



# NEWSLETTER

August 2020

## Division Updates:

Faculty and fellows,

Today I officially assume responsibility of Interim Division Chief and I am honored to be in this role. I know that transitions are difficult, especially with the challenges that lie ahead, but here are my commitments to you:

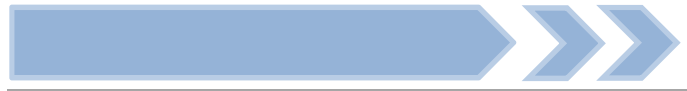
- Guide our team through the abyss of the pandemic as the medical director of the division with a continued focus on clinical operations
- Provide strong support of the fellowship/medical education, research, ultrasound, EMS, and quality improvement
- Use the guidance of the leadership council when making decisions
- Be as transparent as possible and provide a forum for discussion
- Advocate for the well-being of our faculty and fellows
- Continue to monitor the financial health of our division and support existing programs without major changes in our structure
- Frequently meet with those in leadership positions
- Be an active representative on the committee for the national recruitment of our Division Chief. I will represent the goals and mission of our faculty when participating in this search.

Most importantly, my door is always open and available to meet. We will navigate this transition together.

***Seema Shah***



# August Dashboard



	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Aug	FY21
Emergency Department	8/1	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	MTD	YTD
<b>TOTAL PATIENTS</b>	143	165	162	156	156	165	147	172	160	180	150	162	1,908	6,783
Left Without Being Seen	0	0	0	0	1	1	1	0	0	3	0	1	7	21
% LWBS	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%	0.7%	0.0%	0.0%	1.7%	0.0%	0.6%	0.4%	0.3%
Total Patients Admitted	10	12	19	17	19	17	8	15	19	20	12	22	190	742
% Admitted	7.0%	7.3%	11.7%	10.9%	12.2%	10.9%	5.4%	8.7%	11.9%	11.1%	8.0%	13.60%	10.0%	11.1%
Total EDS Patients	-	-	-	4	-	7	-	-	-	12	6	-	29	40
Total Psych Patients	8	5	7	8	14	10	2	10	2	10	8	2	86	396
Total Trauma Patients	4	2	2	5	4	3	-	2	-	3	1	4	32	125
ED Only Median LOS (min)	149	151	140	190	164	163	153	143	133	176	149	150	156	159
All ED Median LOS (min)	160	160	147	207	182	172	159	150	139	191	157	154	165	171
Total Rancho Springs Patients	19	27	25	22	20	35	26	22	21	29	19	24	24	24



**Dr. Jim Harley**

*“Thank you for supporting our orientation learning environment! You rock!”*

**Dr. Mario Bialostozky**

*“Thank you, Mario, for all of your hard work this year on the US News & World Report survey. This is a very complex project and we’re grateful to have your knowledge and EPIC skills to help us answer hundreds of survey questions. Thank you for all the time and effort you spent analyzing data and meeting with the Specialties. Your work helped us rank again in all 10 Specialties!”*

# Clinical Director *Update*

*Fareed Saleh, MD, MHA*

- **Scheduling:**
  - Guidelines forthcoming with targets for scheduling each academic year
  
- **Consults:**
  - If any issue with Plastic Surgery, please continue to file RLS report → Specify which physician (i.e., Dr. Thomas Vecchione or Dr. Randall Vecchione)
  
- **Behavioral Health:**
  - Psych ED open → Ineligible criteria now listed; if there are any delays or issues please let FRS know
  
- **EPIC:**
  - Sensitive notes → please check this off for any cases with sensitive components (i.e., concern for NAT, issues with combative caregivers)
  
- **COVID:**
  - Parents can now be tested in ED
  
- **Education:**
  - PEM Skills Day – 10/15/2020 (Thursday) 13:00 to 15:00
  - Limited space (12 participants) with priority given to those who could not attend first session
  - Please email FRS if interested to ensure preference noted prior to finalizing October 2020 schedule



# Ultrasound Spotlight

Atim Uya MD, Kathryn Pade MD and Mylinh Nguyen MD

## NEWS FLASH!

UC San Diego  
SCHOOL OF MEDICINE

Rady  
Children's  
Hospital  
San Diego



We are pleased to announce that **Dr. Atim (Uya) Ekpenyong** will serve as an Associate Program Director (APD) for diversity for the UCSD Pediatrics Residency Program. Dr. Ekpenyong is an Associate Professor and the Director of Point-of-Care Ultrasound Program in the Division of Emergency Medicine.

In this APD role she will focus on equity, diversity and inclusion in the recruitment of residents and to enhance their training experience in diversity.

*Please join us in congratulating Dr. Ekpenyong on her new role!*

### Ultrasound Spotlight:

17 yo M with history of epilepsy, presents with left shoulder injury after having a generalized tonic clonic seizure. During the episode, he fell from the couch onto the floor and now is unable to move his left shoulder. On exam, he is in moderate pain and his shoulder has limited range of motion. The left shoulder seems to slope downward and the head of the humerus is palpated inferior to the glenoid fossa. He is unable to move his left shoulder but otherwise neurovascularly intact.

While awaiting xrays you opt to place an ultrasound on to his shoulder to confirm the diagnosis. (Figure 1)



Figure 1: Left shoulder – What's the diagnosis?

**Diagnosis:** Anterior Shoulder dislocation**Discussion:**

Shoulder (glenohumeral) dislocations are a common clinical presentation in the emergency department, comprising about 50 percent of all major joint dislocations. Anterior dislocations account for 95-97% of all glenohumeral dislocations. Posterior dislocations account for the rest, while inferior and superior dislocations are very rare. Usually xrays are obtained before reduction to confirm the diagnosis and exclude fractures. Then, are taken again to confirm successful reduction. Post-reduction films are time consuming and the patient may require further sedation if reduction is found to be unsuccessful. POCUS is a portable, safe and cost effective method to be able to evaluate shoulder reductions in real time.

**How to:**

Using a high-frequency, linear array probe or the curvilinear probe, position the probe in the transverse orientation, behind the shoulder and over the scapular spine. Adjust the depth until you can visualize the glenoid and move laterally until the humeral head comes into view. Figure 2 and Figure 3 compares the patient's left and right shoulders.

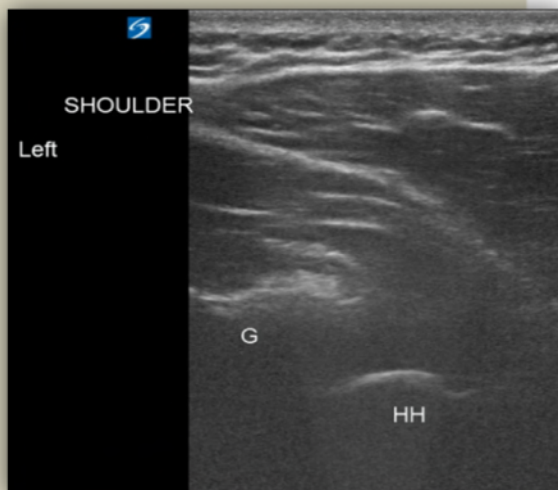


Figure 2 Left shoulder: Humeral head is misaligned with glenoid and deeper into the screen suggesting Anterior dislocation. (G: Glenoid, HH: Humeral head)

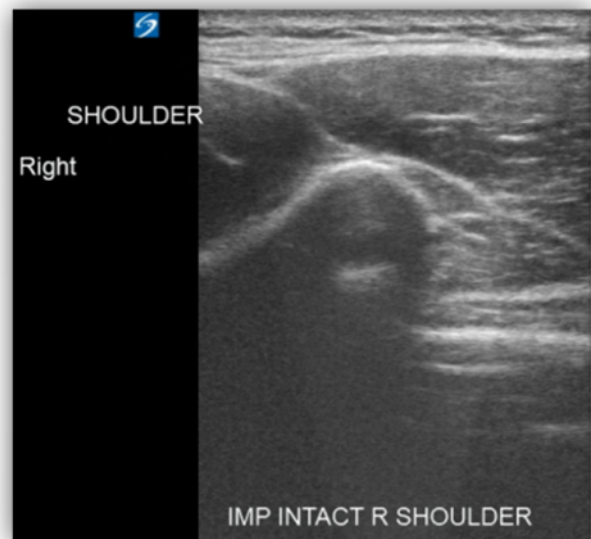


Figure 3 Right shoulder: Normal alignment of humeral head and glenoid

**Anterior vs Posterior Dislocations:**

Since you are scanning the shoulder from the patient's back, with an anterior dislocation the humeral head will be deep on the screen, while a posterior dislocation, the humeral head will be closer to the probe and, therefore, more superficial on the screen. (Figure 4)



**Conclusion:** The patient was successfully reduced and discharged to follow up with orthopedics for follow up concerning for a labrum tear.

**Teaching points:**

1. POCUS allows for a dynamic evaluation of the glenohumeral joint, immediately informing the clinician of a successful reduction or the need for additional shoulder manipulation without having to rely on plain film radiography
2. Position the probe in the transverse orientation, behind the shoulder and over the scapular spine. Move the probe laterally until you can visualize the glenoid and the humeral head.
3. With an anterior dislocation, the humeral head will be deep on the screen, while with a posterior dislocation, the humeral head will be more superficial on the screen (closer to the probe).

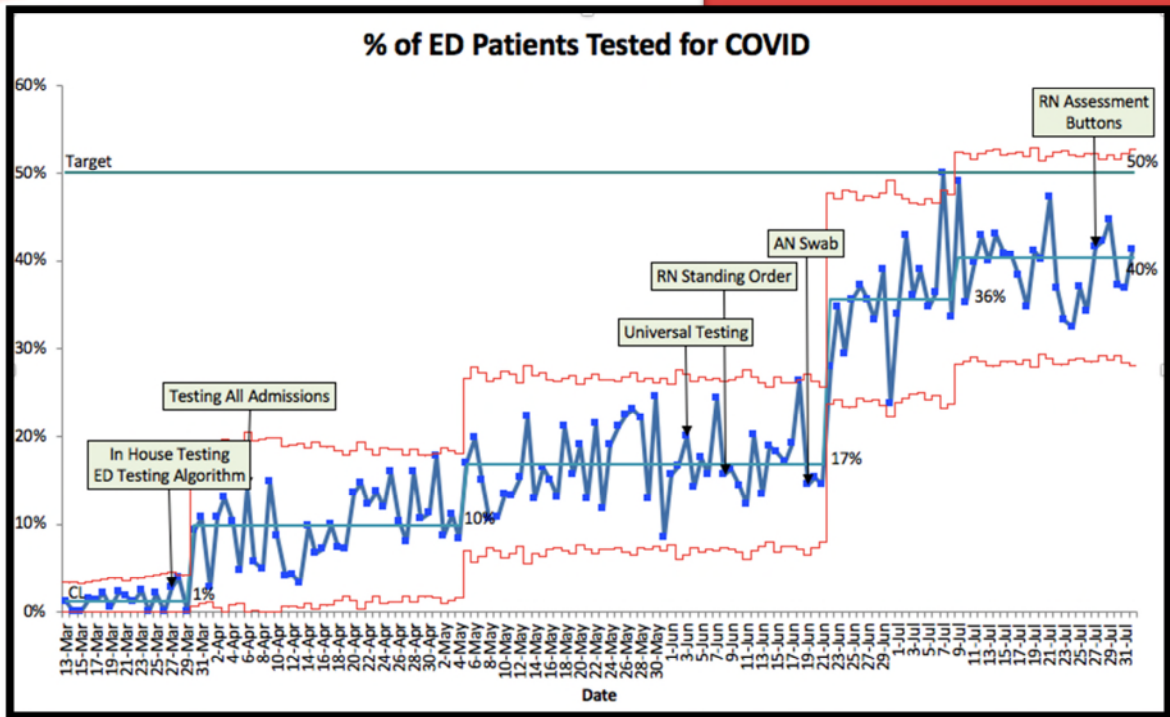
**References:**

1. Abbasi S, Molaie H, Hafezimoghadam P, Zare MA, Abbasi M, Rezai M, Farsi D. Diagnostic accuracy of ultrasonographic examination in the management of shoulder dislocation in the emergency department. *Ann Emerg Med.* 2013 Aug;62(2):170-5. doi:10.1016/j.annemergmed.2013.01.022. Epub 2013 Mar 13.
2. Emond M, Le Sage N, Lavoie A, Rochette L. Clinical factors predicting fractures associated with an anterior shoulder dislocation. *Acad Emerg Med.* 2004Aug;11(8):853-8.
3. Mackenzie DC, Liebmann O. Point-of-care ultrasound facilitates diagnosing a posterior shoulder dislocation. *J Emerg Med.* 2013 May;44(5):976-8. doi:10.1016/j.jemermed.2012.11.080. Epub 2013 Mar 13.
4. Custalow, Catherine B, James R. Roberts, Todd W. Thomsen, and Jerris R. Hedges. Roberts and Hedges' Clinical Procedures in Emergency Medicine. Philadelphia, PA: Elsevier/Saunders, 2013. Internet resource.
5. Marx, John A, Robert S. Hockberger, Ron M. Walls, Michelle H. Biro, Daniel F. Danzl, Marianne Gausche-Hill, Andy Jagoda, Louis Ling, Edward Newton, Brian J. Zink, and Peter Rosen. *Rosen's Emergency Medicine: Concepts and Clinical Practice.* , 2014. Chapter 53, 618-642.e2



# QUALITY Improvement

Updates *Seema Shah, MD and Amy Bryl, MD*



#### COVID Test

Are you interested in a COVID test today?

Reason for refusal (if provided)

Tested in the past three days  
  Tested in the past 2 weeks  
  Doesn't think the patient has COVID  
 Test too invasive/uncomfortable for patient  
  Concerned about cost of test  
  Reason not specified by the caregiver  
  Other

#### Triage Summary

**Koala, Joshua Renee #H3011541 (Acct:827010) (6 y.o)**

**ED Arrival Information**

Expected	Arrival	Acuity	Means of A
-	6/4/2020 11:44	Emergent	Car

**Arrival Complaint**

-

**Chief Complaint**

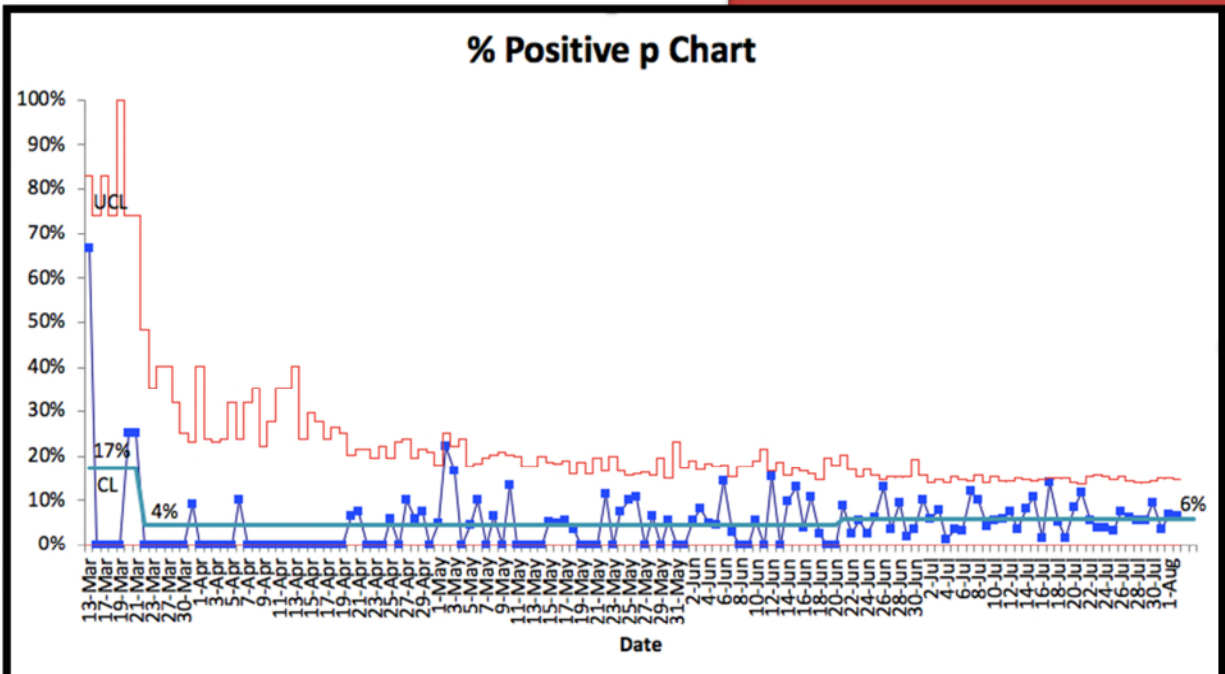
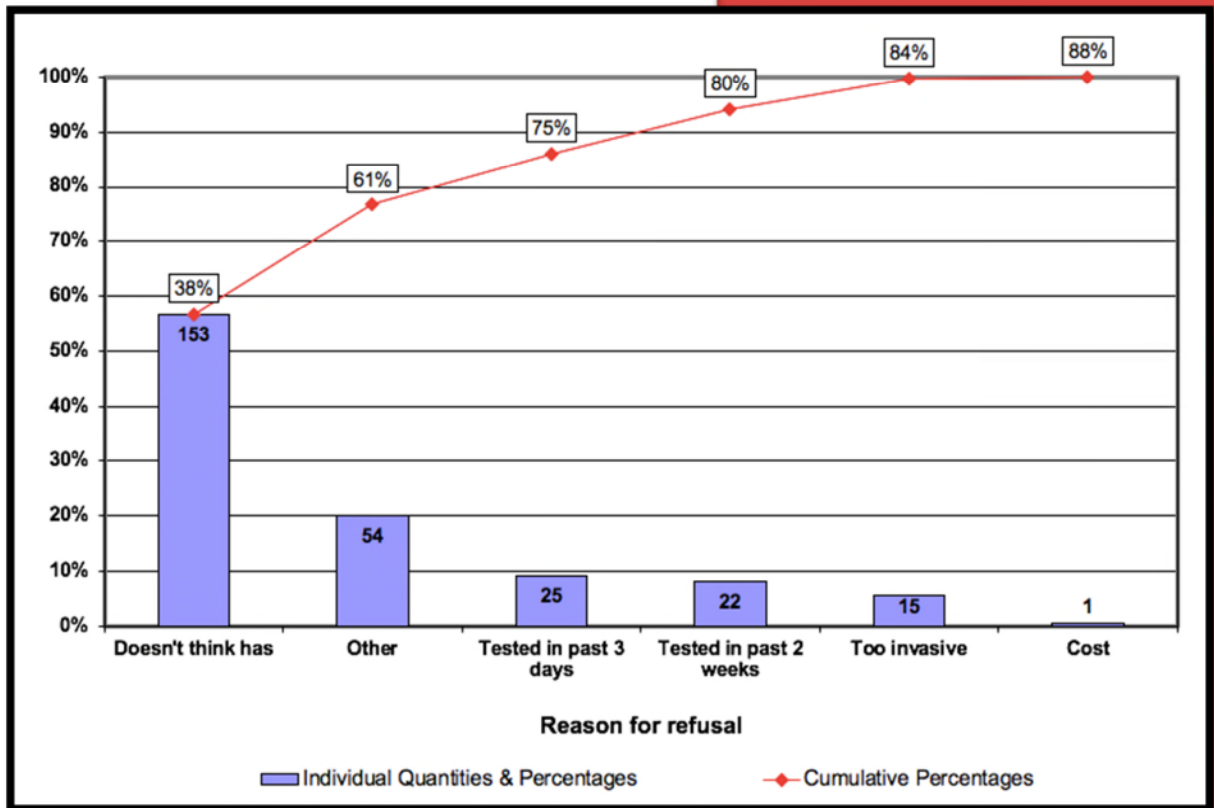
Complaint Comment

**Eye Drainage**

**COVID Test Response**

COVID Test	Most Recent Value
Are you interested in a COVID test today?	No
Reason for refusal	Tested in the past three days

## Reasons for COVID Testing Refusal





- **Pathways**

- Skin and soft tissue infections
  - Labs (CBC/CRP/BCx) not required for admitted cellulitis patients
- QI Course
  - 2<sup>st</sup> Session for fellows & faculty: QI Tools, Friday September 18<sup>th</sup> 830-1030 am
  - Prior sessions slides on Dropbox

## MIS-C Updates:

Michael Gardiner, MD

*The MIS-C pathway has been active for the month of July and we have seen no increase in the rate of labwork being done. We have seen a slight increase in admission rate, and will continue to monitor this data in the coming weeks and months. Additionally, we have expanded enrollment criteria for the KD study to include potential MIS-C patients, and posters have been put up in the ED. Please consider study enrollment for any potential MIS-C patients getting expanded lab evaluation, regardless of if they have any KD signs on examination. If there are no available enrollers in the ED, the Kawasaki service attending can enroll over the phone.*

### Screening Data: Chief Complaint of Fever + Anything\*

	6/1 – 6/15 (N = 179)	6/16 – 6/30 (N = 175)	7/1 – 7/15 (N = 185)	7/16 – 7/31 (N = 229)
Any labs done	55 (31%)	57 (33%)	57 (31%)	75 (33%)
Screen positive	18 (33%)	16 (28%)	15 (26%)	29 (39%)
Expanded evaluation**	12 (6.7%)	13 (7.4%)	6 (3.2%)	9 (3.9%)
			2/6 admitted	9/9 admitted
Admission	25 (14%)	24 (14%)	28 (15%)	38 (17%)
Admission w/o alternative diagnosis	7 (3.9%)	7 (4%)	9 (4.9%)	16 (7%)

\*Abd pain, diarrhea, vomiting, HA, rash, skin problem, red eye, neck lump, mouth lesions

\*\* 4/8 of GGT, BNP, Troponin, D-Dimer, Ferritin, Coagulation panel, Blood culture, SARS-CoV-2 IgG

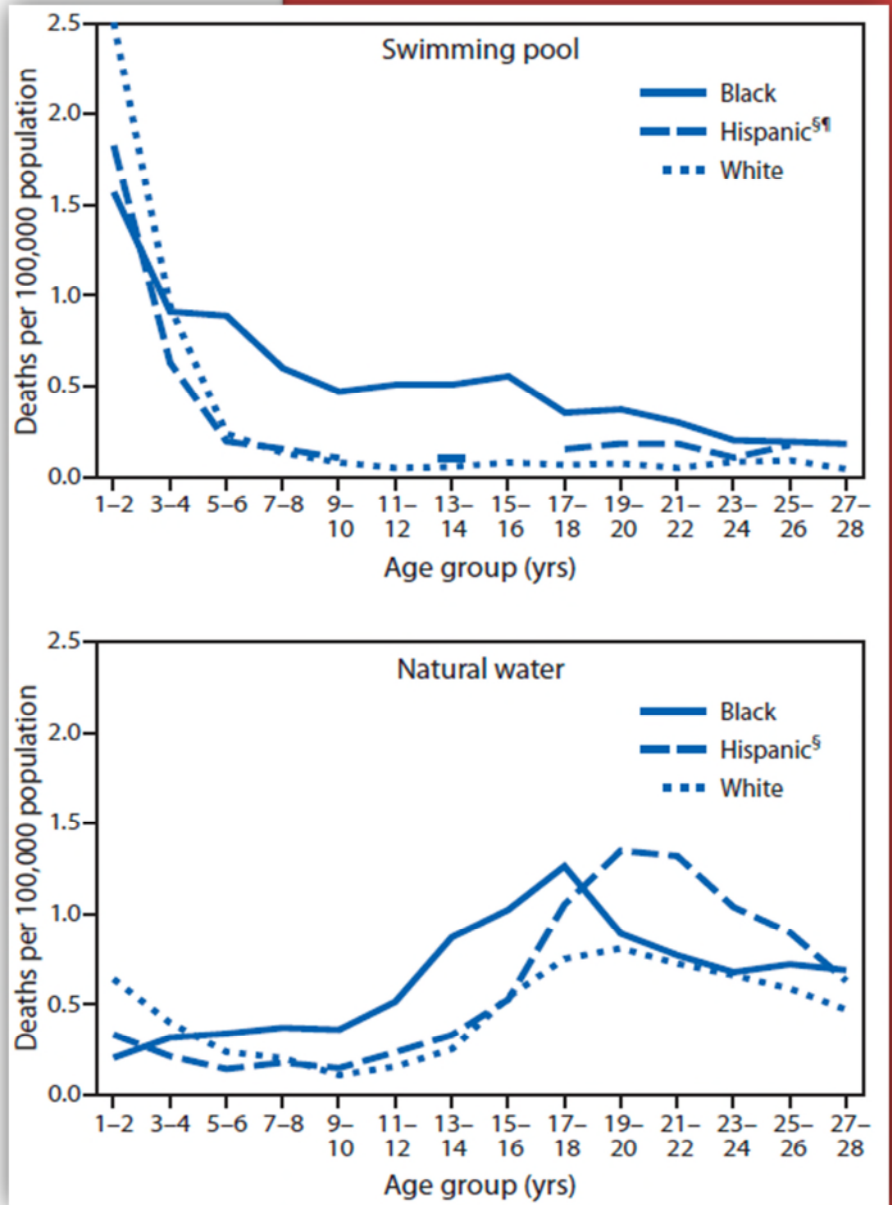
# Submersion Injury Prevention Matt Kline MD, Lauren Von Woy MD, Amy Bryl MD, Elise Zimmerman MD

## Background: Prevalence/Risk

- Leading cause of death in 1-4yo, 3rd leading cause in 5-19yo
- 2017: 8700 pediatric ED visits for a submersion injury, 25% hospitalized/transferred
- 2017: 444 fatal submersion injuries in California (47% increase since 2013)

## Background: Proven Interventions

- Swimming lessons: 88% reduction in drowning in 1-4 yo
- Pool fencing reduces the risk of drowning by ~ 4x
- Close, constant, and attentive supervision of young children
- Lifejackets/Flotation devices
- CPR training
  - Prompt initiation of bystander CPR has greatest impact on survival and prognosis



## Quality Improvement Project

- Population/Target Audience for Improvement:
  - Parents/patients who present to ED for submersion injuries
- Key Stakeholders:
  - Matthew Kline, MD; Elise Zimmerman, MD; Lauren Van Woy, MD; Injury Free Coalition for Kids; Amy Bryl, MD
- Global Aim:
  - Decrease incidence of submersion injuries in the pediatric population in San Diego County
- SMART Aim:
  - To provide standardized education and resources related to water safety and drowning prevention to families who present to Rady ED for submersion injuries
  - From 0% To 90%
  - By 12/2020

1. Type  
“Submersion  
Injury” into  
SmartSet Box

The screenshot displays a medical chart interface with the following sections:

- BPAs**: A section for Billing Problem Assignments.
- SmartSets**: A section for SmartSets with an input box containing "Submersion Injury" and an "+ Add" button. A red arrow points to this input box.
- Clinical Impressions**: A section for Clinical Impressions with an "Add from Problem List" link, an "Add a new impression" input box, and an "Associate" button. It shows "Suggested by Chief Complaint" and "Impressions" sections, both currently empty.
- Disposition**: A section for Disposition with buttons for "Discharged", "Transferred to Another Facility", and "Admitted". It also includes buttons for "LWBS", "AMA", "Eloped", and "Deceased", and a "Condition" section with buttons for "Good", "Fair", "Stable", "Critical", "Serious", and "Expired".
- Orders & Med Rec**: A section for Orders & Medication Record with a "+ New Order" button.
- Chart Status**: A section for Chart Status with "Reminders" (checked), "AVS Checks" (with a red warning icon), and "Medication Warnings" (checked). It also includes "Preview AVS" and "Chart Complete" buttons.
- Follow-Up**: A section for Follow-Up with "Suggestions" and buttons for "PCP - None Specified", "This Department", "Care Team", "Other - Lookup", and "Other - Free Text".
- Patient Instructions**: A section for Patient Instructions with "Add attachments" and "+ Add" buttons, "Patient's Written Language" dropdown, "Suggested Attachments", and "Attached Instructions" sections.

2. Select the age category and language preference of patient

The screenshot shows a search window titled 'Hyperspace - EMERGENCY - Build - MATTHEW K.' with a search term 'drow'. The 'Matches' section lists several results related to 'RCHSD ED NEAR DROWNING' for various age groups and languages. The 'Preview' section displays a poster titled 'Consejos de seguridad en el agua para padres nuevos' (Water safety tips for new parents) in Spanish. The poster includes icons for different age groups: bebé (baby), bebé que gatea (crawling baby), niño pequeño (small child), niño (child), and adolescente (adolescent). The main text of the poster reads: 'Cuando tiene un nuevo bebé en casa, tome medidas para proteger a su niño de los peligros del agua en su hogar. Haga lo mismo cuando vaya de visita a casas de amigos y familiares. Recuerde, los niños se pueden ahogar en tan solo 1-2 pulgadas (2,5 a 5 cm) de agua, y puede pasar de forma muy rápida y silenciosa.' There are also smaller boxes with additional advice: 'Permanezca al alcance de la mano siempre que su bebé se encuentre cerca' and 'No confíe en sillas o anillos para bañeras para mantener seguro a su bebé. Use el adulto'. At the bottom right of the preview are 'Accept' and 'Cancel' buttons.

3. Submersion injury DC instructions and resources will populate

The screenshot shows a clinical interface with a top bar containing 'Dispo', 'Refresh', 'Print Documents', and 'Charge Review'. The 'Clinical Impressions' section has an 'Add from Problem List' button and a text input field 'Add a new impression' with '+ Add' and 'Associate' buttons. Below it, 'Suggested by Chief Complaint' shows 'No suggestions to display' and 'Impressions' shows 'No impressions to display'. The 'Disposition' section features buttons for 'Discharged', 'Transferred to Another Facility', 'Admitted', 'LWBS', 'AMA', 'Eloped', and 'Deceased', along with a 'Comments' dropdown. The 'Orders & Med Rec' section has a '+ New Order' button. The 'Patient Instructions' section contains a message: 'This section is configured not to appear but is available now because it contains instructions, attachments, or suggestions from a SmartSet. If you remove all instructions, attachments, or the SmartSet, this section will be hidden the next time it saves.' Below this are 'Add attachments' and '+ Add' buttons, and a dropdown for 'Patient's Written Language: Spanish'. The 'Attached Instructions' section shows 'No instructions attached'. At the bottom, there is a 'Patient Instructions' section with a rich text editor containing the same Spanish poster seen in the previous screenshot.





## AAP DC Instructions: English

## AAP DC Instructions: Spanish

# Do you have a curious toddler?




As your child grows, think about water safety around the house!


 infant |
  crawler |
  toddler |
  child |
  teen

**Young children are naturally curious – and they are quick to discover new things to explore.**


After birth defects, drowning is the **No. 1** cause of death for children ages 1-4. Make sure your home and any home you visit are as safe as they can be.



Stay within **arm's reach** whenever your child is near water.




Assign a **water watcher** – an adult who will pay constant attention to children in the water.



**Have a pool?** Be sure it's **surrounded on all sides by a fence** that is


- At least 4 feet high
- Non-climbable
- Has a self-latching, self-closing gate



Empty **buckets, bathtubs, and wading pools** after each use.



Use safety gates, or **lock the door to the yard or garage**, to keep






Use **puertas protectoras o cierre con seguro la**

# ¿Tiene un niño pequeño curioso?




¡A medida que su niño crece, piense en los peligros que representa el agua en su hogar!


 bebé |
  bebé que gatea |
  niño pequeño |
  niño |
  adolescente

**Los niños pequeños son curiosos por naturaleza, y descubren rápidamente cosas nuevas para explorar.**


Después de los defectos de nacimiento, el ahogamiento es la causa **N.º 1** de muerte en los niños entre 1-4 años de edad. Cerciórese de que su hogar y los hogares que visita sean lo más seguros posible.



Permanezca **al alcance de la mano** siempre que su bebé se encuentre cerca del agua.




Asigne a un **vigilante del agua**, un adulto que preste atención constante a los niños en el agua.



**¿Tiene piscina?** Asegúrese de que tenga **vallas por los cuatro lados** y que:


- Tengan por lo menos 4 pies de altura (1,22 m).
- No se puedan escalar/trepar.
- Tengan una puerta o pestillo que se cierre



Después de cada uso, vacíe **baldes, bañeras y piscinas para niños.**



Use **puertas protectoras o cierre con seguro la**



Use **puertas protectoras o cierre con seguro la**



## CPR Swimming Lessons Watcher Tags

### The American Red Cross CPR Classes *(online classes available)*

<https://www.redcross.org/take-a-class/cpr>  
6540 Lusk Blvd Suite C120, San Diego, CA 92121  
(714) 602-9796

### The American Red Cross Learn-to-Swim Program

<https://www.redcross.org/take-a-class/swimming/learn-to-swim-providers>  
5555 Del Mar Heights Road San Diego, CA 92130  
(858) 523-4000

### San Diego County Parks and Recreation Swim Centers

<https://www.sandiego.gov/park-and-recreation/centers/aquatics>

<b>Allied Gardens Pool</b> 6707 Glenroy Street San Diego, CA 92120 (619) 235-1143	<b>Bud Kearns Memorial Pool</b> 2229 Morley Field Drive San Diego, CA 92101 (619) 692-4920	<b>Carmel Valley Pool</b> 3777 Townsgate Drive San Diego, CA 92130 (858) 552-1623	<b>Clairem</b> 3605 Cla San Dieg (858) 58
<b>City Heights Swim Center</b> 4380 Landis Street San Diego, CA 92105 (619) 641-6126	<b>Colina Del Sol Pool</b> 4150 54th Place San Diego, CA 92115 (619) 235-1147	<b>Kearny Mesa Pool</b> 3170 Armstrong Street San Diego, CA 92111 (858) 573-1389	<b>Martin I</b> 6401 Sky San Dieg (619) 52
<b>Memorial Pool</b> 2902 Marcy Avenue San Diego, CA 92113 (619) 235-1139	<b>Ned Baumer Aquatic Center</b> 10440 Black Mountain Road San Diego, CA 92126 (858) 538-8083	<b>Swanson Pool</b> 3585 Governor Drive San Diego, CA 92122 (858) 552-1653	<b>Tierrasa</b> 11238 C San Dieg (858) 63
<b>Vista Terrace Pool</b> 301 Athey Avenue San Diego, CA 92173 (619) 424-0469			

## Next Steps:

- Evaluate efficacy of intervention
- Expand DC instructions to all patients during summer months
- Other interventions:
  - Posters in patient rooms
  - Screening questions
  - Waiting Room Kiosk
  - Informational video
  - Provide Watcher tag



## Fellowship *Updates* Paul Ishimine, MD and Kathryn Pade, MD

### Shift Evaluations

Just a friendly reminder to please continue to complete shift evaluations for our fellows. Blank forms are located in the ED workroom. You can also submit evaluations on Survey Monkey or the electronic pdf form as well. If you have more than one shift with a fellow during the week, you can submit one evaluation for multiple shifts. Thank you for submitting these evaluations!

## Research *Update*

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

### *DEM Research Team Pre-Review*

#### Study types included:

- DEM research needing signature prior to IRB submission
- Studies recruiting subjects in the RCHSD ED (for RCHSD RTA)

#### • Excluded (may need separate review)

- QI/pathway
- Case reports, chapters, reviews

**Study types included:**

- DEM research needing signature prior to IRB submission
- Studies recruiting subjects in the RCHSD ED (for RCHSD RTA)

**• Excluded (may need separate review)**

- QI/pathway
- Case reports, chapters, reviews

**Procedure**

- All IRB-ready documents to [pemresearch@rchsd.org](mailto:pemresearch@rchsd.org)
- Other instructions from pemresearch or [vvillo@rchsd.org](mailto:vvillo@rchsd.org)
- Face sheet to include Melissa as contact.
- Research team review and reply:
  - Rating of readiness for signature or RTA
  - List of practical/feasible recommendations to improve study

**Review Criteria**

	Pass/Revise/Defer	Low 1	2	3	4	High 5
Scientific merit						
Feasibility						
Adverse impact on ED flow						
Adverse impact on ED budget						

- Specific comments/recommendations
- Research team available for consultation

## Files Names for Review

### Include

- IRB protocol number
- Brief specific project name
- Document Type
- Version (YYYY MMDD)
- Examples:
  - 98765 Sacto delta irrigation RP  
JTK 2020 0310.doc
  - 12345 Bacon Isl levee HIPAA  
JTK 2020 0310.doc

### Please avoid

- Non-specific:
  - SOC.ppt (or John's SOC)
  - JTK IRB.doc
  - Data.xls
- "Final" designation
  - XYZ manuscript **final**.doc

## Upcoming Meetings

- AAP NCE, Virtual, 10/2-5/20
  - <http://aapexperience.org/>
- ACEP, On Line, 10/26-29/20
  - <https://www.acep.org/sa/>

## Upcoming Abstract Opportunities

- PAS, Vancouver, 4/28-5/5/21
  - » Abstract deadline: predicted early Jan 2021
  - » <https://www.pas-meeting.org>
- SAEM, Atlanta, 5/11-14/2021
  - » Abstract deadline: predicted early Jan 2021
  - » <https://www.saem.org/annual-meeting/education/abstracts>

## Regional Meetings

- Academic Pediatric Assn., Region IX-X
  - » Jan-Feb 2021, TBD
  - » Deadline TBD.
  - » [https://academicpediatrics.org/regions/region\\_9.cfm](https://academicpediatrics.org/regions/region_9.cfm)
- SAEM Western Regional



- » Feb 2021, TBD
- » Deadline ??? (westernregion@saem.org)
- » <https://www.saem.org/meetings/regional-meetings/western>

### Reminders

- Keep CITI certificates updated
- Regulatory binders for all studies
  - » See research faculty for questions

### Research Hours

Week	Gardiner	Kanegaye	Nguyen	Nguyen2
6/30/2020	Th 7/2 9-3			
7/6/2020	Th 7/9 9-3	T 7/7 8-2	F 7/3 9-3	
7/13/2020	Th 7/16 9-3	T 7/14 8-2	M 7/13 9-3	
7/20/2020	T 7/21 9-3	T 7/21 8-2	W 7/22 9-3	
7/27/2020	Vacation	T 7/28 8-2	T 7/28 1-4	W 7/29 9-12
8/3/2020	T 8/4 9-3, Th 8/6 9-3	T 8/4 8-2	T 8/4 2-5	W 8/5 2-5
8/10/2020	Th 8/13 9-3	T 8/11 8-2	M 8/10 8-2	
8/17/2020	F 8/21 9-3	T 8/18 8-2	W 8/19 8-2	W 8/19 9-12
8/24/2020	Th 8/27 9-3	T 8/25 11-2 Th 8/27 11-2	W 8/26 10-4	W 8/26 10-4
8/31/2020		TBD		

### Modified KD Study Entry Criteria

- < 18 years of age
- Fever ( $T_m \geq 38.0^\circ \text{C}$ )
- One of the following
  - »  $\geq 3$  day fever AND 1 or more KD clinical criteria:
    - ❖ Rash
    - ❖ Red eyes
    - ❖ Red lips or mouth
    - ❖ Red hands or feet
    - ❖ Cervical adenopathy
  - » < 6 months of age with fever  $\geq 7$  days w/o source
  - »  $\geq 1$  day fever undergoing expanded MIS-C labs
- Requires IV/phlebotomy for ED care



# WELLNESS Update

Scott Herskovitz MD, Tatyana Vayngortin MD

## Wellness Minute: Nutrition

### Why does it matter?

- ▶ Our health!
  - ▶ Shift workers have increased risk of: obesity, cardiovascular disease, hypertension, diabetes, digestive issues, mental health issues, fatigue
  - ▶ Increased cortisol triggers cravings for high-sugar, high-fat foods
  - ▶ Eating a healthy diet lowers risk of chronic disease (especially heart disease, diabetes), stress and inflammation, and COVID-19
  - ▶ Productivity and patient care!
    - ▶ Staying well-nourished improves our performance, memory, energy levels
    - ▶ Counseling patients on nutrition may help reduce preventable conditions and ED visits

### CA Surgeon General's Playbook for Stress Relief and Covid 19



## Nutrition Education

- ▶ Most medical schools offer zero to minimal nutrition education ☹️
- ▶ National Research Council Committee on Nutrition in Medical Education published recommendations in 1985 recommending a minimum of 25-30 classroom hours in pre-clinical years devoted to nutrition
- ▶ A survey in 2012 showed no increase in hours of nutrition education, average was 19 hours (over 2 pre-clinical years)
- ▶ However, many patients would like to receive nutrition education from their provider

### Let's cover some basics so we can eat better and help our patients eat better!

- ▶ **Macronutrients:** Carbohydrates, Protein, Fats, Water
- ▶ **Micronutrients:**
- ▶ **Water-soluble vitamins:** B1, B2, B6, B12, C, Folic Acid
- ▶ **Fat-soluble vitamins:** A, D, E, K
- ▶ **Minerals:** Calcium, potassium, sodium, iron, zinc
- ▶ There is no one best diet, do what is right for you!
- ▶ Consider your genes, metabolism, age, dietary preferences, beliefs, etc.



- ▶ **Carbohydrates:** provide brain and muscles with energy
- ▶ **Complex (Good) carbs:** whole grains (brown rice, quinoa, amaranth), sweet potato, corn, fruits
- ▶ **Simple (Bad) carbs:** white foods such as white rice, white bread, white pasta (Choose brown over white!), pastries, soda, juice

COMPLEX CARBS	SIMPLE CARBS
DIGEST SLOWLY	DIGEST QUICKLY
LONG LASTING ENERGY	SHORT BURST OF ENERGY
HIGH FIBER	LOW FIBER (REFINED & PROCESSED)
KEEP YOU FULL LONGER	HUNGER COMES MORE QUICKLY
NATURAL SUGARS	ADDED SUGAR / KCAL
LOW INSULIN LEVEL	HIGH INSULIN LEVELS
LOW GLYCEMIC INDEX	HIGH GLYCEMIC INDEX
CONVERT INTO ENERGY	CONVERT INTO FAT CELLS
WEIGHT LOSS	UNWANTED WEIGHT GAIN

- ▶ Proteins: necessary for growth, repair, maintenance of muscle and tissues
  - ▶ Eggs, fish, lean meat, beans, legumes, nuts, seeds, Greek yogurt
  - ▶ Choose grass-fed, pasture-raised meats and wild fish when possible
- ▶ Fats: support brain and endocrine function, nutrient absorption
  - ▶ Unsaturated (good) fats: avocado, hummus, olive oil, seeds (pumpkin, flax, chia), nuts and nut butters, fish (wild salmon)
  - ▶ Omega 3, 6, 9: anti-inflammatory, good for heart health, immunity
  - ▶ Saturated and trans (bad) fats: fried foods, cakes/cookies/pastries, refined vegetable oils



### Water Intake

- ▶ Benefits of water:
  - ▶ Maximizes cognitive and physical performance
  - ▶ Improves headaches, digestion, constipation, metabolism
  - ▶ Regulates body temperature
  - ▶ Helps our bodies function at their best
  - ▶ Goal intake a day: your weight in lbs /2
  - ▶ Ex: 140lbs → drink 70oz water
  - ▶ Or aim for at least 2-3L a day
  - ▶ Keep a large water bottle next to you at work so you don't forget
  - ▶ You can make it taste better by squeezing lemon or adding berries or cucumber

## Tips for Eating at Work

- ▶ Bring food to work
- ▶ Easier to eat healthy
- ▶ Don't have to worry about not having time to go to cafeteria
- ▶ Foods good for your brain:
- ▶ Leafy greens and berries have anti-oxidants that protect brain cells and prevent cognitive decline
- ▶ Omega-3 fatty acids improve alertness and concentration
- ▶ Healthy snacks: fruits, nuts, vegetables, sprinkle chia and flax seeds on your food
- ▶ Avoid large heavy meals, especially late into shift closer to bedtime. Try smaller more frequent meals
- ▶ Leads to insomnia, indigestion, abdominal pain
- ▶ Avoid sugar-rich products: soda, pastries, bread (remember: simple carbs cause crash)
- ▶ If can't get through a shift without sweets: choose dark chocolate

## Shopping Tips

- ▶ Read labels
- ▶ Most important part: ingredient list
- ▶ The more ingredients there are, the more processed it is
- ▶ Avoid artificial flavors and colors, dyes, "natural flavors," preservatives, added sugars or artificial sweeteners
- ▶ Avoid refined oils: canola, corn, grapeseed, soybean, cottonseed, vegetable oils (most processed oils)
- ▶ Other names for sugar: evaporated cane juice, cane syrup, cane sugar, tapioca syrup, brown rice syrup, molasses, high fructose corn syrup, enriched flour

Nutrition facts	
Serving size 1 cup (9 oz - 255g) Servings per container 2	
Amount per serving Calories 485    Calories from fat 220	
	<b>% Daily Value*</b>
Total fat 1 oz - 28 g	32%
Saturated fat 0.5 oz - 14g	38%
Trans fat 0.2 oz - 6g	
Sodium 0.03 oz - 0.9g	13%
Total carbohydrate 1.5 oz - 42g	11%
Dietary fiber 0 oz - 0g	0%
Sugars 0.2 oz - 6g	
Protein 0.2 oz - 6g	
Vitamin A 5%	Calcium 18%
Vitamin C 3%	Iron 6%

\* Percent Daily Value are based on a 2500 calorie diet. Your Daily Value may be higher or lower depending on your calorie need.

*Limit these nutrients* (orange arrows pointing to Total fat, Saturated fat, Trans fat, Sodium, Sugars)

*Get enough of these nutrients* (pink arrows pointing to Dietary fiber, Protein, Vitamin A, Vitamin C, Calcium, Iron)

*Quick Guide to % Daily Value:*  
5% or less is low  
20% or more is high

## Counseling patients on nutrition

- ▶ All patients seen in ED for constipation, GERD, gastritis, and other weight/diet-related pathology should be counseled on diet
- ▶ Tips:
  - ▶ Increase high-fiber foods
  - ▶ Ask the child to choose 3 fruits and vegetables they agree to eat
  - ▶ Avoid white foods, choose colored foods (especially green!)
  - ▶ No hot Cheetos/Takis
  - ▶ Choose water over soda



## Get to know your fellow Faculty!



*Heather Conrad:*

- Have a wonderful family with 2 great kids
- Survived 3 moves and 4 deployments in 9 years
- Have been a “master” overseer of Covid home school instruction



- I have an extreme love for ice cream especially Hulu Pie from Jakes
- Enjoy working on QI projects with team members and have several abstracts accepted to PAS
- Love taking care of my ED patients!



*Gemmie (pronounced, “Jaime”) Devera:*

- Published in Annals of Emergency Medicine
- Simulation Faculty at BASE Camp in NYC
- Explored LJ Shores @ low tide
- Ice skated in San Diego!

