



NEWSLETTER

February 2021

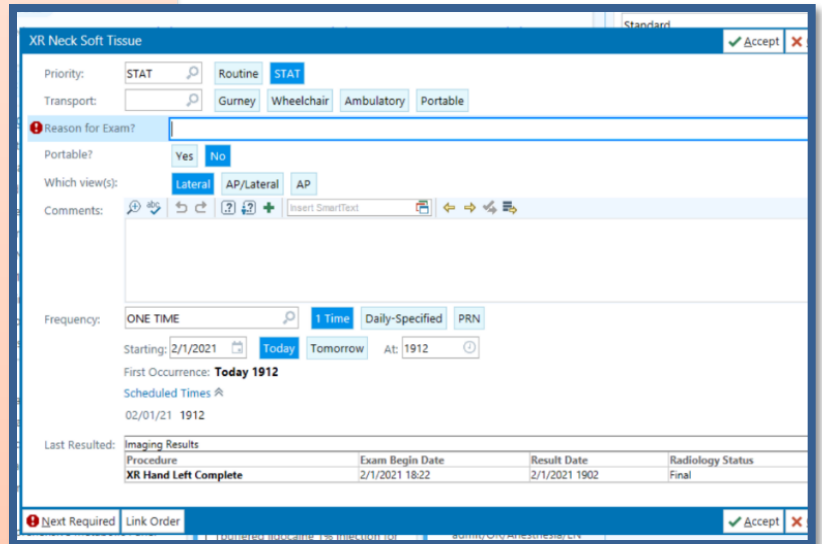
Division updates:

Epic:

- Retropharyngeal abscess Xray please use "XR Neck Soft Tissue."
- MIS-C order set update:
 - "Place 2 IVs" added
 - SARS-CoV-2 IgG moved to screening labs
 - ESR and KD profile moved to expanded labs

Education:

- Given the recent rise in Fentanyl overdoses, strongly consider administering Narcan in unresponsive children and adults



Vaccine Clinical Support:

Please sign up through the rest of this week if you're able using the link below:

<https://www.signupgenius.com/go/10c0c4fa8a62fabffc34-covid19>

Otherwise, please email vaccinestaffing@rchsd.org if you have regular availability to help out!

Roles assigned to you will vary from vaccine administration, crowd control, flow, to post-vax monitoring.

Chief's Corner

As of February 5, 2021, I transitioned into the roles of Interim Division Chief and Medical Director. First, I would like to thank Dr. Seema Shah for her leadership in these roles over the past several months and wish her well in her future endeavors as Medical Director of Epidemiology and Immunization Services for San Diego County.

Next, while the search for a permanent Division Chief remains underway, I am excited to work with each division member to strengthen the PEM division and remain committed to financial responsibility, clinical excellence, community service, research, quality and education.

Last, I understand the responsibilities associated with both of these leadership positions and appreciate your continued support during this challenging period. I am confident that our group will grow stronger in the months ahead.

- Fareed Saleh MD MHA

Clinical Director Update

Scott Herskovitz, MD

- **What Can I do for YOU!?**

- Scheduling inquiries
- ED Workflow improvement projects
- Faculty support and feedback
- Case Review Co-Chair → please send appropriate cases.
- Administrative contact for nursing and MOOD/ physician operations issues



- **Scheduling:**

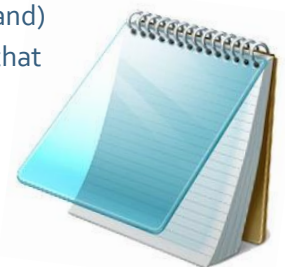
- Please place all requests in Intrigma for educational responsibilities (i.e., lectures, recurring meetings, etc.)
- Monthly hour deficits will be disseminated starting March 1
- Goal is +-10 for hours deficit with 10 hours above monthly hours quota.
- CCB to receive at least 1hr credit through 2/28/21.

- **MOOD Responsibilities:**

- Maintain >90% Epic Chart completion within 96hrs
- Maintain >90% fellow evaluation completion within 2 weeks of shift.
- Good Standing = achieving both criteria
 - If you're not achieving this average over 3 months, you will be placed on probation.
 - While on probation, you must meet the criteria averaged over the following 3 months or be suspended from MOOD role for 3 months.
 - Once suspended, you must maintain said criteria over next 3 months to be reinstated.
- Monthly emails will be starting mid-February.

- **Adult Patient Protocols**

- Pregnancy in trauma process is being finalized and will update once live.
- Orthopedic outpatient follow-up can be ordered for patients 18-30 years old without ED intervention (i.e., suspected ligamentous injury, partial tendon tears in hand)
- Pediatric surgery outpatient follow-up is OK for patients 18-30 years old that aren't established outside a hospital (Kaiser, Scripps, Sharp, UCSD, etc.)
- February Adult Call calendar will be posted to Intrigma.





Dr. Kristy Schwartz

“Loved working with Dr. Kristy Schwartz in ED South. Throughout our very busy evening she communicated with the whole nursing team, even helping to bring a patient back when we got really swamped! She is excellent with parents and made the shift down in ED South go so much smoother. Thanks for always being a team player Dr. Schwartz. You are awesome!”

Dr. Stephanie Schroter

“Stephanie always has the most thorough and complete discharge instructions for every patient and makes sure parents have prescriptions and dosages for Tylenol/Motrin! The discharge instructions are easy to follow along with and lay out the information very clearly. This is sooooo helpful and makes the parents feel comfortable discharge! Thank you for all of your hard work!!”



Updates

Amy Bryl, MD

COVID-19:

- Updated instructions in Discharge SmartSets (thank you, Dr. Minka)
- Rapid test on ED Quick List

Pathways/OrderSets

- New PE OrderSet to match the ED suspected PE guidelines.
- Updates to MIS-C (Gardiner → Research)

QI Course (for Faculty and Fellows)

- 3rd Fridays 0830-1030 → next is Friday, March 19th
- LEAN Methodology, Dr. Glenn Billman

Amy Bryl, MD

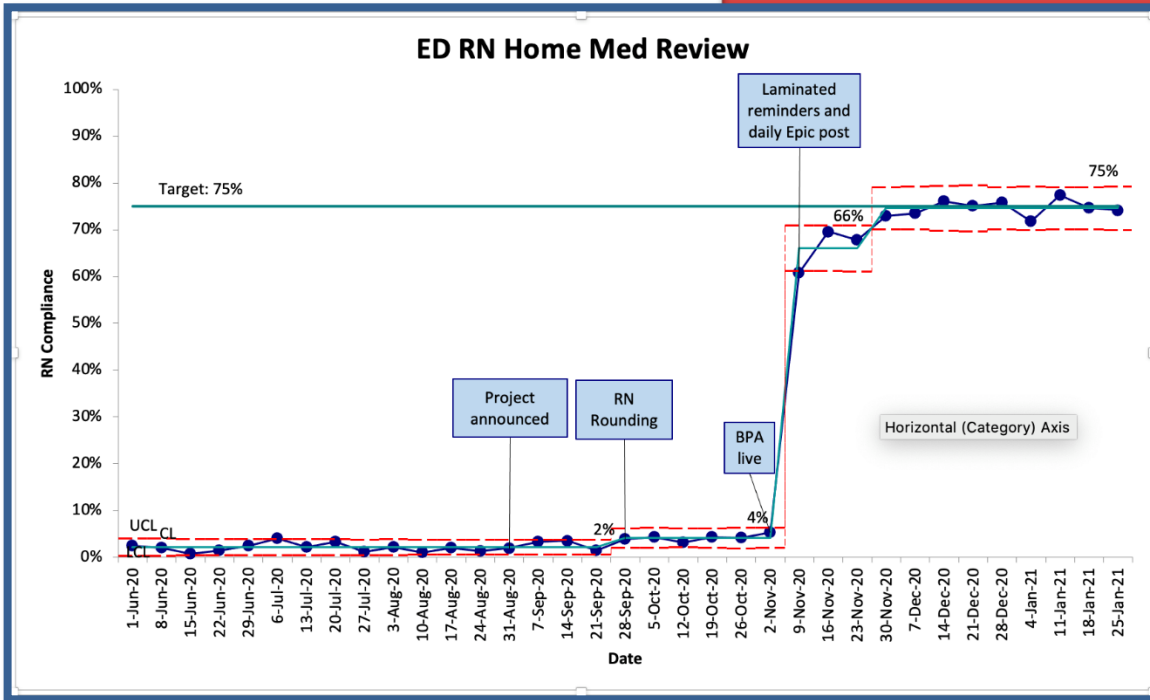
Low-Risk Anaphylaxis:

- For patients 7.5-10 kg, epinephrine IM dosing will now default to EpiPen Jr (0.15 mg). Use the order in the ED Quick List.

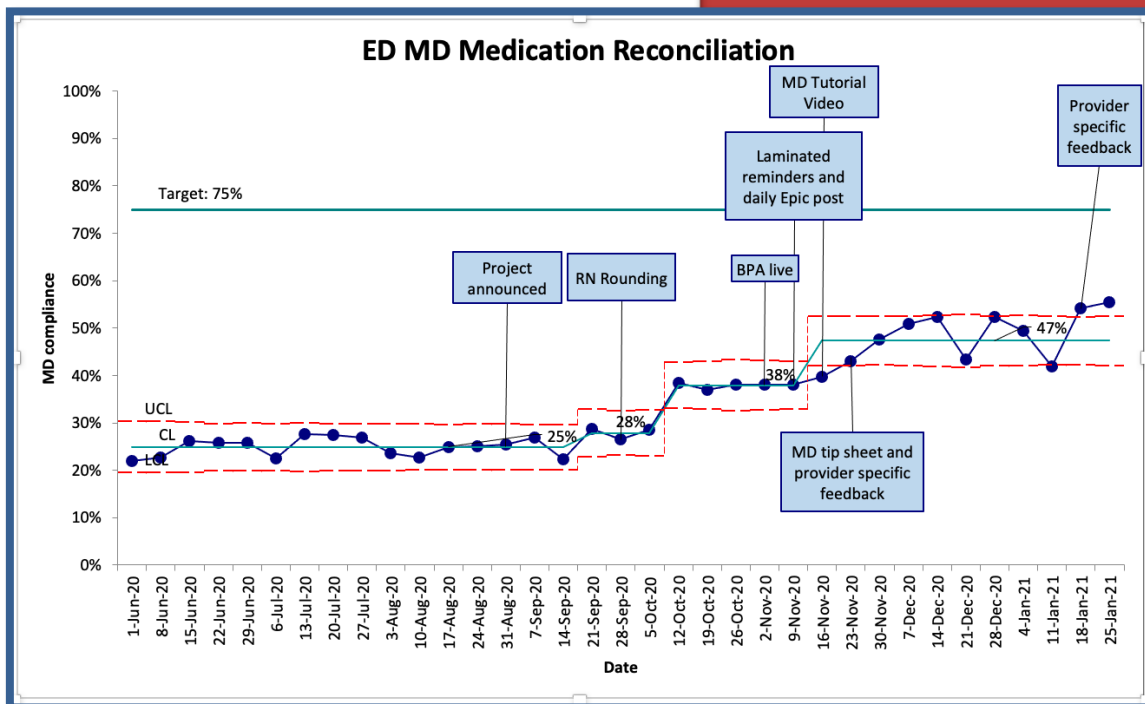
Medical Reconciliation:

Sarika Sheth, MD

Congratulations to our nurses for starting to hit our 75% compliance target!
Let's keep up the good work!



We have slowly but surely almost doubled our MD compliance with med rec!
A huge thanks to everyone for working so hard, keep it up!





Research Update

Kathy Hollenbach PhD, John Kanegaye MD, Michael Gardiner MD, & Margaret Nguyen MD

In the News:

- McLaren SH, Cruz AT, ... Ulrich SL, ... Dayan PS; Pediatric Emergency Medicine Collaborative Research Committee. Invasive bacterial infections in afebrile infants diagnosed with acute otitis media. *Pediatrics*. 2021 Jan;147(1):e20201571. PMID: 33288730.
- Schwartz K, Nguyen MB. Spatial-temporal clusters of pediatric perforated appendicitis in California. In press, *J Ped Surg*.

Upcoming 3F Research Lecture Topics:

Presenting at Meetings/ Preparing Abstracts led by the John Kanegaye
Friday, February 19th, 2020 from 0830-1030

Upcoming Abstract Opportunities:

Submit your drafts to pemresearch@rchsd.org 3 weeks in advance of deadlines for the AAP NCE and ACEP Research Forum.

- AAP NCE, Philadelphia/virtual, 10/8-12/21
 - Abstracts open: TBD (anticipated Feb 2021)
 - Deadline: TBD (anticipated Apr 2021)
 - <http://aapexperience.org/>
- ACEP, Boston, 10/25-28/21
 - Abstracts open: TBD (usu Mar 2021)
 - Deadline: May 21, 2021

IRB conversion to Kuali IRB:

The current (soon to be legacy) e-IRB will transition to the Kuali IRB system in July 2021. Implications for PEM faculty and fellows with IRB submission and renewals in the next few months:

- If you have a renewal due before Jul 2021, best to plan to get it done with more advanced planning and submission than normal.
- Consider clearing out old business on existing studies (e.g., study closures) before the transition.
- If a new project will be ready to submit near July 2021, consider whether you want to wait until the new system goes live.
- If you can think of documents important for regulatory purposes (especially approvals and other correspondences from IRB) that you might not have saved electronically or as hard copy, this is your best opportunity to save them from the legacy e-IRB system. They will not be retrievable after transition.

Kawasaki Disease:

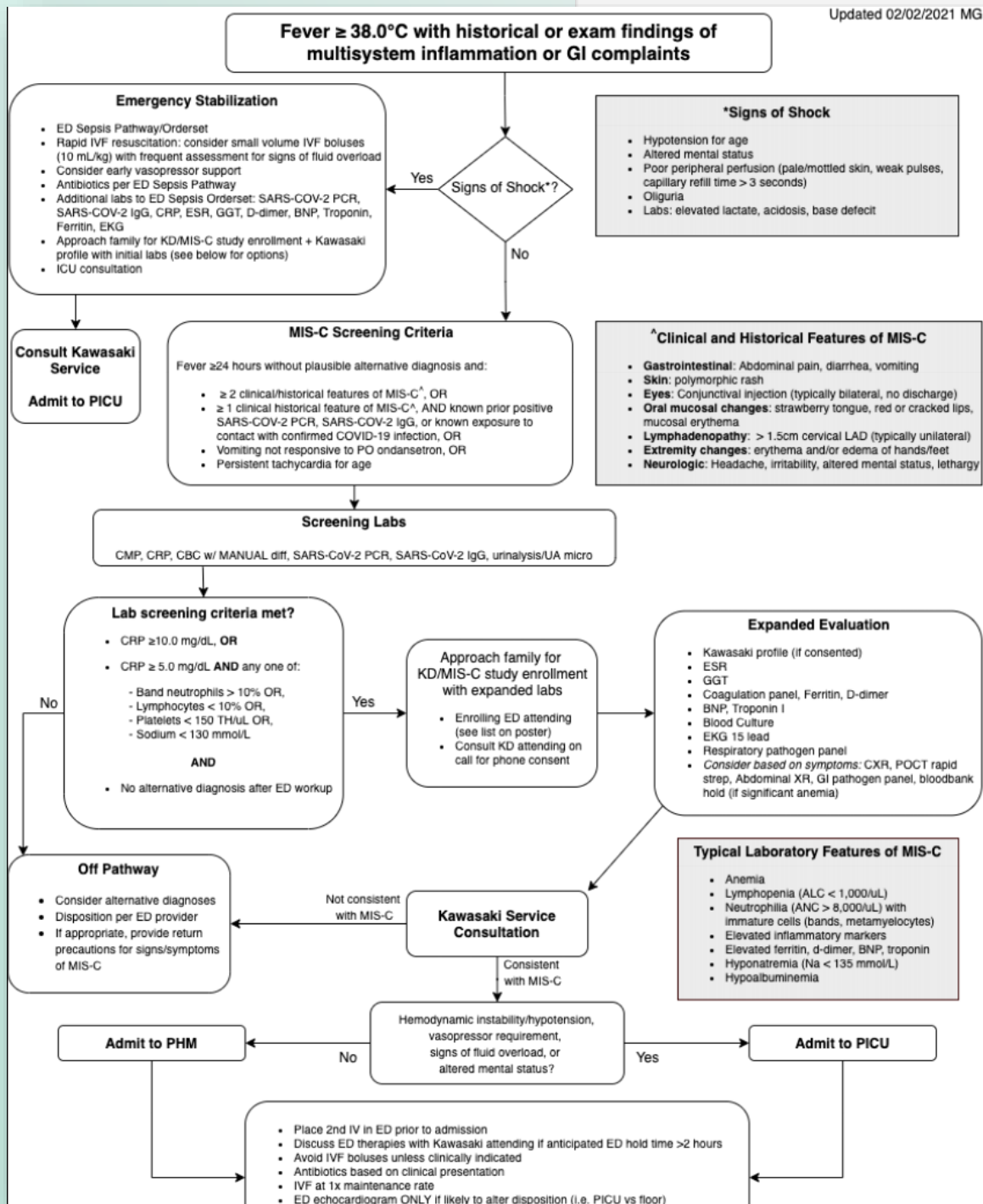
The KD team is interested in capturing as many ED patients undergoing MIS-C evaluation and admission as possible. Please see if a PEM enroller is available or page the KD team for phone consent for the following criteria:

- Previously healthy children AND young adults
- Requires blood draw or IV for standard ED care

- One of the following clinical syndromes:
- **Fever** ($T_m \geq 38.0$ C/ 100.4 F), plus 1 or more of:
 - Rash
 - Red Eyes
 - Red lips or mouth
 - Red hands or feet, or
 - Cervical adenopathy
- **OR**, need for 2nd tier lab evaluation for MIS-C
- **OR**, infants <6 months with fever ≥ 7 days without source regardless of clinical criteria

MIS-C Order set is Live! (and updated on the intranet)

Dr. Gardiner has worked with the KD team to modify the ED pathway to reflect changes in first and second tier laboratory tests, criteria for advancing beyond screening tests, and a reminder about consultation and consent.



Reminder of changes:

- Revised lab screening criteria to indicate need for expanded labs
- ESR moved to expanded labs
- SARS-CoV-2 added to screening labs
- Emphasis on study enrollment for patients getting expanded labs
- 2nd IV order for admitted patients (will be automatically added to admission order starting next week)

Additionally, there will be a new BPA put into place when ordering the expanded labs to remind the ordering physician regarding eligibility for KD/MIS-C study enrollment. This will be used on a temporary basis to help improve study enrollment for MIS-C patients. Please remember that if you are not eligible to enroll, too busy, and/or there are no available providers, Drs. Burns and Tremoulet are able to verbally enroll over the phone, either you or RN can contact them to enroll.

If a patient is enrolled while any of the POCUS team (Atim Ekpenyong, Mylinh Nguyen, Kathryn Pade) or John Kanegaye is in the ED, please let them give them the opportunity to assess for a RUQ US study.

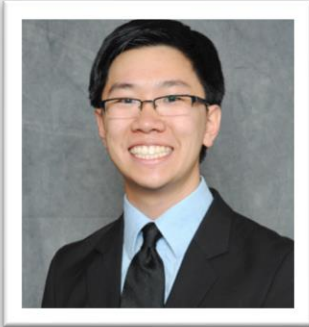
Remaining February Research Hours:

PEM Research Office Hours																				
Month:	February																			
	MON 2/1	TUES 2/2	WED 2/3	THURS 2/4	FRI 2/5	MON 2/8	TUES 2/9	WEDS 2/10	THURS 2/11	FRI 2/12	MON 2/15	TUES 2/16	WEDS 2/17	THURS 2/18	FRI 2/19	MON 2/22	TUES 2/23	WEDS 2/24	THURS 2/25	FRI 2/26
8:00 AM		JTK														JTK				
8:30 AM		JTK														JTK				
9:00 AM		JTK														JTK				
9:30 AM		JTK														JTK				
10:00 AM	MBN	JTK		MBN		MBN/JTK			MBN		MBN		MG	MBN		MBN/JTK		MG	MBN	
10:30 AM	MBN	JTK		MBN		MBN/JTK			MBN		MBN		MG	MBN		MBN/JTK		MG	MBN	
11:00 AM	MBN	JTK		MBN		MBN/JTK			MBN		MBN/JTK		MG	MBN/JTK		MBN/JTK		MG	MBN	
11:30 AM	MBN	JTK		MBN		MBN/JTK			MBN		MBN/JTK		MG	MBN/JTK		MBN/JTK		MG	MBN	
12:00 PM	MBN	JTK		MBN	MG	MBN/JTK	JTK		MBN	MG	MBN/JTK		MG	MBN/JTK		MBN/JTK		MG	MBN	
12:30 PM	MBN	JTK		MBN	MG	MBN/JTK	JTK		MBN	MG	MBN/JTK		MG	MBN/JTK		MBN/JTK		MG	MBN	
1:00 PM		JTK			MG	JTK	JTK			MG	JTK		MG	JTK		JTK		MG		
1:30 PM		JTK			MG	JTK	JTK			MG	JTK		MG	JTK		JTK		MG		
2:00 PM			MG		MG			MG		MG	JTK		MG					MG		
2:30 PM			MG		MG			MG		MG	JTK		MG					MG		
3:00 PM			MG		MG			MG		MG			MG					MG		
3:30 PM			MG		MG			MG		MG			MG					MG		

Fellowship Updates

Kathryn Pade, MD

- Thank you, Paul for an amazing 12 years devoted to building a fantastic fellowship. I have big shoes to fill and appreciate all your mentorship and guidance.
- We **Matched!**
-



Daniel Ichwan, MD | UCLA EM



Lauren Van Woy, DO | Kaiser EM



Janet (Ji-Ting) Yau, DO | CHLA

- Core Faculty & Fellows should have received an email to complete an ACGME survey regarding the fellowship. PLEASE COMPLETE BY **MARCH 15th, 2021!!**
- Please complete your fellow shift evaluations!

Residency Updates

Michele McDaniel, MD and Ashish Shah, MD MEd

“Hello all! In March, we are spread fairly thin in the total number of residents we have available for our shifts so there will be a number of solo 6am and 10pm MOOD shifts. We consistently put senior residents on those shifts to alleviate some of the hurt. Thank you for your continued excellence in teaching our residents in the ED!”

Thanks - Ashish and Michele

Rancho Springs Updates

Heather Conrad, MD

- NP new hire to start May
- NRP Sim Session for Rancho Providers **March 3rd @ 3:30p**
- Working on improving high flow access and Bipap mask sizes for pediatric patients
- Surge has improved but assessments in triage continue to help with flow and bed utilization.
- Training in process for providers to perform their own POC testing.
- Please sign up for every patient that is signed out to you and create your own documentation to reflect the care that you provide.
- Christin Cole-Knack going on Leave of Absence and a new interim director will be stepping in.

Ultrasound *Spotlight*

Kathryn Pade, MD

Ultrasound Spotlight: Point-of-Care Ultrasound in Early Pregnancy

A 16-year-old female presents to the emergency department with the Chief Complaint of "Abdominal pain." The patient states that her LMP was roughly 2 months ago and she thinks she might be pregnant. Point-of-Care Ultrasound of the pelvis was performed.



Trans-abdominal Point-of-Care Ultrasound in Early Pregnancy:

Basic Point-of-Care Questions:

1. Is there an intrauterine pregnancy? Is a yolk sac/fetal pole/fetal heart rate present?
2. Is an ectopic pregnancy present? Is free fluid present?

Transducer: Low-frequency curvilinear probe.

Technique:

1. Place the patient in a supine position or with slight reverse Trendelenburg for better visualization of free fluid in the pelvis.
2. Transverse View (indicator toward the patient's right)
 - a. Bladder appears as a rectangular or trapezoidal structure with the uterus and ovaries located posterior or deep to the bladder.
3. Sagittal View (indicator toward the patient's head)
 - a. Bladder appears as a wedge and the uterus is to the left of the bladder.
4. Identify:
 - a. Yolk sac: appears as a brightly echogenic ring within the anechoic gestational sac.
 - b. Fetal Pole: moderately echogenic structure within the gestational sac
 - c. Fetal Heart Rate (see document uploaded on SLACK)
5. If no IUP is identified:
 - a. Perform a FAST exam to evaluate for free fluid (if concern for ruptured ectopic)
 - b. It is considered an indeterminate scan and there may be a concern for ectopic pregnancy.

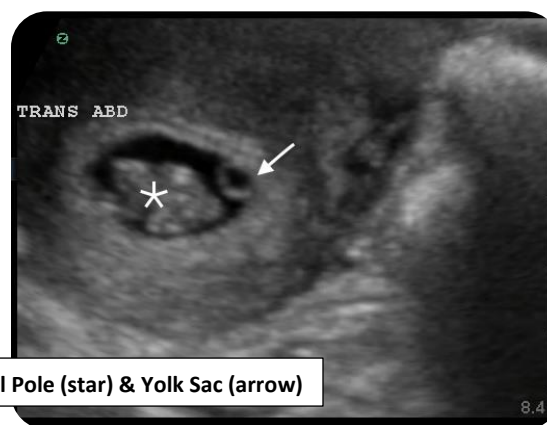
Tips/Tricks:

- A full bladder can aid in visualization by providing an acoustic window.
- Avoid falsely identifying an IUP when just a gestational sac is visualized. The earliest that an IUP can be defined on sonogram is when a yolk sac is present (see chart below)
- Do NOT use Doppler for fetal heart rate!

Images:



Yolk sac ("cheerio sign")



Fetal Pole (star) & Yolk Sac (arrow)

		Expected gestational age at appearance (wks)		β-hCG level (mIU/mL)
		Transabdominal	Endovaginal	
IUP ↓	Gestational sac	5.5-6	4.5-5	>2,000
	Yolk sac	6-6.5	5-5.5	7,000
	Fetal pole	7	5.5-6	11,000
	Cardiac activity	7	6	
	Fetal parts	>8	8	

The Ultrasound Challenge Cup Current standings:

Still in the lead... barely.... Is the **GOMEZ** family!! The Nichols family made a strong attempt at catching up and who knows.... Possibly take the lead next month?? Stay tuned!



Fellow Family	November	December	January	Total
Gomez	29	34	12	75
Nichols	8	28	35	71
Sheth	36	10	7	53
Hazboun	7	18	26	51
Kline	21	22	3	46
Kramer	31	11	5	41
Wo	8	13	13	34
Tam	4	10	4	18

Reminder: What's the prize?

- \$200 for the fellow
- \$300 for the family group to use for dinner (solid or liquid)
AND
- The name of the winning team on the Ultimate Ultrasound Challenge Champions cup (+ bragging rights)

ULTRASOUND HOUSEKEEPING:

- PLEASE, PLEASE, PLEASE, **do not** leave anything on the machine including gel bottles (use the gel packs in the patients' room) or take just the number of gel packs that you think you will need), ultrasound covers, syringes etc.
- PLEASE, PLEASE, PLEASE, **wipe** the machine before and after use.

Let's not expose our patients and ourselves!!!



Updates

Scott Herskovitz, MD & Tanya Vayngortin, MD

Well-being:

If you are struggling through the pandemic, Seema shared this article which continues to highlight issues of burnout for doctors as well as some resources. <https://www.nytimes.com/2021/01/26/well/mind/doctors-facing-burnout-turn-to-self-care.html>

Get to know your fellow faculty members!

Adnan Mesiwala

Personal Achievements:

- Successfully completed 5 out of 5 Escape Rooms
- Did open mic stand up in NYC and got to meet Judah Friedlander!

Professional Achievements:

- My global health research in Tanzania

