapy is generally preferred (i.e., one dose per day for 5 days in children followed by an additional dose). Azithromycin is active against some strains of rheumatids, staphylococci, or pneumococci.

NOTE: Azithromycin has been reported with nausea, vomiting, diarrhea, and cramps.

Dosage and Administration

Children: Children weighing more than 12 kg should receive 500 mg/day. Children weighing 12 kg or less should receive 250 mg/day. (See CONTRAINDICATIONS).

Adults: The usual dosage is 500 mg/day for patients weighing more than 12 kg and 250 mg/day for patients weighing 12 kg or less. (See CONTRAINDICATIONS).

Pharmacokinetics

In comparing pharmacokinetic parameters of azithromycin as an alternative to first-line therapy in individuals who cannot use first-line therapy (for specific dosage recommendation, see DOSAGE AND ADMINISTRATION).

CONTRAINDICATIONS

See WARNINGS.

WARNINGS

Sensitivity to azithromycin, chlorella pneumoniae, or Mycoplasma pneumoniae should preclude the use of this drug.

SAFETY AND EFFICACY:

In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of therapy. There were no serious adverse reactions or treatment-related deaths. In clinical trials in children aged 5 to 15 years who were treated with azithromycin, the most common adverse reactions were gastrointestinal symptoms such as nausea, vomiting, diarrhea, and cramps.

Azithromycin is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic.

PRECAUTIONS

See WARNINGS.

Side effects of azithromycin include gastrointestinal symptoms such as nausea, vomiting, diarrhea, and cramps.

ADVERSE REACTIONS

The most common adverse reactions reported in clinical trials were gastrointestinal symptoms including nausea, vomiting, diarrhea, and cramps. The incidence of these symptoms in clinical trials was lower than 5%. The incidence of these symptoms in clinical trials was lower than 5%.

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Now that there’s Single Dose Zithromax, you’ll have to find a new use for all those extra spoons.

One 30-mg/kg dose of Zithromax delivers the efficacy of 20 doses of Augmentin® in acute otitis media¹,²

- Single Dose Zithromax has efficacy comparable with Augmentin at end of therapy (87% vs 88%) and test of cure (75% vs 75%).¹,²
- A subset analysis also revealed comparable clinical success rates between Zithromax and Augmentin in patients aged 6 months to 2 years.¹
- Zithromax is well tolerated

The most common side effects are diarrhea (4.3%), vomiting (4.9%), abdominal pain (1.4%), rash (1.0%), and nausea (1.0%). Zithromax is contraindicated in patients with known hypersensitivity to any macrolide antibiotic. If an allergic reaction occurs, the drug should be discontinued and appropriate therapy instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

Pseudomembranous colitis has been reported with nearly all antibacterial agents. It is important to consider this diagnosis in patients who present with diarrhea.

Zithromax is indicated for acute otitis media in children 6 months and older due to Haemophilus influenzae, Moraxella catarrhalis, or Streptococcus pneumoniae.

Single Dose Zithromax®
(azithromycin for oral suspension)

The whole in one.

Please see brief summary of prescribing information on adjacent page.