



**Children's Mercy -
Premier Pediatrics, Inc.**
8675 College Boulevard, Suite 100
Overland Park, KS 66210
Office - 913-345-9400
Fax - 913-345-9408



1 Week/1st Appointment

Congratulations! We are excited to welcome you and your newborn to our practice! Thank you for allowing us to participate in the care of your child.

We strive to develop a personal relationship with each of our families in order to facilitate the formation of a unique and trusted partnership. Through this partnership, we hope to achieve growth: growth of our patients, growth of parent education, positive parenting skills, and on-going growth of our knowledge of science and the art of practicing medicine. We invite you to...Grow with us!

Handouts

At Premier Pediatrics, we provide an age-relevant handout prior to each well-visit appointment. The first two are given in the office and the rest can be printed prior to your visits through our patient portal, once your visit has been confirmed. Please feel free to bring the handout to write down questions and to take notes throughout your appointment. We will be happy to discuss questions you might have regarding anything covered in this handout or otherwise. Please continue to refer back to this handout at home. However, know that you have several options to answer additional questions and concerns that may come up at home.

1. Our staff is available by phone during our office hours: 8AM-4:30PM Monday-Friday.
2. Also, be sure to check our website: www.premierforkids.com. We have partnered with Pediatric Web to bring you a quick symptom guide in addition to a quick medicine and dosage guide.
3. Additionally, we offer triage services through Children's Mercy in the event that you need urgent assistance when we are not in the office. You may follow the prompts from our primary phone number to be connected to this line.

Team Approach

At Premier Pediatrics, your child will be cared for by a team of skilled medical professionals. Dr. Deborah Winburn-Antovoni, Dr. Todd Bush or Dr. Sarah Jensen will serve as your child's primary physician in charge of this team, collaborating with the other providers in our office to provide the highest level of care for your child.

In addition to our physicians, Premier Pediatrics has nurse practitioners who will also be involved in the care of your child. We would like for you to meet and be familiar with every provider in our office. To read a short biography about each provider, please visit our website at www.premierforkids.com.

What is a Nurse Practitioner?

A nurse practitioner is a registered nurse (RN) who has additional education and training in a specialty area such as family practice or pediatrics. Pediatric and family practice NPs can provide regular health care for children. Nurse practitioners (also referred to as advanced practice nurses, or APNs) have at least a master's degree in nursing (MS or MSN) and board certification in their specialty. For example, a pediatric NP has advanced education, skills, and training in caring for infants, children, and teens.

Licensed as nurse practitioners and registered nurses, NPs follow the rules and regulations of the Nurse Practice Act of the state where they work. If accredited through the national board exam, the NP will have an additional credential such as Certified Pediatric Nurse Practitioner (CPNP) or Certified Family Nurse Practitioner (CFNP).

Although doctors have additional training to help patients deal with complex medical problems, many people think NPs may spend more time with their patients. Experts who study NPs report that their training emphasizes disease prevention, reduction of health risks, and thorough patient education.

Pediatric NPs are capable of delivering much of the health care that kids require, consulting doctors and specialists when necessary. Educating the child and the family about the normal growth and development issues that arise in childhood (i.e., toilet training, temper tantrums, and biting) is a large part of the pediatric NP's role. They also take the time to talk to families about issues that might be considered routine, but that can make the difference between a pleasant office visit and one that's stressful.

Pediatric and family practice NPs can treat acute (or short-term) illnesses such as upper respiratory infections, ear infections, rashes, and urinary tract infections. They can also assist with management of chronic illnesses such as asthma, allergies, diabetes, and many others that affect children.

This information has been adapted from www.KidsHealth.org. Additional information about Nurse practitioners may be found at this website or on our website, www.premierforkids.com.

If you have any questions or concerns about the capabilities of a nurse practitioner, please feel free to discuss these with your primary care physician.

Walk-In Clinic

Premier Pediatrics offers Walk-In Clinic hours 8AM-4:00PM Monday-Friday, no appointment required and **scheduled sick visits**, 8AM-10:45AM on Saturday. All of our providers do participate in our walk-in clinic. If you have a concern that you would like your primary provider to care for, please call our office to schedule an appointment

Separate Sick and Well Waiting Rooms

Premier Pediatrics offers separate sick and well waiting rooms. We have many new babies and young children who come through our well clinic, and we make every effort to try to keep them healthy. Therefore, if your child is not feeling well or has any form of contagious illness or condition, please use our sick waiting room. All walk-in patients will need to use this waiting room as well. You may use our well waiting room for scheduled well-visit appointments and office visits (when instructed to use the well waiting room). However, if your child is ever not feeling well, and is in the office for a scheduled well-visit, we do ask that you please check in through our sick waiting room.

Immunizations

Immunizations have had an enormous impact on improving the health of children in the United States. Most parents today have never seen, first-hand, the devastating consequences that vaccine-preventable diseases have on a family or community. While these diseases are not common in the U.S., they persist around the world. It is important that we continue to protect our children with vaccines because outbreaks of vaccine-preventable diseases can and do occasionally occur in this country.

Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly – especially in infants and young children.

Immunizing individual children also helps to protect the health of our community, especially those people who cannot be immunized. These include children who are too young to be vaccinated (for example, children less than a year old cannot receive the measles vaccine but can be infected by the measles virus), those who cannot be vaccinated for medical reasons (for example, children with leukemia), and those who cannot make an adequate immune response to vaccination.

This information has been adapted from www.cdc.gov.

Our providers do require that all patients at Premier Pediatrics be immunized and recommend that patients follow the AAP guidelines for receiving these immunizations. They will be happy to discuss any questions or concerns you have about immunizations.

Appointment and Immunization Schedule

The following table indicates all the well-visit appointments that the patient will have at our office in addition to any vaccinations and/or procedures that are given at that appointment.

A patient will typically be seen for ten well-visit appointments by 2 years of age. For these appointments, we recommend that you schedule your child's next well-visit at checkout.

After the 2-year appointment, there will only be one well-visit required per year. We prefer for these well-visits to be scheduled around the patient's birthday each year. It is always a good idea to try to schedule your child's yearly well-visits as early as possible (we recommend about 2-3 months out) to ensure that you are able to get an appointment time that works best for you and your child's schedule.

If you are ever in need of cancelling or rescheduling an appointment, please do let us know as soon as possible and we will be happy to assist you. **We require 24 hours notice to cancel an appointment.** Please refer to the financial policy on our website for more details.

Vaccine Schedule

| AGE | REQUIREMENT | DESCRIPTION OF SHOTS |
|------------|-----------------------|--|
| Birth | | Hep B |
| 2 month | | Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral) |
| 4 month | | Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral) |
| 6 month | *must be 6M | Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen |
| 9 month | | Hgb/HCT (finger-prick); Any catch-up shots |
| 12 month | *must be 12M | MMR; Varivax (Varicella); Vision Screen |
| 15 month | | Prevnar 13(pneumococcal); Hep A #1 |
| 18 month | | Infanrix (Dtap); Hiberix; MCHAT |
| 2 year | | Hep A #2; Hgb/HCT/Lead (finger prick); MCHAT; Vision Screen |
| 4 year | *must be 4YR | Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen |
| 5 year | | Vision Screen; Hearing Screen |
| 11 year | *must be 11YR | Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol |
| 12 year | | HPV9 #2 |
| 13 year | | HPV if not completed |
| 16 year | * must be 16YR | Menveo (Meningococcal ACWY); Bexsero (Meningococcal B); Cholesterol; Hgb |
| 17 year | | Bexsero #2 (Menigococcal B) |
| 18-21 year | | Tdap; Catch up on Men B or HPV9 if not complete |

Immunization

Notes

- *We follow the CDC/AAP (American Academy of Pediatrics) guidelines for vaccinations
- *We can give the Dtap, IPV (polio) and Hep B individually and not as a combination shot if necessary.
- *Flu shots do not have preservatives.
- *Minimum spacing between 2M, 4M, and 6M shots is 6 weeks

Daycare Forms

We have the Kansas Department of Health forms available at our office and will be happy to provide these for your child at a scheduled appointment. If for any reason you need a health or daycare form completed outside of a well-visit, we do request that you allow 3 to 5 days to process this request. This information is considered protected health information and is available to be picked up at our office. It can be mailed if you provide a self-addressed-stamped-envelope.

Immunization Records

We will be happy to provide a copy of your child's immunization record at any time. Please feel free to ask for one at your child's well-visit or call to request a copy. Immunization records are considered public health records; therefore, they may be faxed if requested or picked up at our office.

Transferring Medical Records

If you ever have a medical records request need from our office, you will need to complete our Medical Records Request form available in our office and on our website. We do not currently charge a fee for these requests; however, please do allow 10-14 days for the request to be processed.

Contact Info and Hours

Address:

Premier Pediatrics – An Affiliate of Children's Mercy
8675 College Blvd., Suite 100
Overland Park, KS 66208

Phone: 913-345-9400

Fax: 913-345-9408

Website: www.premierforkids.com

Hours:

Monday thru Friday 8AM-4:30PM scheduled appointments and walk-in clinic Monday thru Friday 8AM-4:00PM;
Saturday 8AM-10:45AM scheduled sick visits only

Again, we want to thank you for allowing us to participate in the care of your child. We look forward to getting to know you and your family!

Grow with us!

Newborn Care

Caring for your newborn is a challenging job. When awake, your baby will need feeding, changing, cleaning, and variety of stimulation. It is through the senses that your baby learns about life. Give your infant the necessary time and plenty of love.

Your Baby's Environment

Both you and your baby need time to yourselves. If an extra room is available, make it into a nursery. Try to make the nursery a place that will be exciting to your child with brightly colored objects, mobiles, and other stimuli. If your baby is fussy and won't eat well or settle, provide a quiet, calm environment. Babies can be over stimulated with noise and people excited about their arrival. Mom and baby time might solve the problem.

Your baby's room should be kept at a comfortable temperature (68° to 72° F or 20° to 22° C). During the winter, home heating is drying, so use a cool mist humidifier where your child sleeps. In the hot summer, the room should be well ventilated.

There is no need to confine the baby to the nursery. You can give your child varied experiences by providing new environments such as a play area or other rooms in your home or at a friend's house. Also, take your infant outside when the weather is nice. Special protection may be necessary when out in cold weather such as appropriate winter clothing or in bright sunlight with light cover-ups to limit skin exposure to only a few minutes.

Notes:

Feeding

Babies need only breast milk or iron-fortified formula at this time. One dropper of Vitamin D or Poly-Vi-Sol a day is recommended for breast fed babies. Your baby will eat differently from day to day in both frequency and intensity just like you do. This variation is normal. If you are nursing, this may seem particularly difficult during the first few weeks because your body is trying to adjust your milk supply to meet your baby's needs and demands. If necessary, talk with other breast-feeding mothers or a lactation consultant for advice. We would be happy to provide names of local lactation education programs. Nevertheless, you will begin to notice a feeding pattern during the second month of life. This is just another way your baby is letting you know that he/she is a unique individual. If you are breastfeeding, it is important to stay well hydrated, eat well and nap when you can.

Notes:

Sleeping

There is considerable confusion among parents and publications about infant sleep positions. Your baby probably has a preferred sleeping position which seems most comfortable. Recent research indicates that placing your infant on the back decreases the risk of sudden infant death syndrome so discuss this with your doctor. It is best for infants to sleep on a firm mattress. A pillow should not be used because your infant may not be able to lift his/her head up and out of it which could result in suffocation.

If you go about your daily business as usual, your child will become accustomed to sleeping with household sounds. If you are tired and have no other children or responsibilities, use your baby's nap time to rest.

Notes:

Clothing

Your baby needs to be dressed comfortably for the temperature that will be experienced. Babies should be dressed in 1 additional layer more than what you are wearing. A blanket would be considered 1 layer. A baby's hands and feet often feel cool. Feel the chest or back to see whether your baby is really cold. Your infant's clothes should be washed in mild detergent. It is a good idea to wash all new clothes before your child wears them. This removes many possible irritants.

Notes:

Elimination

Because most newborns wet frequently, they may require diaper changing 15 to 20 times each day. The number and type of bowel movements will vary according to what your child is fed. Formula-fed infants move their bowels on the average of one to four times a day. Breast-fed babies will have a movement which will be light yellow and pasty in consistency as often as every feeding, or infrequent movements every two to four days of the same consistency. It is common for bowels to move after feeding since this stimulates the intestinal tract. It is normal for your infant to appear to grunt and strain. As long as the movement is soft, then the baby is not constipated.

It is important to clean the baby after each bowel movement. Use a washcloth, wipes, or tissue moistened with lukewarm water. Wipe gently from front to back. If your baby has sensitive skin, you may also need to wash the entire bottom when changing a wet diaper.

Soiled cloth diapers should be rinsed in the toilet before they are placed in the diaper pail. Diapers should be washed with a mild soap or detergent. If they are washed by hand, rinse them enough to get the water clear. If you are using a machine, wash them enough with hot water. When bleaching, use a double rinse. Diapers can be line dried for sun bleaching, thus avoiding chemicals. Many babies are sensitive to fabric softeners so use these sparingly, if at all. Diaper services and disposable diapers are nice conveniences.

Notes:

Cleanliness

Until your child's umbilical cord has come off and the naval heals, it is best to just sponge bathe the baby. Remember, a soapy baby is a slippery baby. It is a good idea to rest your child on a towel while sponging. It is not necessary to bathe your baby daily. Real bathing can be done in any object that holds water and is convenient, such as a large pan, sink, or baby tub. Again, placing a towel or washcloth on the bottom of the tub will make it less slippery. When using a sink, be sure the hot water spigot has cooled. **ALWAYS TEST THE BATH WATER TO BE SURE THAT IT IS NOT TOO HOT!** Use a mild soap and infant washcloth for bathing. For shampooing, the same soap or a mild shampoo will be fine. Bath time should be a stimulating, cheerful, wet experience for both you and your child.

There is often considerable concern about caring for the ears. They should be gently cleansed using a washcloth. It is not necessary to clean the canal with cotton swabs. Wax is a normal product of the ears and is not dirt. The nose, too, can be adequately cleansed using a washcloth. In general, it is not necessary to clean, prod, or dig mucus out of the nostrils. For girls, use the washcloth to clean the genitals, particularly between the lips (labia), washing from front to back.

After bathing, pat dry with a soft towel. It is not necessary to powder, lotion, or oil your baby. Some infant's skin is sensitive to these substances. Sometimes these provide a place for infection to begin. If you feel compelled to rub something on your child, use a lotion, but not a petroleum jelly or oil as these do not allow the skin to breathe. If you feel compelled to powder your baby, use cornstarch or cornstarch-based powder because the talc in some powders is harmful if inhaled.

At first, it will be necessary to cut the nails frequently to prevent your baby from scratching himself. This is best done using blunt infant nail scissors when the baby is asleep or sleepy as they may be less of a struggle. Nail clippers are

deceiving and you can easily clip the finger or toe tip. Cut the nails in a straight line rather than curves to reduce the risks of in growing.

Notes:

Development/Play

Create a warm, soft place to play with your baby such as on a blanket on the floor. Try to establish eye contact and smile. Much of your infant's development and social responses depend on interaction with you and/or the other primary caregiver(s). Hold, talk to, read to, sing to, listen to, cuddle and rock your baby. Even quiet touch is wonderful for you both.

You may notice that your baby may turn his/her head from side to side as well as lift it for a short time when lying on his/her stomach. During the next few weeks, you will notice that your infant will develop stronger neck control resulting in more head movement and may even roll onto his/her side or back. Nevertheless, always support his/her head and neck when moving or carrying him. Stimulate your child's vision with pictures or mobiles that are brightly colored or have contrasting colors, such as black and white. For optimal viewing, hold objects about 8 to 15 inches from his/her face.

Notes:

Safety

Do not ever leave your infant unattended! The greatest risk to your child's health is an accident. Always use an approved infant safety seat in your car. Be sure it is anchored correctly and the baby is properly positioned and secured. The greatest threat to your child at this age is an auto accident.

Now is the time for you to learn CPR. Ask your doctor for information regarding classes or call your local hospital or health department. Make yours a safe home! Install or check existing smoke detectors, turn hot water heaters down to 120 degrees, and use only safe heating devices. Post safety instructions in your home. These should contain emergency numbers as well as your address and directions to your house for the baby sitter to give in the event of an emergency.

Protect your baby from harsh weather and the sun. This is partially achieved by dressing him appropriately. Do not leave the baby in direct sunshine when outdoors. It is best to avoid midday sun (11:00 a.m. to 3:00 p.m.). Remember, most sun screens are not approved for use on infants.

Do not prop bottles. Place your infant on his/her back when in the crib as research indicates that this decreases the incidence of Sudden Infant Death Syndrome (SIDS). Discuss this further with your doctor. Practice other crib safety measures; use railings, no small objects inside, etc. Do not use a bottle nipple for a pacifier. Make sure the pacifier is of one piece and U.S. Consumer Product Safety Commission approved and do not tie it around your baby's neck. **NOTE:** You as primary caregiver(s) may need help or a break. This is normal and okay. Assistance is preferable to unintentionally taking stress out on a child. Consider getting some help from relatives or friends or hiring a babysitter.

Notes:

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Biographies



For as long as I can remember, I have wanted to be a doctor. Growing up on a small farm in Northeast Missouri, lambs, cats, dogs, and calves were some of my first patients. As I grew older, I realized that I not only loved my interactions with people, but also possessed a deep passion for helping those in need. After high school graduation, I entered the University of Missouri-Kansas City's 6-year medical program. It was a perfect match for me! Upon graduation, I served 9 years of active duty in the United States Navy.

Through that experience, I was able to experience living on the east coast, overseas in Japan, and finally, in Chicago. I was able to practice medicine as a Pediatric Intern, an Emergency Medicine Physician (General Medical Officer), and an Assistant Team Director in the Medical Clinic and the Great Lakes Naval Training Center. All three experiences contributed to my overall ability to treat the whole patient as a primary care resource, and to my deep sense of patriotism for the United States and for the men and women who serve to protect it. One type of unique overseas medical experience afforded by my time in the Navy was my participation in Combat Casualty drills. I learned that I possess the ability to remain calm in situations literally overflowing with chaos. What better training for a life as a mom and Pediatrician! Following my military experience, I returned to Children's Mercy Hospital where I finished my Pediatric Residency.

Hands down the best "learning" opportunity of my life has been motherhood! I have 3 great kids-Sarah, Andrew, and Chris. It is hard for me to believe that my daughter is already 25, and that I have been in Primary Care for nearly 25 years now. I still marvel at how much I love my job, and how much there is left to learn! Trying to balance the challenges of parenting with a full-time practice has not only stretched me to new limits, but also is deeply satisfying. I cannot imagine doing anything else!

I hope that I bring a unique combination of diverse past practice opportunities, knowledge of current scientific research, the practical experience of being the mom of 3 kids-one with special needs, and the integration of what you my patients and families have taught me. Thank you so much for the privilege to partner with you in care of your kids!

- Deborah K. Winburn-Antovoni, MD FAAP



Growing up in Lincoln, Nebraska, I knew I loved medicine at a young age. As a child I struggled with allergies and asthma ("attacks" as they were called back then). Frequent visits to the doctor's office, emergency rooms and two hospitalizations left a big impression on me. Health is not something to be taken for granted. I experienced first-hand just how critical it is to have compassionate and knowledgeable doctors and nurses looking out for me.

After college at the University of Nebraska, I went on to UNMC in Omaha for medical school. A rural pediatrics rotation in Hastings Nebraska, taught me that being a pediatrician doesn't stop when the office closes. These doctors were dedicated to their community as well. Providing access to patients is critical, because medical needs don't always happen during "banker's hours". This is why I choose to work a full-time schedule (and beyond!) to meet my patient's needs.

Residency at Children's Mercy Hospital introduced me to how expansive and complex pediatric medicine can be. I have a great many mentors from that hospital that are now just a phone call away, available to help understand this ever-changing specialty. I take pride in staying abreast of the field of pediatrics and have continued to learn the art of medicine over 20 years from my colleagues, my parents, and most of all my patients!

Children's Mercy also introduced me to my lovely wife, Teri. She was working as a nurse when I had the good fortune to rotate through the Neonatal ICU. Raising four children puts life and work into perspective like no other experience. Perhaps, unique to being a father is the shared understanding I have with my parents of the trials and tribulations of parenthood. It's never easy being a parent, but such an important role and responsibility! Empathy for the families I care for will be woven into all that I do as your pediatrician.

Compassion for my patients, commitment to my community, access for my families, and knowledge of the specialty of pediatrics are what I have to offer as your child's pediatrician. Thank you for considering me, and I hope to see you soon!

- Todd Bush, MD FAAP



From the age of five, I dreamed of becoming a pediatrician. My mother, a NICU nurse and single mom, was my inspiration and biggest supporter. She always encouraged me to reach for the stars and dream big. In middle and high school, I started working in the summer. I always chose jobs working with children; babysitting, lifeguarding, giving swim lessons. I knew working with these little people was the right path for me!

In high school I learned of UMKC's six-year medical school. It was an honor to be accepted into the program. Completing an accelerated bachelors and medical school was the most challenging experience of my life, but I it prepared me for the challenges ahead. I became not only a great student, but also a better clinician thanks to the extra time I spent in the hospitals and clinics at such an early time in my career.

For residency I attended the University of Kansas Pediatric Residency Program. In a partnership with Children's Mercy Hospital, I completed educational rotations at both hospitals. I believe this combined experience helped me see many sides to healthcare. My favorite part of residency was witnessing the resiliency of children that are ill. No matter what they have been through, they have a smile on their face. It truly inspires me to be the best doctor and person I can be!

I grew up in the Kansas City Northland and moved to Johnson County in 2015. My husband and I fell in love with the area and made this our home. Our son Jack was born in early 2020 and we are now navigating parenthood in the time of a pandemic. I enjoy working closely with parents and partnering with them in their child's health and wellness. It is such an honor to care for each and every child. I have a special interest in breastfeeding and hope my personal and professional experiences can help other moms. I am grateful for the opportunity to be a part of your lives, and I look forward to meeting you!

-Sarah Jensen, MD FAAP



I am a Kansas native and come from a very large, close-knit family. My friends and family call me the "baby whisperer", because I have a way with children. Early on, my grandma urged me to work with kids. I took her advice, and I've loved every bit of it.

After completing my undergraduate studies at the University of Kansas, I spent several years working with chronically ill children including two years as a pediatric hospice nurse. For the next 8 years, I worked in a pediatric clinic as a staff nurse. In 2006, I graduated with honors from the University of Missouri Kansas City, receiving my Masters in Nursing as a Pediatric Nurse Practitioner. Since that time, I have worked in pediatric primary care – a great experience for me.

I have been married to my wife, Janet, for 20 years. We have two wonderful children: Morigan and Logan. I look forward to getting to know each of you and building lasting relationships here at Premier Pediatrics. Hope to see you soon.

- Carlos Morales, APRN



I was born and spent much of my childhood in New Jersey, prior to moving to the Kansas City area in high school. I never thought I'd remain in the Midwest; however, I have loved the sense of community that I feel here, and have stayed to raise my own family.

For as long as I can remember, I wanted to work in medicine. This led me to Pittsburg State University, where I obtained my Bachelor's Degree in Nursing. Desiring a career in pediatrics, I accepted a position at Children's Mercy Hospital after graduation, where I would remain for 11 years. During my time at Children's Mercy, I gained valuable experience and insight into many different acute and chronic pediatric illnesses. After obtaining my Master's Degree as a Pediatric Nurse Practitioner in 2006, I decided it was time to go into primary care. I have worked in the community ever since, and have enjoyed getting to know my patients and watching them grow.

My husband, Andy, and I stay busy with our two children, Sam and Addie, and our three crazy dogs! We enjoy traveling, walking the dogs at the park, and even playing chauffeur to the many children's activities we attend. I am excited to be a part of the Premier Pediatrics team, and look forward to getting to know you all soon!

- Stacey Shoman, APRN



My passion for pediatrics started at the young age of six when I was blessed with my very own little brother. I loved caring for him and watching him grow up. To nobody's surprise, I continued to be the first to volunteer to babysit, to tutor children, and to eventually pursue a career in healthcare.

Originally from Iowa, I moved to Kansas City to attain a nursing degree from MidAmerica Nazarene's accelerated program. While I enjoyed all the different specialties within the program, I was especially drawn to the tiniest of humans, and began working in the NICU at Children's Mercy. I spent six years caring for families during their most difficult and most exciting time, but always found myself wishing I could be there to see each of my patients develop into their own special personalities. This led me to the University of Missouri-Kansas City, where I achieved a master's degree as a Pediatric Nurse Practitioner with an emphasis on primary care.

I am thrilled to be a part of the Premier Pediatrics team, and look forward to working together to help your child be the happiest and healthiest version of themselves!

-Paige Regan, APRN



I was born and raised a Kansas City gal. If there are two things you should know about me, it is my love for travel and people. I recently visited my 5th continent, 30th country and yes, Antarctica is on the to do list!

Excluding acting as a second mother to my little sister, my journey with kids started at the age of 11. Simply because that was the earliest age you could become a certified babysitter. After years of watching kids through the neighborhood, I became an assistant teacher at a local daycare. I had no idea I had so much to learn from the little ones. Soon after, I pursued a nursing degree at the University of Kansas – Go Jayhawks! I continued my journey to care for children in Guatemala and Peru on medical missions. The experiences taught me how to navigate language barriers, diversity and limited resources. Since then, I have spent the past 5 years at the University of Kansas Health System as a bedside nurse, working with adults of all specialties. Through this experience I have learned how to manage a variety of patient populations. As my passion shifted to primary care and further involvement in my community, I sought out a degree as a Family Nurse Practitioner. In my final semester at Maryville University, I completed my pediatric rotation at Premier Pediatrics. I left with not only clinical hours, but an entire office of mentors and friends.

I am very excited to now be a part of this family! I'm grateful for the opportunity to leave a positive impact on your kids' lives. I look forward to meeting each of you, caring for your kiddos and ensuring you always feel heard.

-Maddie Ehlers, APRN



I have called Kansas City home since high school. I grew up in various areas in the country, as my father was in the Navy, and the military moved us often. I consider myself very lucky to have been exposed to many types of people and places. I have always had a love for education and caring for others, which led me on a clear path towards the medical field.

I completed nursing school at The University of Kansas. Through clinical experiences, I immediately fell in love with the NICU's patient population and environment. Soon after graduation I started working in the NICU at KU. I was able to gain valuable experience for nearly eight years. The time I spent caring for the tiniest, but mightiest, patients was incredibly rewarding and fulfilling. I learned the importance of educating and empowering parents in their child's care. I gained my passion for providing family-centered, preventative, and quality care. Eventually, I decided to further my education at the University of Missouri-Kansas City and dreamed of working with the pediatric population as a Nurse Practitioner.

I am beyond excited to join the Premier Pediatrics Team! I consider it a great honor to participate in your child's healthcare. Ensuring your children are seen, heard, and set up for complete wellness is my priority. I am thrilled to get to know you all soon!

-Ashlee Richardson, APRN