



ACEP15 Daily News

BOSTON, MASSACHUSETTS • OCTOBER 26-29, 2015 • WWW.ACEP.ORG/ACEP15

TUESDAY ISSUE

emCareers.org LIVE DEBUTS AT ACEP15

Calling all job seekers! New for Boston, the emCareers.org LIVE booth is located in the Northeast Lobby, Level 1 of the Boston Convention and Exhibition Center. It is open Tuesday and Wednesday from 8 a.m. to 4 p.m.—be sure to stop by. Sign up for a free CV consultation, receive personalized expert advice on how to make your CV shine, learn what employers are looking for, and craft a CV that highlights all of your skills and expertise.

The official job bank of ACEP and EMRA, emCareers.org has a fresh look and feel for ACEP15:

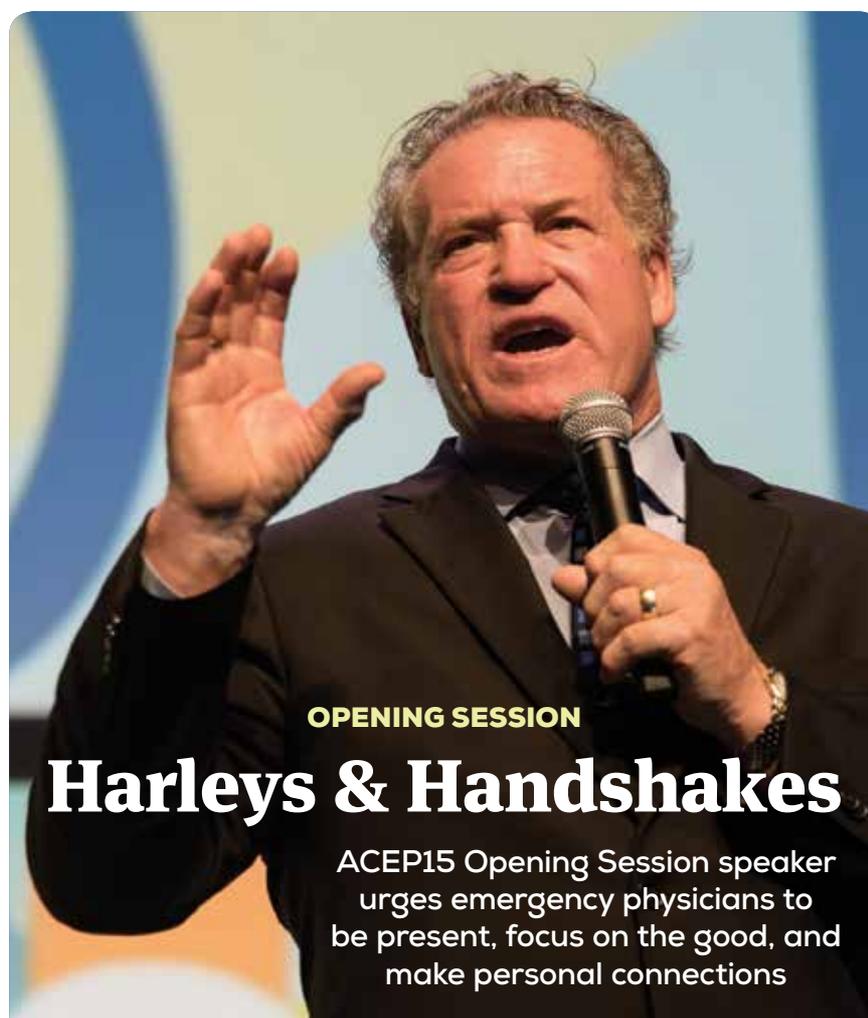
- Find nearly 1,000 EM openings.
- Register for job alerts to take control of your job search. Be sure to register on-site for a chance to win one of three \$100 American Express gift cards!
- Search career-development resources.



BE IMMORTAL!

DONATE A BRICK AND HELP EMF "PAVE THE WAY" FOR THE FUTURE OF EM

Donate a brick at ACEP's new headquarters, and "Pave the Way" for the future of emergency medicine. Ensure that emergency medicine research always has a home in ACEP's new building—and leave your mark on the specialty forever—by donating to the EMF Plaza, a beautiful collection of personalized brick pavers. Pricing and benefits are available from 7:30 a.m. to 5:30 p.m. Monday through Wednesday near the EMF Silent Auction in the North Lobby of the Boston Convention and Exhibition Center (BCEC).



OPENING SESSION

Harleys & Handshakes

ACEP15 Opening Session speaker urges emergency physicians to be present, focus on the good, and make personal connections

by RICHARD QUINN

BOSTON—You've got to be present to win.

Well, emergency physician Jennifer L'Hommedieu Stankus, MD, JD, FACEP, was front and center at the opening session of ACEP15, and it won her a trip to the stage, courtesy of ACEP15 Opening Session speaker, motivational speaker Mark Scharenbroich.

Equal parts comedian and preacher, Mr. Scharenbroich and his wife run a company called Nice Bike, an homage to two words that connect any strangers, as long as one of them owns a motorcycle. He learned the words' power at a gathering in Milwaukee in 2003 for Harley Davidson's 100th anniversary and has since used them as a metaphor for how people connect.

CONTINUED on page 3

Illinois Emergency Physician Rebecca Parker Chosen as 2015–2016 ACEP President-Elect

BOSTON—Rebecca Parker, MD, FACEP, the Chair of ACEP's Board of Directors from Urbana, Illinois, was named President-Elect by the ACEP Council during its meeting Sunday.



Dr. Parker

Dr. Parker is an attending emergency physician with Centegra Health System in McHenry and Woodstock, Illinois, and Presence Covenant Medical Center in Urbana, Illinois. She is vice president at EmCare North Division and president of Team Parker LLC, a consulting group. Dr. Parker is also clinical assistant professor at the Texas Tech El Paso department of emergency medicine.

"The only way we can practice the medicine we want is to create the practice we want," said Dr. Parker. "We will

CONTINUED on page 3

HOT SESSIONS

GETTING A BETTER HANDLE ON ATRIAL FIBRILLATION TREATMENT

AND MORE CAN'T MISS SESSIONS

SEE PAGE 14

BACK AND FORTH ACEP15 WHEELS



*NOT ACTUAL SHUTTLE

HOTEL SHUTTLE SCHEDULE: TUESDAY, OCT. 27

DIRECTION	HOURS	FREQUENCY
To BCEC	7–11 a.m.	Every 15–20 minutes
From BCEC	4–6:15 p.m.	Every 20 minutes

HOTELS WITH NO ACEP SHUTTLE SERVICE

Silver Line Train Service Only (no shuttle)

- Embassy Suites Boston at Logan Airport
- Hilton Boston Logan Airport

Walking Distance of BCEC (no shuttle)

- Westin Boston Waterfront
- Seaport Boston Hotel
- Residence Inn Boston Downtown/Seaport
- Renaissance Boston Waterfront Hotel

Hotel-Provided Shuttle Service

- Hampton Inn & Suites Boston Crosstown Center
- The Liberty Hotel

Please join us for a Product Showcase Lunch Presentation at the ACEP15 Scientific Assembly



Acute Treatment of Agitation

Associated with Schizophrenia or Bipolar I Disorder

TUESDAY
OCTOBER 27, 2015
11:30 AM – 12:15 PM

Boston Convention & Exhibition Center
Exhibit Hall – Product Showcase II
Boston, Massachusetts

Scott L. Zeller, MD
Chief of Psychiatric Emergency Services
Alameda Health System
Oakland, California

PROGRAM DESCRIPTION:

- Provide an overview of the prevalence and burden of agitation associated with schizophrenia or bipolar I disorder
- Identify unmet needs in the acute management of agitation associated with schizophrenia or bipolar I disorder
- Discuss currently available therapies for patients presenting with agitation associated with schizophrenia or bipolar I disorder
- Describe the pharmacology, efficacy, and safety of an acute treatment option for agitation associated with schizophrenia or bipolar I disorder in adults

A Complimentary Lunch Will Be Served

If you are licensed in any state or other jurisdiction or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and purpose of any educational item, meal, or other items of value you received may be reported as required by state or federal law. Once reported, this information may be publicly accessible. Thank you for your cooperation.

This is a promotional event. CME/CE credit will not be available for this session.

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ACEP15 Daily News

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OPENING SESSION | CONTINUED FROM PAGE 1



ACEP15 attendees packed the grand ballroom to hear Opening Session speaker Mark Scharenbroich.

On Monday morning, he brought the power of that message to hundreds of emergency physicians here—and for Dr. Stankus, the proud owner of a black Softail Slim, he made it personal. He used her work at Tacoma General Hospital and Madigan Army Medical Center, both in the Tacoma, Washington, area, to thank all emergency physicians.

“Thank you for saving lives,” he said. “Thank you for dedicating your brilliance to the lives of others. Thank you for embracing each and every single day. You are absolutely amazing. And for that, I say to you, ‘Nice bike.’”

Scharenbroich then suggested Dr. Stankus and all the attendees acknowledge—“be fully present with others.” He urged them to honor—“create remarkable experiences for others.” And he pushed them to connect—“make it personal.”

Perhaps most important?

“You’ve got to be present to win,” he said.

That last tenet resonated with Dr. Stankus.

“You have to be in the moment and put your

phone down,” she said. “Put other distractions aside and focus on the person and what you’re doing. It’s super-important. It’s a skill that we [as emergency physicians] acquire and cultivate and master. It’s what makes us good.”

Good was the idea of the morning. Be good to others. Focus on the good of the moment. Mr. Scharenbroich, through anecdotes, analogies, and affability, told of the goodness that fraternity and fellowship—of the non-medical variety—can bring to life, in the ED and out of it.

“My great hope for you is that with every single patient, every single colleague you have, that you’re...present in their lives, that you create that remarkable experience of listening to the music of the heart,” he said. “And that you make it personal for them.”

Said another way?

Nice bike. ☺

RICHARD QUINN is a freelance writer in New Jersey.

ACEP PRESIDENT-ELECT | CONTINUED FROM PAGE 1

never stop fighting for the right of emergency physicians to deliver high quality care and to receive fair and just payment for that care. We know emergency medicine better than any health plan or insurance company.

“We have to take the lead in establishing standards and never back down from fighting for the right to have resources to provide the lifesaving care we deliver every day, every shift,” she added.

Dr. Parker has been active with ACEP for about 20 years. She has been a member of both ACEP’s Texas and Illinois Board of Directors and chaired both chapters’ Education Committees. She served in a variety of leadership positions on the Illinois ACEP Board, including President-elect when she was elected to the national ACEP Board of Directors for the first time in 2009.

For national ACEP, Dr. Parker’s service includes work on the EM Practice Committee, Reimbursement Committee, Chapter Relations Committee, Finance Committee, and the

editorial board of Vital Care. Dr. Parker has received awards for her leadership roles, including the AMA’s Foundation Leadership Award and the AMA’s Women’s Physician Congress Mentor Award.

“The only way we can practice the medicine we want is to create the practice we want. We will never stop fighting for the right of emergency physicians to deliver high quality care and to receive fair and just payment for that care. We know emergency medicine better than any health plan or insurance company.”

—Rebecca Parker, MD, FACEP

Dr. Parker was elected to ACEP’s Board of Directors in 2009 and 2012. She earned her medical degree at Northwestern University Medical School in Chicago and completed her internship and residency at Texas Tech University Health Sciences Center in El Paso.

Dr. Parker will assume ACEP’s presidency at next year’s Council Meeting in Las Vegas. ☺

MILLS LECTURE

Add Humor to Your Bag of Medical Tricks at Today's Mills Lecture

by RICHARD QUINN

AL SACCHETTI, MD, FACEP, has spent 35 years working in emergency departments, and in all that time, he doesn't think he's met a doctor or a nurse without a sense of humor. He will share his insights at the James D. Mills Jr. Memorial Lecture at 10 a.m. on Tuesday, Oct. 27. In the session, "Lessons My Patients Have Taught Me: Humor, Humility, and Humanity Learned at the Bedside," Dr. Sacchetti hopes to show how physicians need to tailor their approach to the patient and not just take a uniform tack with everyone. But most of all, Dr. Sacchetti will tell the story of an emergency physician thrilled with the career choice he made.

"It's very clear that this is the only specialty where you can see every aspect of human life, and you can do it in a 12-hour shift," he said. "There is no other area of medicine where you can see everything from a newborn to a cente-

narian ... you get to see stuff that no other specialty gets to experience. And you do it pretty much on a daily basis." ☺

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Sacchetti

LESSONS MY PATIENTS HAVE TAUGHT ME: HUMOR, HUMILITY AND HUMANITY LEARNED AT THE BEDSIDE

**Tuesday, Oct. 27
10 am-10:50 a.m.
Room 253 ABC**

WORK HARD AND PLAY HARD WITH EMRA

THE EMERGENCY MEDICINE RESIDENTS ASSOCIATION (EMRA) ACTIVITIES TODAY START WITH A LECTURE COMPETITION, FOLLOWED BY A LEGENDARY PARTY. EMRA EVENTS COME AT NO CHARGE TO RESIDENTS AND MEDICAL STUDENTS. HERE IS TODAY'S LINEUP:

TUESDAY, OCT. 27

20 in 6: EMRA Resident Lecture Competition 4-6 p.m.

Sponsored by EM:RAP

Watch your fellow residents vie for the title of best resident lecturer when each competitor gives 20 slides in six minutes on any topic.



The EMRA Party at ICON and VEN 10 p.m.-2 a.m.

Sponsored by Emergency Medical Associates

EMRA brings you two adjoining nightclubs in one exciting evening!

In addition to the sponsors listed in Monday's ACEP15 Daily News, St. Joseph's Regional Medical Center sponsored the EMRA Medical Student Luncheon.

DON'T MISS THESE EMF EVENTS

THE EMERGENCY MEDICINE FOUNDATION (EMF) invests its funds to further emergency medicine research and education. To date, EMF has awarded more than \$12 million in research grants to advance emergency medicine, science, and health policy. EMF's mission is to promote education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Because of its generous donors, EMF awards more than \$600,000 in emergency medicine grants each year.

EMF Grantee Reunion Reception

(by invitation only)

Meet other EMF research grantees who have benefitted from EMF funding and hear stories of how their research is making a difference in emergency medicine. New this year, the EMF Grantee Reunion Reception will take place from 4:30 to 5:30 p.m. Tuesday, Oct. 27 in Room 256 at the BCEC.

EMF Major Donor Lounge

(by invitation only)

EMF donors who have given \$500 or more since Jan. 1, 2015, and Wiegenstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks; a computer; a printer; and charging stations. Stop by Room 256 in the BCEC from 7:30 a.m. to 4 p.m. Tuesday and Wednesday.

EMF Silent Auction

The popular favorite souvenir shop returns to ACEP15. Stop by the EMF Silent Auction for a chance to bid on hundreds of items, with proceeds benefitting EMF. Items include sports, music, and celebrity memorabilia; jewelry; artwork; vacation getaway packages



donated by members; and more! Managed by All Star Enterprises, the EMF Silent Auction is open from 7:30 a.m. to 5:30 p.m. Tuesday and Wednesday in the North Lobby of the BCEC.



USE THE ACEP15 MOBILE APP

MAXIMIZE YOUR EXPERIENCE!

It's available in the Apple App Store and the Google Play store. Get schedules, syllabi, and surveys. Use your login credentials from your ACEP15 registration.

Improve Quality With ACEP's Clinical Emergency Data Registry



As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the Clinical Emergency Data Registry, or CEDR. This is the first emergency medicine specialty-wide registry to support emergency physicians' efforts to improve quality and practice in all types

of EDs, even as practice and payment policies change over the coming years.

The ACEP CEDR has been approved by CMS as a qualified clinical data registry. The CEDR will provide a unified method for ACEP members to collect and submit Physician Quality Reporting System data, Maintenance of

Certification, Ongoing Professional Practice Evaluation, and other local and national quality initiatives.

Get more information, watch demonstrations, and sign up on site 8 a.m.-4 p.m., Monday through Wednesday, in the North Lobby of Level 1 of the BCEC. ☺



START A #ACEP15 TREND

by JEREMY FAUST, MD, MS

It's Day 1 at the ACEP annual meeting and if you have Twitter, your phone is probably blowing up with #ACEP15 news and a mountain of great educational pearls.

If you don't have Twitter but want to know what is happening in every room of this mega-conference other than the one you're currently in, here's a quick round up of top tweets from some of the most influential emergency medicine tweeters at this year's annual meeting.

In just the first few hours of the conference, well over 4,000 tweets were posted. (It still boggles my mind that in 2012, fewer than 1,500 tweets were posted the entire week!)

This year, Drs. Rick Bukata and Jerry Hoffman continued their annual popular session "Clinical Pearls From the Recent Medical Literature." Dr. Salim Rezaie (@srezaie) tweeted a key take-home message from one study they featured (Kanzaria HK, Hoffman JR, Probst MA, et al. Emergency physician perceptions of medically unnecessary advanced diagnostic imaging. *Acad Emerg Med.* 2015;22:390-398.). "Why do EM Docs Order Unnecessary Tests? Top 2 Reasons: 1. Don't Want to Miss Dx 2. Don't Want to Get Sued."

Interestingly enough, Jerry and Rick threw some complexity on the picture, citing a *New England Journal of Medicine* paper (Waxman DA, Greenberg MD, Ridgely MS. The effect of malpractice reform on emergency department care. *N Engl J Med.* 2014;371:1518-1525), that surprisingly found that litigation reform did not change rates of advanced imaging or hospital admission in three states. And in case you're wondering, yes, the hashtag #Hofkata seems to have survived from 2014.

Dr. David Callaway's session "That Wasn't a Firecracker: There's an Active Shooter in the Hospital" was a harrowing talk on an important topic we all wish were not necessary. Sad but true, but this situation is more likely than an Ebola exposure. From Dr. Sean Fox (@PedEMMorsels): "Metal detectors in the ED decrease the number of weapons, but [do] not decrease number of assaults." Finally, winning the award for Twitter-pearl-I-hope-none-of-us-ever-has-to-see, from @HenryFordEM: "Active shooter lecture: great door barricade is stretcher pushed up against door and wheels locked."

Here's to a safe and educational #ACEP15! For more daily round-ups, check out FOAMcast on iTunes or at FOAMcast.org with me, and my cohost Dr. Lauren Westafer (@LWestafer).

Special thanks to the #ACEP15 official social media team and everyone else tweeting from Boston. 📍

DR. FAUST is an emergency medicine resident at Mount Sinai Hospital in New York and Elmhurst Hospital Center in Queens.

DON'T BE CAMERA SHY—COME ON BY!

STUDIO ACEP OPENS TUESDAY AT 9:30 A.M. JUST OUTSIDE THE REGISTRATION AREA AT THE BOSTON CONVENTION AND EXHIBITION CENTER AND DOESN'T SHUT DOWN UNTIL THE CAMERA CALLS IT QUITS AT 5 P.M.

Get your picture taken by a professional photographer, and we'll send you the finished digital headshot after the convention, absolutely free. Use it for your LinkedIn page, Facebook profile, or however you would like. While you're there, please help ACEP with some promotional images. If you've seen some of your colleagues in our advertisements or conference promotions throughout



the year, it's because they stopped by the studio and spent a couple of minutes with our marketing team.

While you're there, please give us a video testimonial as well. What's on your mind? What's your favorite ACEP member benefit? What do you love about emergency medicine? Say it for the camera. We very much appreciate the help!

PLEASE JOIN US FOR A PRODUCT SHOWCASE LUNCH PRESENTATION AT THE ACEP15 SCIENTIFIC ASSEMBLY

IMPROVING CLINICAL PRACTICE IN PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION

TUESDAY, OCTOBER 27, 2015
11:30 AM – 12:15 PM

Seating available on a first-come, first-served basis.

BOSTON CONVENTION
& EXHIBITION CENTER

Exhibit Hall - Product Showcase I
Boston, Massachusetts

STANLEY C. THOMPSON, MD

Regional Medical Director
TEAMHealth Midsouth
Memphis, Tennessee

PROGRAM DESCRIPTION

This lecture will present options for reducing the risk of stroke in patients with nonvalvular atrial fibrillation.

ACTIVITY DISCLOSURE

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs.

For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal, or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

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This symposium is not a part of the official Scientific Assembly educational program as planned by ACEP's Educational Meetings Committee.

Sponsored by Janssen Pharmaceuticals, Inc.



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October 2015

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Prep for Discomfort

Critical neurological conditions that fall outside the EM comfort zone

by RICHARD QUINN

BOSTON—BAO and PRES and colloid cysts, oh my.

Matthew Siket, MD, co-director of the stroke centers at Rhode Island and The Miriam hospitals in Providence, didn't want to sound like a fear monger when he delivered "Case Studies of Subtle Presentations of Devastating Neurological Conditions" at ACEP15 on Monday afternoon. But he most assuredly wanted the emergency physicians who gathered—and those reading this now—to view the session as a clarion call that taking an extra minute to be vigilant for worst-case scenarios is important.

"It's increasing awareness that these entities exist, that they can be emergent, and having it in your diagnostic armamentarium can help you be a better clinician," said Dr. Siket, assistant professor of emergency medicine at The Warren Alpert Medical School of Brown University in Providence.

Via a series of case studies, Dr. Siket introduced less common medical conditions such as BAO (basilar artery occlusion), PRES (posterior reversible encephalopathy syndrome), and CADASIL (cerebral autosomal-dominant arteriopathy with subcortical infarcts and leukoencephalopathy). He doesn't expect emergency physicians to become neurologists, but

rather to be aware of the conditions and be prepared should one present.

In fact, Dr. Siket believes that ACEP15 and other large-scale educational opportunities are a perfect place to learn about concepts, conditions, and care normally outside doctors' proverbial comfort zones.

"We need to use forums like this to discuss the things we don't see as often," he said. "Maybe identify the areas that we're a little less comfortable clinically. Our perceived weaknesses. The patients we're not excited to see. For a lot of us, the subtle or obscure neurological condition is entirely the opposite of emergency medicine. It's the field we chose not to go in. But it's very relevant."

Kerin Howe, ARNP, agrees. "I'm not well educated on subtle neurological conditions," said Ms. Howe, who works for Florida Emergency Physicians in Orlando. "You hear this

and it's an eye opener."

Ms. Howe will now add the presentations to her differential as she sees neurological cases back home. So will Robert Butler, MD, a fourth-year medical student at Brown University in Providence.

"A lot of times...you have someone who you just have an extra sense about," said Dr. Butler, who has worked under Dr. Siket as an attending. "This talk, it moves your discussion to a higher level. You think, 'What about PRES? What about something else?' It might just push [you] a little bit farther to get the MRI or do another test. I'm more comfortable thinking about it after seeing this and [more comfortable] having that discussion with neurologists and neurosurgeons." ☪

RICHARD QUINN is a freelance writer in New Jersey.

Don't Miss These ED Talks

WATCH THESE 10-MINUTE PRESENTATIONS IN THE ED TALKS THOUGHT LEADER THEATER to discover how these cutting-edge products and services drive change in your emergency department. Catch it all at innovatED in the Exhibit Hall at Boston Convention and Exhibition Center.

TUESDAY

11:10–11:20 a.m.

Three Ingredients for Letting Doctors Be Doctors

Presented by Todd Rothenhaus, MD, chief medical officer and senior vice president of network knowledge, athenahealth, Watertown, Massachusetts

Thanks to a combination of bad technology, changing reimbursements, and piles of regulations, it's harder now than ever for doctors to do what they were trained for: treating patients. But all hope is not lost, argues Dr. Rothenhaus. By combining a better user experience, more relevant patient information and connectivity, and realtime decision support within the workflow, it is possible to once again let doctors be doctors.

Sponsored by athenahealth

11:50 a.m.–noon

Defusing the Threat: A Multidisciplinary Approach to the Management of Combative Patients in the ED

Presented by Lynn Roppolo, MD, FACEP, associate professor of emergency medicine and associate director of the emergency medicine residency program, University of Texas Southwestern Medical Center, Dallas

Learn new strategies designed to decrease the number of physical assaults on medical staff by aggressive patients in the ED.

Sponsored by Critical Decisions

2:40–2:50 p.m.

LMA Protector—New Possibilities in Emergency Airway Management

Presented by Stephen R. Luney, MB BCH BAO, consultant neuroanesthetist, Royal Group of Hospitals, Belfast, U.K.

This presentation will explore the potential of the LMA Protector to separate the digestive and respiratory tracts in the context of emergency airway management.

Sponsored by Teleflex Inc.

TAKE ADVANTAGE OF THE NEMPAC DONOR LOUNGE

Because of ACEP member support, the National Emergency Medicine Political Action Committee (NEMPAC) has become one of the top medical PACs in the country and a respected political voice in Washington, D.C. ACEP15 is your opportunity to not only participate in the annual giving campaign, but to learn more about NEMPAC's year-round activities. Which candidates will NEMPAC back in coming elections and why? What are the most important items on the legislative agenda? NEMPAC leaders and staff will be on hand to answer your questions. Learn more about NEMPAC when you get to Boston and get involved.

NEMPAC VIP Donor Lounge

(by invitation only)

**TUESDAY, OCT. 27–
WEDNESDAY, OCT. 28**
8 a.m.–4 p.m.

ACEP members who have donated \$600 or more in the past year are invited to relax in this private lounge with complimentary breakfast, lunch, snacks, professional neck and shoulder massages, television, and business center amenities. NEMPAC Board members and staff will be on hand to discuss NEMPAC's activities and agenda.



“Tube Stealer” Advocates for Non-Invasive Positive Pressure

The first step, says Scott Weingart, MD, is to obtain and learn how to use a ‘decent’ ventilator

by TERESA MCCALLION

BOSTON—Many may know Scott D. Weingart, MD, FACEP, as the chief of the Division of Emergency Critical Care at Stony Brook Hospital in New York City, and clinical associate professor of emergency medicine at Stony Brook Medicine. However, his coworkers often refer him to as “The Tube Stealer,” for advocating noninvasive positive pressure (NIPP) ventilation in specific patients. The advantages are clear, he said, including the elimination of crash intubations and reduced ICU stays.

For emergency physicians who wish to join Dr. Weingart’s camp, he suggested preparing for these patients by, first, acquiring a decent non-invasive or standard ventilator and learning to use it.

“We always get the crappiest ventilators in the ED,” he told a jam-packed room at ACEP15.

“Fight to get a good one.” If that is impossible, he recommended investing in stand-alone continuous positive airway pressure (CPAP) devices that hook up to wall oxygen, at a cost of approximately \$30 for a single-use package that includes a mask.

Although modern ventilators look complex, Dr. Weingart said that there are only a few dials that an emergency physician needs to know. First, set the mode to “spontaneous.” “This way, the patient has to inhale to get a breath,” he said. “Leave [the trigger] to whatever it’s already set to.”

The key is to understand the use of positive end expiratory pressure and type of exhalation. Inspiratory positive airway pressure (IPAP) fixes ventilation issues. Expiratory positive airway pressure (EPAP) fixes oxygenation problems. “Don’t give IPAP if ventilation is fine. Don’t give EPAP if oxygenation is fine,”

Dr. Weingart said, adding it’s important to remember that an increase in EPAP causes the tidal volume to fall.

He also said he believes that, in these situations, there is no difference between CPAP and bi-level positive airway pressure (BiPAP). The real question should be, how much expiratory pressure does the patient need?

With regard to patients in respiratory failure, there are generally two types—those with an oxygen issue and those with chronic issues, including those with chronic obstructive pulmonary disease (COPD), which are typically a ventilation problem.

“There is no better use of noninvasive ventilation than COPDers. This is the huge ‘win’ we have in the ED,” he said.

Another type of patient who can benefit from NIPP are those suffering from symptomatic crashing acute pulmonary edema

(SCAPE). Dr. Weingart said these patients present as pale, cold, and sweaty.

“If we don’t treat them immediately, they will die,” he said. He also noted that NIPP provides a secondary benefit of reducing afterload. “It gives the heart a nice little squeeze.” Dr. Weingart also uses NIPP for patients in respiratory distress with DNR orders.

“It seems like an aggressive modality, but it’s actually comfort palliation,” he said. If the family wants to be with them, he exchanges the non-rebreather mask for a high-flow, nasal cannula.

According to Dr. Weingart, several patient populations benefit from the use of NIPP. Although he is known by his colleagues for stealing their tubes, he said, “That’s a good thing.”

TERESA MCCALLION is a freelance medical writer based in Washington State.

ACEP Advocacy in High Gear at ACEP15

Emergency physicians in Boston this week have many opportunities to learn about and support ACEP’s advocacy agenda in preparation for a packed legislative agenda in Congress and the 2016 elections.

As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical political action committees and continues to be a strong, respected voice in Washington, D.C.

Prior to and during the ACEP Council meeting Saturday and Sunday, NEMPAC collected nearly \$300,000 from Council members. Combined with thousands of donations by ACEP members across the country this year, NEM-

PAC is well on the way to exceeding the \$1 million goal set by the ACEP Board in 2015.

NEMPAC serves a vital role in advancing ACEP’s legislative agenda and in broadening ACEP’s visibility with Congress. This growth has allowed NEMPAC to be involved in hundreds of races across the country and help the re-election efforts of two ACEP members: Rep. Joe Heck (R-NV), who is running for Senate in Nevada, and Rep. Raul Ruiz (D-CA). NEMPAC and the USACS PAC co-hosted events for both legislators here in Boston.

NEMPAC is currently the fourth largest physician specialty political action committee, behind anesthesiologists, orthopedic surgeons, and radiologists—with a goal of becoming number one. This goal has been embraced by

ACEP members as well as by emergency medicine group practices, which are finding creative ways to encourage their ACEP member physicians to support NEMPAC.

This year, ACEP physicians in seven emergency medicine group practices were recognized for their outstanding support including: CEP America, EmCare, Emergency Medicine Physicians (EMP), Eastside Emergency Physicians (EEP), Florida Emergency Physicians (FEP), Medical Emergency Professionals (MEP), and Wake Emergency Physicians (WEPPA).

911 Legislative Grassroots Network

During the Council meeting, the Arizona, Michigan, North Carolina, and Texas ACEP

Chapters were recognized for their efforts to increase participation in the 911 Network, emergency medicines’ premier grassroots advocacy network. EMRA also received an award for going the extra mile in engaging EM residents in legislative and political advocacy.

911 members establish relationships and serve as resources for federal legislators and their staffs. Dr. Arlo Weltge from Houston, TX was recognized this week as the 911 Network Member of the Year.

The Network currently has more than 2,000 participants and is looking to expand into every congressional district with the help of interested emergency physicians. For more information, please go to www.acepadvocacy.org.

VOXDOX WINS TOP AWARD AT EM HACKATHON



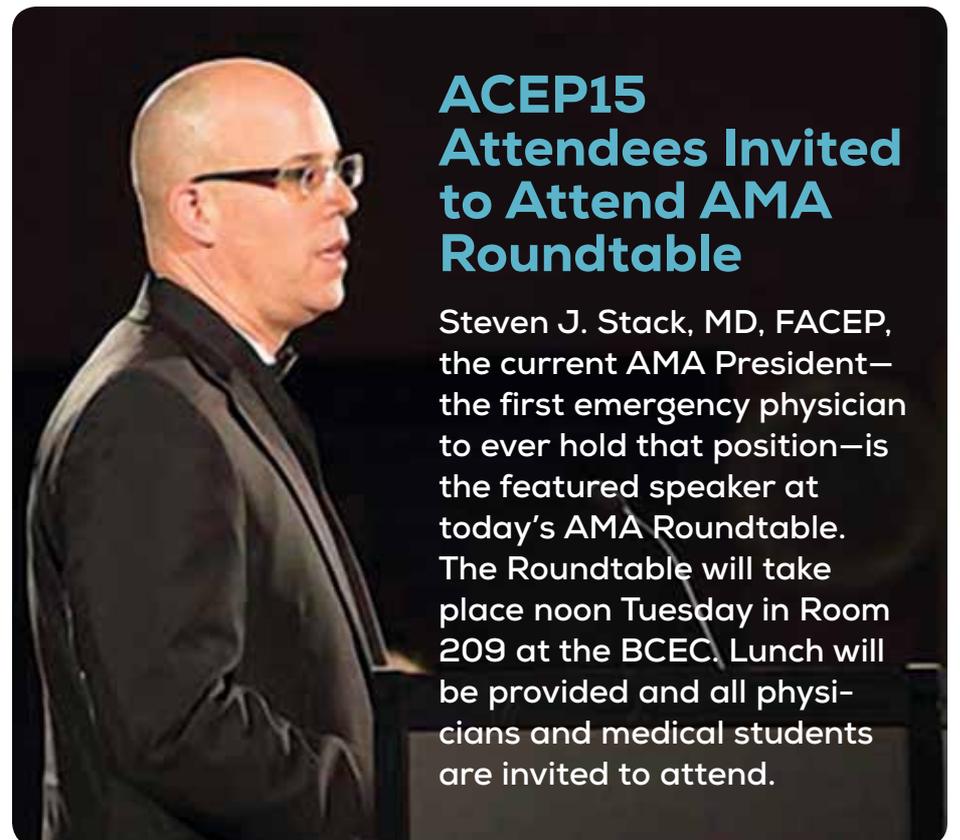
TIME-SAVING INNOVATIONS for emergency departments took top honors at the second annual EM Hackathon, where physicians collaborated with computer programmers, engineers, and other experts to tackle challenges facing emergency medicine.

The CodeRed competition, which combined the efforts of ACEP, the Emergency Medicine Residents Association, Hacking Medicine at the Massachusetts Institute of Technology, and Grand Sponsor athenahealth, started early Friday evening and continued through early Sunday.

The winner of the \$3,000 grand prize was a team called VOXDOX, which developed a system that integrates voice-activated software with electronic medical records to help physicians spend more time with their patients and less time with the computer.

THE OTHER PRIZE WINNERS WERE:

- Best EM Solution (\$2,000): Rapid ROS
- EM Runner-up (\$1,000): EM Compass
- Best athena API Solution (\$2,000): TrackBack
- athena API Runner-up (\$1,000): UpdatEDpatient
- Two Honorable Mentions (\$500 each): PharmaCube & FairMeds
- EMRA Prize (\$500): Lung or Gut we’ll save your butt!



ACEP15 Attendees Invited to Attend AMA Roundtable

Steven J. Stack, MD, FACEP, the current AMA President—the first emergency physician to ever hold that position—is the featured speaker at today’s AMA Roundtable. The Roundtable will take place noon Tuesday in Room 209 at the BCEC. Lunch will be provided and all physicians and medical students are invited to attend.

ACEP HONORS GROUPS IN THE 100% CLUB

ACEP's Group Recognition Program is a great way to show your employees that you care about their continued success. This year, there are 136 groups in ACEP's 100% Club. If your group is interested in participating in ACEP's Group Recognition Program, please visit the ACEP15 registration area or the Resource Center inside the Exhibit Hall.

ACEP proudly recognizes these groups that have all eligible emergency physicians enrolled as members:



Albany Medical Center Emergency Physicians
All Childrens Emergency Center Physicians
APEX Emergency Group
Asheboro Emergency Physicians PA
Athens-Clarke Emergency Specialist
Augusta Emergency Physicians
Big Thompson Emergency Physicians PC
BlueWater Emergency Partners
Brooklyn Hospital Center Emergency Physicians
Cabarrus Emergency Medical Associates
Carson Tahoe Emergency Physicians
Cascade Emergency Associates
Cascade Emergency Physicians Incorporated
Catawba Valley Emergency Physicians-Wake Forest
Central Coast Emergency Physicians
Centre Emergency Medical Associates
Childrens Hospital at Oklahoma University Medical Center Section of Pediatric Emergency Medicine
Comprehensive Emergency Solutions, SC
Concord Emergency Medical Associates
Covenant Health Care
Department of Emergency Medicine South Alabama
Doctors Emergency Services Delaware
E Merge Physicians
East Carolina University
Eastside Emergency Physicians
Elkhart Emergency Physicians, Inc.
EM Medical PC
Emergency Associates of Yakima
Emergency Care Consultants PC
Emergency Care Specialist Incorporated
Emergency Medical Associates PLLC
Emergency Medical Associates SW Washington Medical Center
Emergency Medical Professionals, PA
Emergency Medical Specialists Colorado Springs
Emergency Medical Specialists PC
Emergency Medicine Associates Ltd
Emergency Medicine Associates Philippines Company
Emergency Medicine of Idaho
Emergency Medicine Specialists of Orange County
Emergency Physicians & Consultants
Emergency Physicians of Central Florida LLP
Emergency Physicians of Indianapolis
Emergency Physicians of Tidewater
Emergency Professional Services PC

Emergency Service Associates
Emergent Medical Associates
EmergiNet
Emerson Emergency Physicians LLC
Emory Department of Emergency Medicine
EPIC, LLC
First Contact Medical Specialist
Flagstaff Emergency Physicians
Florida Emergency Physicians Kang & Associates
Florida Regional Emergency Associates
FrontLine Emergency Care Specialist
Georgia Emergency Medical Specialist
Georgia Emergency Physician Specialists LLC
Georgia Regents University
Grand River Emergency Medical PLC
Green Country Emergency Physicians
Hawaii Emergency Physicians Associates Incorporated
Idaho Emergency Physicians PA
Indiana University Health Physicians
Johns Hopkins Medical Institute Faculty
Lehigh Valley Physicians Group
Long Island Emergency Medical Care PC
Long Island Jewish Emergency Physicians
Maine Medical Center Emergency Physicians
Medical Center Emergency Services
Medical Services of Prescott
MEP Health LLC
Mercy Hospital Emergency Physicians
Mercy Medical Center Emergency Medicine Physicians
Merrimack Valley Emergency Associates
Mid Atlantic Emergency Medical Associates
Midland Emergency Room Corporation PC
Napa Valley Emergency Medical Group
New York Methodist Hospital Emergency Physicians
Newport Emergency Medical Group Incorporated
Newport Emergency Physicians Incorporated
North Memorial Emergency Physicians
North Shore Forest Hills Emergency Physicians
North Shore Franklin Hospital
North Shore Huntington Hospital
North Shore LIJ Lennox Hill HealthPlex
North Shore Plainview Hospital
North Shore Southside Hospital
North Shore University Hospital at Syosset
North Shore University Hospital Emergency Physicians of Manhasset

North Shore University Hospital Glen Cove
North Sound Emergency Medicine
North West Iowa Emergency Physicians
Northeast Emergency Medicine Specialists
Northside Emergency Associates
Orion Emergency Services
Pacific Emergency Providers APC
Pediatric Emergency Medicine
Peninsula Emergency Physicians, Inc
Phoenix Physicians Services Incorporated
Physician Services of Kansas University
Preston MD & McMillin MD PC
Professional Emergency Physicians Incorporated
Puget Sound Physicians
Pullman Region Hospital
Questcare Medical Services
Rapid City Emergency Services PA
Rutgers Robert Wood Johnson Medical School Physicians
Sandhills Emergency Physicians
Sanford Emergency Department
Scottsdale Emergency Associates
Southwest Florida Emergency Physicians
St Joseph Hospital Bangor Maine
St Jude Emergency Medical Group Incorporated
St Paul Emergency Room Docs, PA
Sturdy Memorial Emergency Physicians
Tacoma Emergency Care Physicians
Tampa Bay Emergency Physicians
Timberline Emergency Physicians PC
Tri City Emergency Medical Group
Tufts Medical Center EP, LLC
UAB Emergency Medical
UF Department of Emergency Medicine Group
UMass Memorial Emergency Medicine
Unity Emergency Physicians PA
University of Florida Jacksonville
University of Louisville Physicians
University of Mississippi Medical Center Physicians
University of Virginia Physicians Group
University Puerto Rico
Wake Emergency Physicians PA
Washington University - Missouri
Wenatchee Emergency Physicians PC
West Virginia University Hospital
Western New Mexico Emergency Physicians
Westfield Emergency Physicians
Winter Haven Hospital



PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

These educational and product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen on the exhibit floor. Show up early! Seating is limited to 150, and a boxed meal will be served at each event. Attendees will be entered into a drawing to win a registration to ACEP16 in Las Vegas.

TUESDAY

11:30 a.m.–12:15 p.m.

Janssen Pharmaceuticals Product Showcase

A Paradigm Shift in the Treatment of Thrombosis
Product Showcase I, Exhibit Hall, BCEC

11:30 a.m.–12:15 p.m.

Teva Pharmaceuticals Product Showcase

Acute Treatment of Agitation Associated with Schizophrenia or Bipolar I Disorder
Product Showcase II, Exhibit Hall, BCEC

2:30–3:15 p.m.

Mallinckrodt Pharmaceuticals Product Showcase

OFIRMEV (acetaminophen) Injection: A Non-Opioid Foundation for Multimodal Analgesia in the Perioperative Patient
Product Showcase I, Exhibition Hall, BCEC



DON'T MISS THE LAST DAY OF THE RESEARCH FORUM

THE RESEARCH FORUM HAS BEEN ELEVATED TO NEW HEIGHTS IN 2015 WITH AN ELECTRONIC SHOWCASE AND MORE ORIGINAL RESEARCH THAN EVER BEFORE.

Held Monday and Tuesday, Oct. 26-27, this is the world's largest gathering of emergency medicine researchers, and access is free as part of your ACEP15 four-day registration.

Listen to oral presentations followed by a discussion led by a recognized researcher. You can also view selected abstracts electronically, grouped by topic and critiqued by a recognized discussant.

SCHEDULE

TUESDAY, OCT. 27

7 a.m.-3 p.m.
Registration

7 a.m.-5 p.m.
Abstracts open

8-9 a.m.
Electronic Abstract Session IV

9-10 a.m.
Oral Presentation III-Get Your Geek On!
Transforming Emergency Care with Technology

10-10:30 a.m.
State-of-the Art: Books, Blogs and The Diamond Age of Emergency Medicine, *Judith Tintinalli, MD, MS, FACEP, and Scott Weingart, MD, FACEP*

10:30-11:30 a.m.
Electronic Abstract Session V

11:30 a.m.-1 p.m.
*EMF Showcase luncheon

1-2 p.m.
Electronic Abstract Session VI

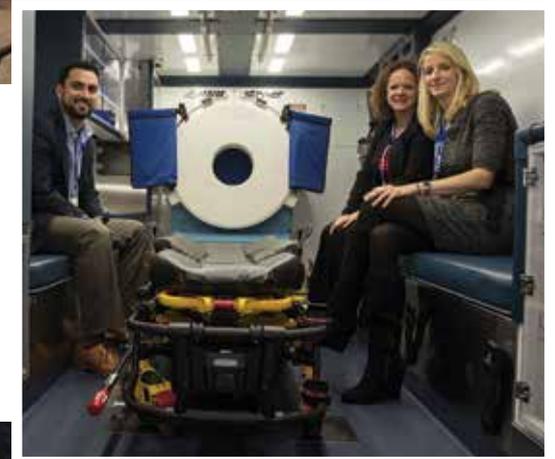
2-3 p.m.
Oral Presentation IV-Little People, Big Results:
The Best of Pediatric Research

3-4 p.m.
Prime Time Practice-Changers: Highlights of the 2015 Research Forum, *Phillip Levy, MD, FACEP, Moderator, Chris Barton, MD, FACEP, and Alex Limkakeng, MD, FACEP*

4-5 p.m.
Wine and Cheese Network Social
**By invitation only*



Clockwise from top: *Annals of Emergency Medicine* training session in the ACEP Resource Center; an ambulance interior at innovatED; one of the many hands-on demonstrations at the Exhibit Hall; the Exhibit Hall from above; and David Lebell, MD, FACEP, at one of Monday's procedure labs.



Participate in Study at Research Forum

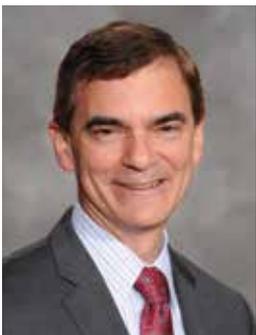
PLANNING TO VISIT THE ACEP RESEARCH FORUM? If so, be sure to stop by the ACEP ICU! Sponsored by The Medicines Company, this new feature offers Research Forum attendees a unique simulated patient experience, along with the opportunity to participate in a cutting-edge study of normative practice patterns. Always looking forward, the ACEP Research Forum is your portal to what's next in emergency medicine.

ACEP POLL SHOWS INSURANCE INDUSTRY DRIVES PATIENTS TO SACRIFICE NECESSARY MEDICAL CARE

Seven in 10 emergency physicians responding to a new poll are seeing patients with health insurance who have delayed seeking medical care because of high out-of-pocket expenses, high deductibles, or high coinsurance. The poll focuses on how the cost-cutting practices of health insurance companies are affecting emergency patients and medical providers.

Nearly three-quarters (73 percent) reported seeing increased numbers of patients because health plans are failing to provide adequate numbers of primary care physicians (“narrow networks”). The narrow network trend is growing among health plans that want to hold down costs and discourage patients from seeking medical care. About two-thirds (67 percent) of the doctors reported that primary care physicians are sending patients to emergency departments to receive medical tests or procedures when health insurance companies refuse to cover them in an office setting.

“This is a scary environment for patients,” said Jay Kaplan, MD, FACEP, president of ACEP. “Many patients are motivated by fear of costs and not by the seriousness of their medical conditions. The insurance companies are shifting costs onto patients and medical providers as they attempt to increase their bottom lines, and this threatens the foundation of our nation’s medical care



“Health insurers have been taking gross advantage of patients and medical providers since the Affordable Care Act (ACA) took effect, arbitrarily slashing reimbursements to physicians by as much as 70 percent. Patients and physicians should band together to fight these dangerous insurance industry practices.”

—Jay Kaplan, MD, FACEP

system. They call it cost-cutting when in reality it is profit-boosting. In addition, health insurance companies are shrinking the number of doctors available in their networks, making it more likely that patients will be forced into out-of-network situations.”

According to the poll of 1,433 emergency physicians conducted by the ACEP in September 2015:

- 60 percent of physicians reported having difficulty finding specialists for their patients because of narrow network plans that limit the number of medical providers.
- More than 80 percent reported treating patients who said they had difficulty finding specialists to care for them because health plans have narrow networks.
- 65 percent said they are seeing an increased number of patients in the emergency department, in large part because health insurance companies are failing to provide an adequate number of primary care physicians to support the needs of communities.
- 73 percent reported seeing increased numbers of Medicaid patients because insurance companies were failing to provide adequate numbers of primary care or specialty physicians for their patients.
- 20 percent reported considering for themselves or knowing other emergency physicians who were opting out of health insurance networks, with nearly 90 percent of them saying the reason was because health plans were not willing to negotiate reasonable market rates for services.

“Insurance industry claims about ‘surprise bills’ are disingenuous since they created the ‘heads I win, tails you lose’ environment,” said Dr. Kaplan. “Balance billing would not even exist if health plans paid what is known as ‘usual and customary’ payment in the insurance industry—what is also known as ‘fair payment.’ Emergency patients are especially vulnerable because health plans know that emergency departments never turn anyone away. Health insurers have been taking gross advantage of patients and medical providers since the Affordable Care Act (ACA) took effect, arbitrarily slashing reimbursements to physicians by as much as 70 percent. Patients and physicians should band together to fight these dangerous insurance industry practices.”

Dr. Kaplan also questioned why four of the largest insurance companies had the resources to merge, given the ACA requires insurers to spend at least 80 percent of premium revenue on medical care.

“Isn’t the goal of the ‘Affordable Care Act’ to make health care more affordable?” asked Dr. Kaplan. ☺

LIVE FROM ACEP15





Q: WHAT ABOUT LEARNING AT ACEP15 IS DIFFERENT THAN LEARNING IN THE HOSPITAL OR AT HOME?

“This is a little bit more rapid fire. You get to spend a couple of days and get rapid succession hours of high-yield information pretty quickly. That’s a better way to learn. It’s a much more fun way to learn. It’s intense, to the point. And I think a lot of ER docs like that.”

*—Sommer Gripper, MD, MS,
Montefiore Medical Center,
Bronx, New York*





Q: WHAT ABOUT LEARNING AT ACEP15 IS DIFFERENT THAN LEARNING IN THE HOSPITAL OR AT HOME?

“I want to learn more to be more specialized. We have a lot of nice attendings, but they have their own point of view. I want to learn more from multiple perspectives. I’m from Japan originally...when you go to a Japanese conference, it’s just Japanese people. [This is] the best conference to see people from all over the world.”

—Yoshito Okumura, MD, North Shore University Hospital, Manhasset, New York

ACEP Council Considers Adding Members, Clinical Issues, and More

The 2015 ACEP Council considered several resolutions during its annual meeting this week, including issues related to public policy, clinical issues, and emergency medicine practice trends.

This year’s 373-member Council represents all 53 chapters, 33 ACEP sections of membership, the Emergency Medicine Residents’ Association (EMRA), the Association of Academic Chairs in Emergency Medicine, the Council of Emergency Medicine Residency Directors, and the Society of Academic Emergency Medicine.

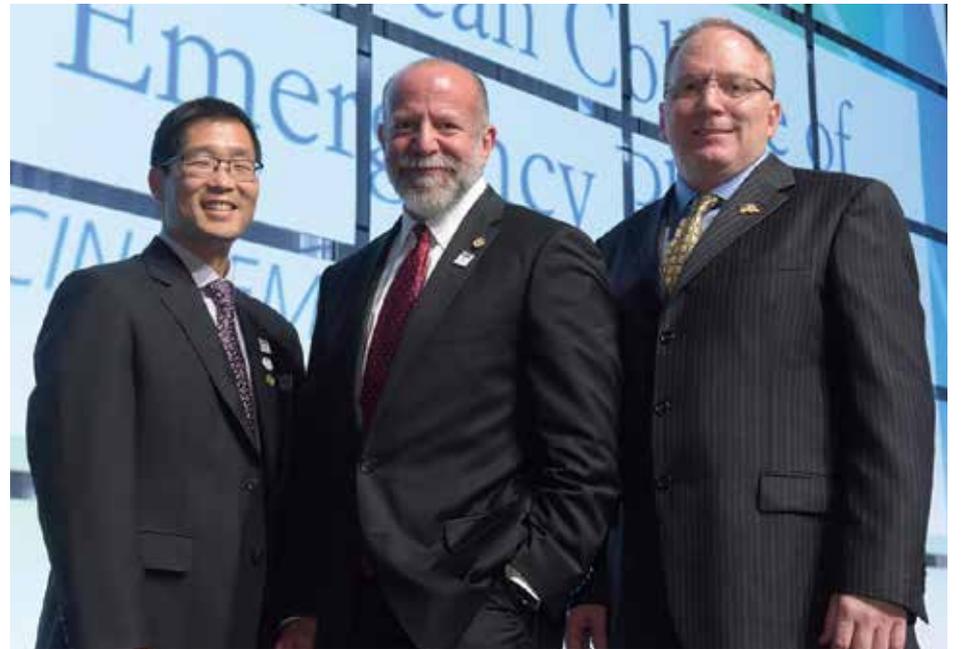
The resolutions adopted by the Council do not become College policy until they are reviewed and approved by the ACEP Board of Directors on Thursday.

On Sunday, the Council approved a resolution to increase the number of Councilors representing EMRA from the current four to eight seats. It was pointed out that EMRA was given its four Council seats in 1992 when it had about 2,500 members. Currently, EMRA has about 6,500 residents in its membership, in addition to several thousand medical students and alumni members.

The Council also adopted a resolution to address ethical violations by non-ACEP members. In an effort to address unethical expert witness testimony, this resolution will allow ACEP to admonish non-members and report the admonishment to the expert’s professional society, medical organizations, and state medical licensing board.

The Council also adopted resolutions related to:

- ACEP and the pharmaceutical industry
- American Board of Medical Specialties Maintenance of Certification and Maintenance of Licensure
- Critical communications for ED radiology findings
- Defining urgent care centers and transparency in urgent care centers
- Electronic nicotine delivery systems
- Electronic submission of resolution amendments
- Emergency department detox guidelines
- Enabling access to epinephrine for anaphylaxis
- Establishing state and national physician orders for life-sustaining treatment/end-of-life registries
- Fellowship status
- Graduate medical education funding



Council Elects New College Leaders

The ACEP Council selected two new ACEP Board members at its meeting on Sunday. Christopher S. Kang, MD, FACEP, FAWM (left), and Mark Rosenberg, DO, MBA, FACEP (center). Col. (ret.) John McManus, MD, MBA, MCR, FACEP (right), was elected as Council Vice Speaker.



Returning College Leaders

Left to right: Vidor Friedman, MD, FACEP, and William Jaquis, MD, FACEP, were re-elected by the Council. James M. Cusick, MD, FACEP, was named Council Speaker.

- Group purchasing effects on patient care
- Health care information exchanges
- Increasing use of advance directives
- Integrating emergency care into the greater health care system
- Intravenous ketamine for pain management in the ED
- Patient satisfaction scores and safe prescribing
- Procedural credentialing requirements
- Prolonged emergency department boarding
- Reimbursement for ultrasound performed by emergency physicians
- Required CME burden
- Searchable Council resolution database
- Support for drug “take-back” programs

- Telemedicine appropriate support and controls
 - Transitioning out of medical practice
- These items were referred to Board for additional consideration:
- ER is for emergencies (best practices campaign)
 - Patient satisfaction surveys in emergency medicine
 - Standards for fair payment of emergency physicians
 - State medical board review of emergency medicine practice
 - Use of body cameras worn by law enforcement in the emergency department
- Next year’s Council meeting will take place Oct. 13–14 in Las Vegas. ☪

SATELLITE SYMPOSIA OFFER EVEN MORE EDUCATION OPTIONS

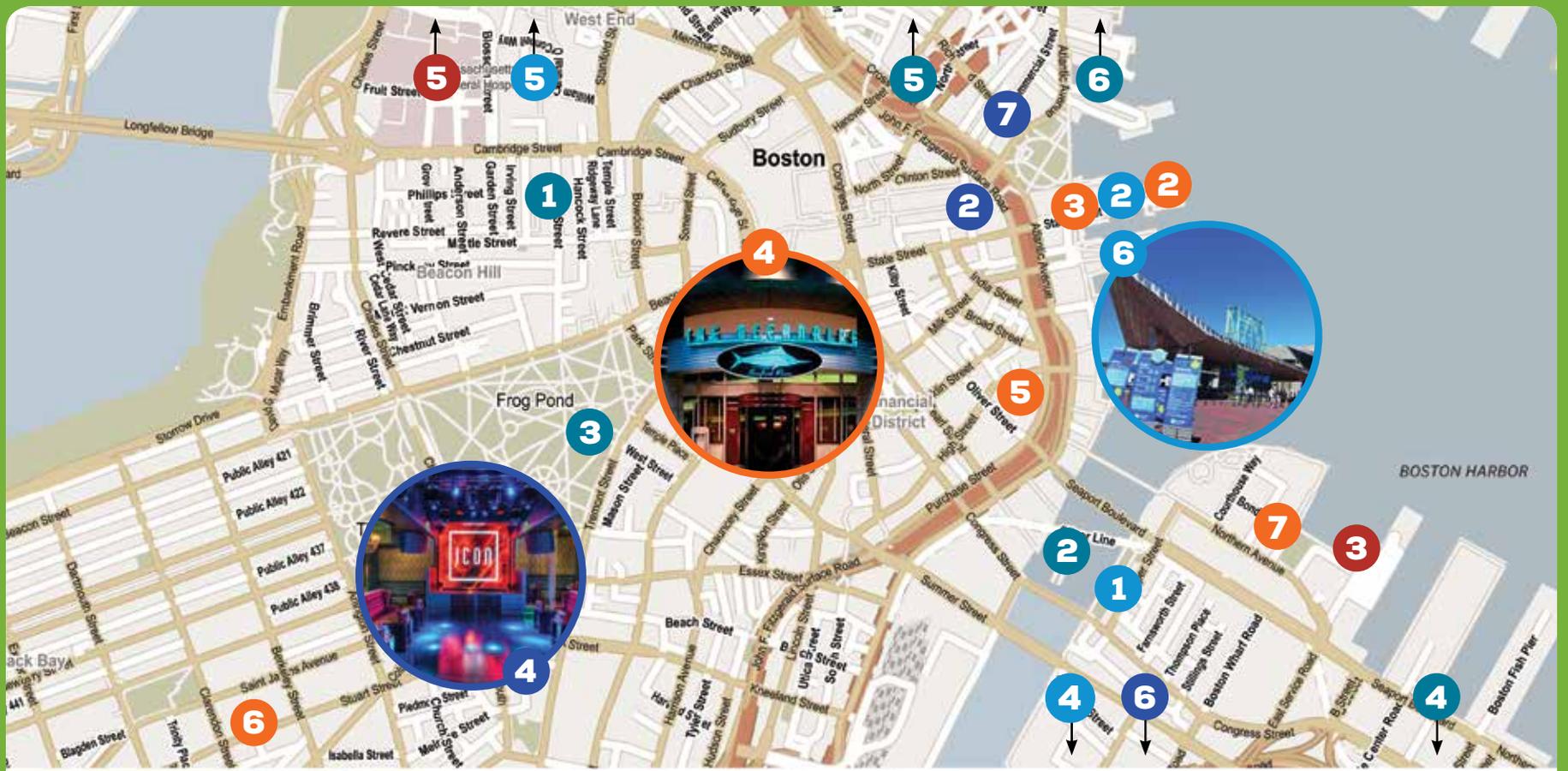
INDUSTRY-SPONSORED SATELLITE SYMPOSIA PROGRAMS ARE EDUCATIONAL, AND SOME OFFER CME CREDIT. THESE PROGRAMS ARE NOT A PART OF THE OFFICIAL ACEP15 EDUCATION PROGRAM AS PLANNED BY ACEP’S EDUCATIONAL MEETINGS COMMITTEE.

TUESDAY, OCT. 27, 6–9 P.M.

Caring for Critically Ill and Injured Patients in the Emergency Department
The Westin Copley Place, Essex South Ballroom, Grantor: Janssen Pharmaceuticals

WEDNESDAY, OCT. 28, 6–8 A.M.

Stroke Prevention in NVA: Optimizing the Use of Oral Anticoagulants
in the Emergency Department
Grantor: Daiichi Sankyo



HISTORY	DINE IN STYLE	NIGHTLIFE	ART AND CULTURE	FAMILY FUN
1 African Meeting House 46 Joy St. 2 Boston Tea Party Ships and Museum 306 Congress St. 3 Freedom Trail 139 Tremont St. 4 John F. Kennedy Presidential Library & Museum Columbia Point 5 Old North Church 193 Salem St. 6 USS Constitution Museum Building 22, Charlestown Navy Yard	1 Algiers Coffee House 40 Brattle St. 2 Chart House* 60 Long Wharf 3 Legal Sea Foods 255 State St. 4 The Oceanaire Seafood Room* 40 Court St. 5 Palm Restaurant* 1 International Pl. 6 Post 390* 406 Stuart St. 7 Strega Waterfront* 1 Marina Park Dr.	1 Cask 'n Flagon* 62 Brookline Ave. 2 Frost Ice Loft 200 State St. 3 House of Blues* 15 Lansdowne St. 4 ICON & VENU* 100 Warrenton St. 5 Jillian's/Lucky Strike* 145 Ipswich St. 6 Laugh Boston Comedy Club 425 Summer St. 7 The Living Room 101 Atlantic Ave	1 Harvard Square Brattle St. and Massachusetts Ave. 2 Harvard Museum Natural History 26 Oxford St. 3 Institute of Contemporary Art 100 Northern Ave. 4 Isabella Stewart Gardner Museum* 25 Evans Way 5 Museum of Science 1 Science Park 6 Museum of Fine Arts, Boston 465 Huntington Ave.	1 Boston Children's Museum 308 Congress St. 2 Boston Harbor Islands National Park 66 Long Wharf (ferry location) 3 Fenway Park 4 Yawkey Way 4 Franklin Park Zoo 1 Franklin Park Rd. 5 LEGOLAND Discovery Center 598 Assembly Row 6 New England Aquarium* 1 Central Wharf

*LOCATION OF ACEP15 EVENT



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Hot Sessions

Eyeing Better Diagnosis and Treatment for Ophthalmologic Emergencies

by VANESSA CACERES

Emergency physicians must be comfortable evaluating and treating a wide range of ophthalmology-related emergencies, said Jason R. Knight, MD, FACEP, vice chair of ED operations and medical director of the emergency medicine residency program at Maricopa Medical Center in Phoenix.

In Dr. Knight's Tuesday session, "Essential Ophthalmologic Procedures and Examinations," attendees will review ophthalmology fundamentals that often present to the emergency department. "It's a good session to attend and review an entire semester of ophthalmology compressed down into a rapid-fire, 50-minute interactive lecture," Dr. Knight said.

One reason that ophthalmologic knowledge is so important for emergency physicians is because ophthalmology tends to be a Monday through Friday, 8 a.m. to 4 p.m., specialty, and a number of practices don't even accept after-hours calls, Dr. Knight said. When treating patients, the emergency physician often must determine if an ophthalmic emergency exists and whether a specialist needs to come into the ED, if patients can follow up the next day, or if they can follow up on a nonemergent basis as an outpatient.

"It's a good session to attend and review an entire semester of ophthalmology compressed down into a rapid-fire, 50-minute interactive lecture."

—Dr. Knight

Missing critical eye findings in patients can have devastating consequences, such as strokes, Dr. Knight said.

Dr. Knight's presentation will also cover use of the slit lamp, foreign-body removal, strokes, PanOptic ophthalmoscopes, Tono-Pen, visual field testing, retrobulbar hematomas, ocular ultrasound, fluoresceins, Seidel testing, fundoscopic examination, and eye medications. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Knight

ESSENTIAL OPHTHALMOLOGIC PROCEDURES AND EXAMINATIONS

Tuesday, Oct. 27
8–8:50 a.m.
Room 210 ABC

Getting a Better Handle on Atrial Fibrillation Treatment

by VANESSA CACERES

Atrial fibrillation is the number-one sustained cardiac arrhythmia—do you know how to properly treat someone with this condition?

You will if you attend Tuesday's session "Atrial Fibrillation Update 2015: Don't Miss a Beat," given by Corey M. Slovis, MD, FACEP, professor and chairman of the department of emergency medicine at Vanderbilt University Medical Center in Nashville.

Dr. Slovis plans to discuss the non-acute risks that atrial fibrillation patients have—namely, stroke—and how they tie into the need for anticoagulation therapy. His session will focus on the CHA₂DS₂-VASc score, which is a simplified scoring system to assess if a patient with atrial fibrillation requires anticoagulation therapy when leaving the ED. The scoring system includes factors such as heart failure, age, and hypertension history.

Dr. Slovis' session will address controlling rate versus controlling rhythm. He will also talk about trying to convert atrial fibrillation patients with a calcium channel blocker versus a beta blocker. Cardioversion and recommendations for pad placement also will be discussed.

Dr. Slovis plans to discuss the nonacute risks that atrial fibrillation patients have—namely, stroke—and how they tie into the need for anticoagulation therapy.

Another part of the session will focus on anticoagulation therapy. Many emergency physicians are familiar with Coumadin (warfarin), but there are now medications called novel oral anticoagulants, or NOACs, that don't require regular blood testing and involve taking just one or two pills a day.

"It's our job to work with the patient's primary care physician to start these in the emergency department," Dr. Slovis said. "It turns out if you start these in the emergency department, patients stay on them. If you wait to refer to the primary care physician, it can take six to nine months until they are treated, and they are at risk for stroke in the meantime." ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Slovis

ATRIAL FIBRILLATION UPDATE 2015: DON'T MISS A BEAT

Tuesday, Oct. 27
9:30–9:55 a.m.
Room 153 ABC

Acting Quickly to Treat a Critically Ill Infant

by VANESSA CACERES

Treating a critically ill infant can be terrifying for an emergency physician, said Richard M. Cantor, MD, FACEP, professor of emergency medicine and pediatrics and director of the pediatric emergency department at Upstate Medical University, State University of New York, in Syracuse.

"They don't give you many clues, and they can't give you any history. They don't have a lot of measurable behavior to ask parents about," Dr. Cantor said.

In Dr. Cantor's session, "The First 30 Minutes: Initial Management of the Critically Ill Infant," he will aim to provide some help to physicians.

"The session is essentially a how-to manual to give someone, in the midst of their panic, an organized approach," he said.

One point he will cover is the importance of listening to parents. "Even younger or uninformed parents know when something is wrong with their baby," he said.

Another point to consider with critically ill infants is that they do not have any physiologic reserves when they become ill. "They don't fight infection well, they become dehydrated quickly, and if they are born with a congenital problem such as a malformation, this is when it'll show its true colors," Dr. Cantor said.

For example, vomiting in the young infant may be something benign or may be the result of a malformation in the gastrointestinal track. Or a cough could be secondary to an airway malformation. This gives the emergency physician a little more to think about when making a diagnosis.

"What's frustrating as the clinician is that you can't fix the problem at the bedside. You have to get help immediately," he said.

The good news, however, is that once infants get the appropriate care and stabilization, they often will stabilize, Dr. Cantor said. Fortunately, most congenital defects that are truly life-threatening will usually show up in the first two weeks after birth.

Dr. Cantor's session also will discuss diagnosis and treatment of shock, infections, cyanosis, heart disease, and seizures. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Cantor

THE FIRST 30 MINUTES: INITIAL MANAGEMENT OF THE CRITICALLY ILL INFANT

Tuesday, Oct. 27
10–10:25 a.m.
Room 153 ABC

Overcome Myths in Trauma Care

by RICHARD QUINN

William Mallon, MD, DTMH, FACEP, spent some 25 years at a Level 1 trauma center in Los Angeles—and that means he's seen a lot of people do things for, well, no good reason.

That inspired his session at ACEP's annual meeting: "Trauma Tea Party: Debunking Trauma Myths."

"There are a variety of myths that have just been propagated by the way trauma systems have been organized since their origins in the '70s," said Dr. Mallon, who starts in November as director of the division of international emergency medicine at Stony Brook University in Stony Brook, New York.

"That's the way we've always done it! is really not an easy boulder to move. You need leverage to move that. Sometimes you need the pry bar and leverage of evidence-based management."

—Dr. Mallon

Dr. Mallon will urge emergency physicians to identify the best practices in trauma assessment and management and not just use techniques or ideas that are outdated. That's easier said than done, however, when physicians are accustomed to, for example, a certain approach for airway management or the role of medication in rapid sequence intubation or the right chest tube to use in a given situation.

"That's the way we've always done it! is really not an easy boulder to move," Dr. Mallon said. "You need leverage to move that. Sometimes you need the pry bar and leverage of evidence-based management. Sometimes you need the pry bar and leverage of health care economics. Sometimes you need the pry bar of more collegial, combined approaches. Sometimes you need the pry bar of another specialty looking in. There are a bunch of different tools. But no matter which tools you use ... it's never an easy rock to move." ☺

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Mallon

TRAUMA TEA PARTY: DEBUNKING TRAUMA MYTHS

Tuesday, Oct. 27
10–10:50 a.m.
Room 104 ABC

Whetting Your "App"etite

by KELLY APRIL TYRRELL

Esther Choo, MD, MPH, an emergency medicine physician at Rhode Island Hospital and assistant professor in the department of emergency medicine at The Warren Alpert Medical School of Brown University in Providence, considers herself a digital health person. "I believe technology can help us be more efficient and deliver better care, safer care, and improve our patients' lives." But she doesn't consider herself a techie. The challenges to integrating new technologies, she said, are just overcome by the benefits.

As an intern, her coat pockets were bursting with reference books and cards, an eye chart, a penlight, and other tools. She estimates she was hauling around an extra five to 10 pounds. Today, she has replaced all of these with her smartphone.

In her Tuesday session, "There's an App for That': Handheld Devices and Applications That You Should Know About," Dr. Choo will review technology that is changing the way physicians practice, from single and multipurpose apps to an on-demand comprehensive drug database to a handy digital device.

From the beginner to the experienced app user, Dr. Choo intends to offer a little bit for everybody, reviewing 10 low-cost

apps and devices all physicians should know. It will be just enough to narrow down what's out there and to whet the appetite, she said. "A lot has changed over the past 15 years. These innovations are the kinds of things that excite me, and I hope to share that with others." ☺

KELLY TYRRELL is a health, science, and health policy writer based in Madison, Wisconsin.



Dr. Choo

**"THERE'S AN APP FOR THAT':
HANDHELD DEVICES AND
APPLICATIONS THAT YOU
SHOULD KNOW ABOUT**

Tuesday, Oct. 27
1:30-2:20 p.m.
Room 253 ABC

Keeping Up With Guidelines for NSTEMI and ACS

by VANESSA CACERES

Do you know the latest recommendations for non-ST segment elevation myocardial infarction (NSTEMI) and unstable angina?

The session will discuss how often physicians should repeat an ECG and troponin in the ED.

With new therapies or guidelines every year, it can be hard to keep up, said Tarlan Hedayati, MD, FACEP, assistant professor of emergency medicine at Rush Medical College and associate program director in the department of emergency medicine at John H. Stroger, Jr. Hospital of Cook County in Chicago. In the Tuesday session "Therapy for Non-ST Elevation Acute Coronary Syndromes: Update 2015," Dr. Hedayati will review the most recent literature on risk stratification and treatment of NSTEMI.

One area that Dr. Hedayati will focus on is the latest non-ST elevation acute coronary syndrome (ACS) guidelines from the American College of Cardiology (ACC) and American Heart Association (AHA) and from their European counterpart, the European Society of Cardiology. She will detail some of the differences between the two guidelines.

One recent update in the ACC/AHA guidelines is a change in the title of their guideline from NSTEMI to non-ST elevation ACS to reflect the spectrum of disease that ACS encompasses, Dr. Hedayati said. However, she likes to remind attendees that the guidelines are, well, guidelines and not the law.

Dr. Hedayati's talk will also address the designated time limit of 10 minutes by which chest pain and suspected ACS patients should get an ECG. "When a patient walks through the ER doors, you don't know if you're dealing with GERD or a STEMI. Err on the side of caution," she advised.

The session will discuss how often physicians should repeat an ECG and troponin in the ED.

Other areas that Dr. Hedayati will address include the use of troponin tests, risk stratification and prognostic scores, and various therapeutics available for patients having ACS and NSTEMI. "We will dig into what must absolutely be given in the ER, what can be given after admission, and the evidence supporting the decision making," she said. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Hedayati

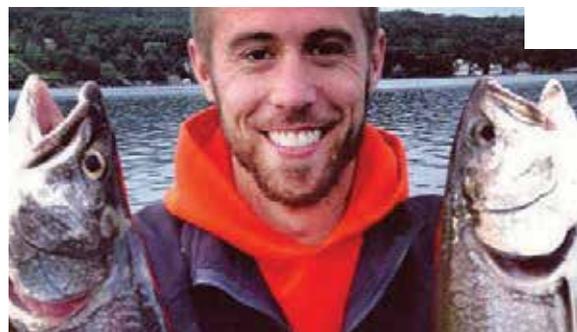
**THERAPY FOR NON-ST
ELEVATION ACUTE CORONARY
SYNDROMES: UPDATE 2015**

Tuesday, Oct. 27
4:30-4:55 p.m.
Room 210 ABC



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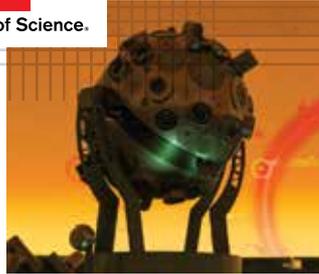
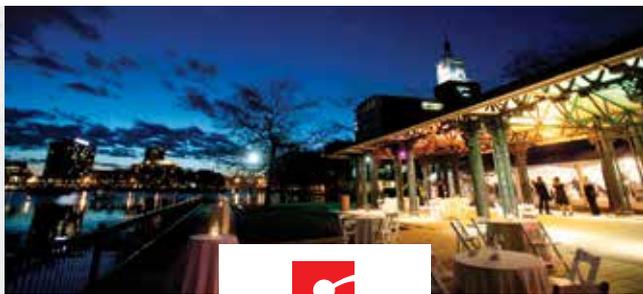
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Tuesday, October 27
7 pm
Museum of Science, Boston



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