IGNITE! INFORMATION IN A FLASH

These short presentations are a great way to find out about ACEP member benefits and get updates on the latest issues facing the College and emergency medicine. Get the full schedule in your Onsite Program.

9:30 A.M.  Tell Me What I Need to Know About Reimbursement
Michael Granovsky, MD, FACEP and David McKenzie, CAE, ACEP Reimbursement Director

10:30 A.M.  Integration of Social Media in Emergency Medicine Residency Curriculum
Cindy Hsu, MD, PhD

11:30 A.M.  Member Benefit Spotlight
Student Loan Refinance Options (SoFi)

2:30 P.M.  Keep it Together! ACEP CME/Portfolio Tracker Demo
Gabe Casey, ACEP Technology Services Director

3 P.M.  ABEM MOC, LLSA and ACEP: What Does it All Mean?
Marta Foster, ACEP Educational Products Director/Senior Editor

EBOLA COURSES AVAILABLE to All Beginning Friday

To help all of our emergency medicine colleagues, ACEP will provide a collection of three courses presented at ACEP14 that offer the latest updates in the treatment and management of Ebola virus disease.

The timing of the Ebola cases in the United States brought more media attention to the ACEP annual meeting this year, and also piqued the interest of attendees, who packed the course rooms on these timely topics.

Swaminatha Mahadevan, MD, FACEP, will be presenting one of these courses, “Infections From Abroad: Unwanted Souvenirs,” at 8 a.m. Wednesday at McCormick Place West, Skyline Ballroom, W375 A.

“Patients that come in with a fever that have been traveling actually have other diseases that we tend to forget about in the light of the Ebola crisis,” Dr. Mahadevan said. “And so the lecture’s really meant to teach physicians, medical students, and allied health professionals about those diseases, how to recognize them, diagnose them, and treat them. And so, if it isn’t

Shuttles will be available at all ACEP14 hotels except the Hyatt Regency, which is within a short walk of the McCormick Place convention center. Signs will indicate the location of shuttle pickup each day.

Shuttles will be available:
Wednesday: 6:30 a.m.–6:15 p.m.
Thursday: 6:30 a.m.–1:30 p.m.

Shuttles will also be available for Closing Celebration. Check the ACEP14 mobile app for the most current schedules. When returning to the airport, be sure to take advantage of travel discounts with ShuttleExpress.

Find out more at www.acep.org/saContent.aspx?id=91034.

Close Out ACEP14 in Style at the CLOSING CELEBRATION
SEE PAGE 2

PHYSICIAN, HEAL THYSELF: THE IMPORTANCE OF CREATING RESILIENCE (JAMES D. MILLS, JR. MEMORIAL LECTURE)
Wednesday, Oct. 29
12:30–1:20 p.m.
Skyline Ballroom, Room W375 B
Close Out
ACEP14 in Style at the CLOSING CELEBRATION

You’ve spent time with friends and probably had a picture with them posted on social media. You’ve seen a wonderful city and heard amazing presentations through the first two days of the conference. You’ve already picked up a few things you can take back to use in your practice.

BUT WAIT! This thing is far from over, and one event must remain high on the agenda—the ACEP14 Closing Celebration presented by EmCare.

Investigate the Science Storms, the U-505 Submarine, Yesterday’s Main Street, and ToyMaker 3000. MSI, the largest science museum in the western hemisphere, features more than 400,000 square feet of space, every inch designed to spark scientific inquiry and creativity. Since opening in 1933, MSI has welcomed more than 180 million guests from around the world. ACEP invites you to close out the week at one of the most popular tourist attractions in the world.

Drink tickets are available for ACEP14 registrants. Shuttles will be provided to and from most hotels in the official ACEP block.

HELD AT THE SPECTACULAR MUSEUM OF SCIENCE AND INDUSTRY (MSI) FROM 7–11 P.M. WEDNESDAY, THE CLOSING CELEBRATION ENCOURAGES ACEP MEMBERS TO LET LOOSE WITH LIVE MUSIC, DANCING, AND HORS D’OEUVRES. WHILE THERE, SEE MORE THAN 35,000 ARTIFACTS AND NEARLY 14 ACRES OF HANDS-ON EXPERIENCES.
The Feed

by JEREMY SAMUEL FAUST, MD, MS, MA

On Monday at ACEP14, more than 4,100 tweets with the #ACEP14 hashtag—the most on any day in the history of ACEP’s annual convention—were sent all around the world from Chicago. To put that in perspective, on the busiest day last year in Seattle, there were 2,700 #ACEP13 tweets, and in 2012, #ACEP12 had around 1,500 tweets for the entire week in Denver.

It’s clear that the way we attend conferences is changing before our very eyes. In 2012, there were 314 tweeters. In 2013, that number jumped to 1,367. This year we are already closing in on 1,500 twitter contributors.

While there were tons of tweets covering the hot lectures from Amal Mattu, MD, FACEP (@AmalMattu), and Scott Weingart, MD, FACEP (@emcrit), there were a lot of great ones from smaller sessions.

From Rajesh Geria, MD, FACEP (@GeriaSonoMD), past chair of the ACEP Ultrasound Section: “ACEP policy statement: Ultrasound is NOT an extension of the physical exam. It is a diagnostic test.” This is an important point from the perspective of billing, as well as core skills.

Lauren Westafer, DO (@LWestafer), reported from the end-of-life talk by James Adame, MD, FACEP: “Words matter. Palliative medicine=intensive [medicine]. Doesn’t have to take much time.”

And the always pearl-packed @LasVegasEM sent out this nifty tidbit that may come in handy: “Tooth Avulsion and don’t know where it went? Rule out aspiration and consider a chest x-ray.”

For more great information from Chicago, search #ACEP14 and follow me (@jeremyfaust) and the rest of the official ACEP social media team: Salim Rezaie, MD, FACEP (@srezaie), Ryan Radecki, MD (@emitlifetone), Jason Nomura, MD, FACEP (@Takeokun), Lauren Westafer, DO (@LWestafer), Seth Truiger, MD (@MDAware), and Allen Roberts, MD, FACEP (@GruntDoc). Join the conversation!

JEREMY SAMUEL FAUST is an EM resident at Mount Sinai Hospital in New York and Elmhurst in Queens. He tweets about #FOAMed and classical music @jeremyfaust.

Get Social at ACEP14

We don’t drive the social media train at ACEP14—you do. How was that session? What’s coming up next? Can you believe what that speaker just said?

Fill our social media with great information by posting tweets using #ACEP14. Follow @ACEPnow, and remember to check out www.facebook.com/ACEPfan for updates and images from parties and special sessions.

This year, your posts mean even more. We will be monitoring social media and other instant feedback channels today, and the course that has the most buzz will be delivered as an encore presentation tomorrow at 4:30 p.m. in the Skyline Ballroom, W375A. Never miss the day’s most popular session again!

Closing the Gap on Thrombotic Events

Wednesday, October 29, 2014
11:30 AM – 12:15 PM

McCormick Place West
Exhibit Hall
Chicago, Illinois

PRESENTER
Gregory J. Fer Gunn, MD, FACEP
Professor and Executive Vice Chairman
Director, Clinical Trials Center
Department of Emergency Medicine
University of Cincinnati
Cincinnati, Ohio

PROGRAM DESCRIPTION
This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism, and how they can reduce the risk of recurrent thrombotic events.

Supported by Janssen Pharmaceuticals, Inc.
Don’t Leave Without VIRTUAL ACEP

When everybody talking about a session that you couldn’t fit into your schedule? Don’t worry! Before heading back home, grab Virtual ACEP and take the entire conference with you. With Virtual ACEP, all the sessions are available—and all you need to access them is your favorite device or computer and an internet connection. Virtual ACEP gives you access to fully synchronized audio and slide capture of the meeting’s courses with more than 240 hours of educational content. It’s the perfect complement to your ACEP14 experience!

Online access begins 24 hours after the session ends, and CME credits are available. Find out more about this extensive digital library at www.acep.org/virtualacep.

VIRTUAL ACEP AT A GLANCE

WHAT: Digital library of ACEP14 courses
WHO: Available to ACEP14 registrants
WHERE: Purchase Virtual ACEP14 at the Resource Center

- $259 for ACEP members
- $359 for non-members
- $199 for international members

FEATURES:
- All of the courses presented during the 3½-day conference
- Secure online access from any standard browser
- Streaming content for viewing on iPad, iPhone, or Android
- Downloadable MP3 files for convenient on-the-go audio
- This activity has been approved for AMA PRA Category 1 Credit(s)

FELLOWS RECOGNIZED at Breakfast Ceremony

The 2014 Class of ACEP Fellows was recognized Monday in a breakfast ceremony, where ACEP Immediate Past President Alex M. Rosenau, DO, CPE, FACEP, reinforced what the designation means. Dr. Rosenau explained that having FACEP at the end of your name shows that these emergency physicians are willing to do more than just show up for work and cover a shift. After watching a short video, members of the incoming class stood and received medals to honor their achievement. Fellows also were recognized during the Opening Session.

REMINDER: FACEP Lounge Open

Take a break during your busy days at ACEP14 with a few minutes in our exclusive FACEP Lounge. Relax with light refreshments, get some work done with access to a printer and electrical outlets for charging, and use the quiet space as a respite or a meeting place to gather with friends. Located in W182, the FACEP Lounge is open Wednesday, and 7:30 a.m.—1:30 p.m. Thursday.

EXHIBIT HALL ROUNDUP

Don’t Miss Your Checkup

The ACEP Wellness Booth is open Wednesday until 3:30 p.m. in the Resource Center and offers ACEP members a chance to receive a full checkup at a huge discount.

Screening services include a blood pressure check, body composition check, comprehensive hematolgy and chemistry screening panel, plus the option of one of six other tests (prostate-specific antigen test, thyroid stimulating hormone, high-sensitivity C-reactive protein, hepatitis C antibody, vitamin D, vitamin B-12), and a Maslach Burnout Inventory with personalized feedback, as well as wellness related resource materials. A flu vaccine will also be offered.

This year for the first time HgbA1c will be included in the chemistry panel (it does not require fasting). The total value of the check-up is $160, but member cost for all of these services is $40.

STEP INTO THE STUDIO

STUDIO ACEP14 IS OPEN UNTIL 4 P.M. WEDNESDAY, so don’t miss your chance to update that old LinkedIn picture. Get your picture taken by a professional photographer, and we’ll send you the finished digital head shot after the convention absolutely free. While you’re there, please help ACEP with some promotional images.

YOU MAY PURCHASE A TICKET at ACEP Registration or at the nearby ACEP Bookstore within the Resource Center.
EBOLA COURSES  | CONTINUED FROM PAGE 1

Ebola, then what do you need to worry about?“

“I think if there’s anything good to come from the Ebola crisis, it’s that now the first question is ‘Have you been traveling and where?’ And once you ask that question, it opens up a whole host of diagnoses you don’t want to miss,” he added.

The courses will be captured live and put online so everyone who cares for patients in emergency departments—not just ACEP members—can watch them for free. Each course has a pretest, an audio and slide presentation of the lecture as it was delivered live in Chicago, and a post-test approved for AMA PRA Category 1 Credits.

Beginning Friday, the courses will be available at www.acep.org/acep14EbolaCourses."

THE COURSES ARE:

**Inside the Hot Zone: Highly Infectious Pathogens in the ED**

Speaker: David C. Pigott, MD, RDMS, FACEP

Which pathogens are most likely to be encountered in the emergency department? Which ones present the greatest risk for health care providers and other personnel?

This case-based review includes a discussion of appropriate barrier precautions, personal protective equipment, and department and hospital-based infectious disease transmission precautions.

**Ebola: Hemorrhagic Fever and the U.S. Experience**

Speakers: David C. Pigott, MD, RDMS, FACEP, and Alexander P. Isakov, MD, FACEP

Now that the Ebola epidemic in West Africa has made its way to the United States, everyone who cares for patients in emergency departments must learn more about the risk factors for exposure, the clinical features, and considerations for evaluation and management.

This course highlights the most recent recommendations for infection control and prevention applicable for out-of-hospital and emergency department health care workers.

**Infections From Abroad: Unwanted Souvenirs**

Speaker: Swaminatha Mahadevan, MD, FACEP

Ever heard of “airport malaria?” Should you worry about that “funny rash” on the Ugandan businessman? What medical advice do you give your sister who is planning a trip to Vietnam? This course identifies infectious hot spots around the world and highlights “must-know” facts about travelers and visitors from these areas. It also covers precautions travelers should consider as they plan their next great adventures abroad.

Dr. Gallagher was one of hundreds to take advantage of the Wellness Center (see details at right). He has done it four of the past five years at ACEP meetings, in part because a busy schedule back home never seems to leave time for an annual check-up.

“Tell me about that,” Dr. Gallagher quipped.

Back home is also too busy to offer Dr. Gaurav Arora, the chance to see cutting-edge ED products, so that’s what innovatED offers him."

“‘If you’re looking to replace stuff or your hospital is looking to buy stuff, just having this knowledge is very helpful to suggest, ‘Hey, you may want to look at this,’ or ‘I’ve seen something a little bit different,’” said Dr. Arora, who practices at IU Health in Indianapolis. “If you don’t know it, you can’t even make that suggestion.”

RICHARD QUINN is a freelance writer in New Jersey.

Momentum Picks Up at ACEP14 on Tuesday

by RICHARD QUINN

CHICAGO—Brothers and emergency physicians Gaurav Arora, MD, MBA, FACEP, and Sunil Arora, MD, watched in professional curiosity as a technician positioned a digital vein finder over their wrists and showed them in bright colors and real time where they could insert a catheter. Then the duo took a turn passing a pair of Google Glass back and forth to perform an ultrasound on a plastic patient.

Hands-on demonstrations have been a popular part of ACEP’s annual convention, and ACEP14 is no different. Crowds have streamed into innovatED—presented by Janssen Pharmaceuticals and Durata Therapeutics—to see the award-winning interactive experience. The displays are up through 3:30 Wednesday afternoon.

“Seeing it in this environment puts the item in our head where we normally see it,” said Dr. Sunil Aurora, an emergency physician at Saint Anthony Hospital in Chicago. “Seeing it on the product floor you’re just kind of getting a piece of candy and moving along. Here you’re seeing it live.”

But it’s not just the newest technology that drew crowds. A packed Exhibit Hall, the annual Wellness Center, Studio ACEP, and soirees at the Art Institute of Chicago and the Navy Pier all drew crowds of emergency physicians who came to ACEP 14 not just for the classes and the keynotes.

The steady flow of activity “makes it a lot more interesting,” said Thomas Gallagher, MD, FACEP, an emergency physician at Southern Ohio Medical Center in Portsmouth, Ohio. “It’s one of the reasons I’ve attended in the past, and I’m already planning on going to Boston.”

Dr. Mahadevan said Sunil Arora, MD, an emergency physician at Southern Ohio Medical Center in Portsmouth, Ohio. “It’s one of the reasons I’ve attended in the past, and I’m already planning on going to Boston.”

“If you’re looking to replace stuff or your hospital is looking to buy stuff, just having this knowledge is very helpful to suggest, ‘Hey, you may want to look at this,’ or ‘I’ve seen something a little bit different,’” said Dr. Arora, who practices at IU Health in Indianapolis. “If you don’t know it, you can’t even make that suggestion.”

RICHARD QUINN is a freelance writer in New Jersey.
What Brings You to ACEP14?

“Being able to come here and network is probably the most important thing here. The job changes and it’s good to see what other people are doing...we change jobs every few years, so it’s worth seeing what’s out there.”

—Jon McGarry, MD, emergency physician, full-time locums tenens, Las Vegas

Emergency physicians capped off Monday in style at the ACEP14 Kickoff Party, presented by Emergency Consultants, Inc. The Navy Pier Grand Ballroom and lakefront views provided the perfect setting for music, food and dancing.
Visit innovatED

NOW IN ITS SECOND YEAR, innovatED is making an impact on the ACEP14 Exhibit Hall. See the latest technology in real-life context and witness two Code Scenarios on Wednesday, along with five ED Talks.

Don’t Miss These ED Talks and Demonstrations

TAKE 10 MINUTES TO LEARN SOMETHING NEW at the innovatED ED Talks and demonstrations. Companies will present their latest technology or service and answer any questions you might have about it. For detailed information about each ED Talk, please refer to the innovatED brochure provided in the Exhibit Hall. Pay special attention to the codes each day. See how some of this new technology would work in a real-life situation.

WEDNESDAY

11:10–11:20 a.m.
Innovative Trauma Care
Taking the Emergency Out of Hemorrhage Control

11:20–11:40 a.m.
“Code Black” Disaster Scenario

11:30–11:40 a.m.
The Medicines Company
Cleviprex: Safe and Effective Blood Pressure Control

11:50 a.m.–noon
Covidien
Rapid Assessment and Treatment Decision Making for Acute Ischemic Stroke

12:10–12:20 p.m.
FreemanWhite, Inc.
Capacity Planning: Maximizing the Efficiency of Your Department

2:40–2:50 p.m.
The Shams Group
Transforming Your Patient ED Intake and Discharge Experience Via a High-Speed High-Touch Mobile App/Kiosk

2:50–3:10 p.m.
“Code Blue” Critical Care Scenario

USE THE innovatED APP

Maximize your experience in innovatED with this truly unique interaction where your questions are answered before you even ask them. A wealth of information is right at your fingertips. It’s available in the Apple App Store and the Google Play store, or navigate to it through the ACEP14 mobile guide app.
Make Plans Now for ACEP15

It’s not too early to think about next year’s annual conference, where emergency physicians will enjoy a city famous for its unique and diverse culture, rich history, loyal residents, amazing food, and too many tourist destinations to list in one article.

ACEP15 is Oct. 26–29 in Boston, and the College is already working to make your trip to the East Coast enjoyable and educational. Over the past few years, we’ve added more social events to our annual conference and tried to improve every aspect of the meeting. Emergency medicine education will always be the focal point, but ACEP members are also coming in record numbers because of trips outside the convention center—events such as our opening and closing celebrations—and great destination cities.

Boston lends itself to these after-hours events and tourist destinations quite well—here’s why.

More to See and Do

Every day is a new day in Boston. Parks and green spaces are sprouting up all over, new hotels have recently opened and more are soon to break ground, new restaurants are joining Boston’s distinctive dining scene, and the vibrant Seaport District has added to the city’s already dynamic downtown neighborhoods. Additionally, Logan International Airport’s recent upgrades and improved passenger services are making it easier than ever to get in and out of the city while new sights and attractions are providing more to see and do while they’re here.

New Green Space

Boston’s Rose F. Kennedy Greenway is a series of parks and green spaces that curve around the city and connect several neighborhoods. Each set of parks within the Greenway—North End, Wharf District, Fort Point Channel, Dewey Square, and Chinatown—has a unique design that reflects the distinct character of each Boston neighborhood. Visitors strolling The Greenway will find a one-of-a-kind carousel, art exhibitions, fountains, and sculptures, as well as one of the largest free public WiFi networks in the state. The Boston Harbor Islands Pavilion recently opened on The Greenway and serves as a gateway to the Boston Harbor Islands national park area.

New Waterfront

Adjacent to the Greenway are four waterfront landmarks: The Institute of Contemporary Art, Boston’s premier new art venue; the Old State House, which has undergone a $6.7 million renovation; the new Boston Tea Party Ships and Museum; and the state-of-the-art Boston Convention and Exhibition Center with 516,000 square feet of contiguous meeting and exhibition space.

The Greenway also connects to the 4½-mile HarborWalk, an inviting public walkway along Boston’s waterfront filled with public art, cafes, exhibit areas, and dramatic vistas. The HarborWalk includes the downtown Boston waterfront and continues north and south along wharves, piers, museums, historic forts, bridges, beaches, and shoreline from Chelsea Creek to the Neponset River.

New Attractions

New England Aquarium’s spectacular four-story Caribbean coral reef exhibit, the Giant Ocean Tank, underwent a complete renovation in 2013 and now features new windows, a redesigned reef, an education center at the top of the tank, and many new species of fish.

The newly-renovated Earth and Planetary Sciences Gallery at the Harvard Museum of Natural History features a spectacular array of stunning minerals and intriguing rocks, some of which will be on public display for the very first time.

Frost Ice Bar, New England’s only permanent indoor ice bar, opened at Faneuil Hall Marketplace in August 2013. Designed and furnished entirely of ice and kept at a refreshing 21°F, Frost Ice Bar presents ever-changing offerings of specialty beverages, music, and decor.

Laugh Boston, a new 297-seat comedy venue, opened in fall of 2013 at the Westin Waterfront Hotel in South Boston. Laugh Boston specializes in stand-up comedy and showcases both local and national acts.

In November of 2013, the Museum of Science opened the 10,000-square-foot Hall of Human Life featuring exhibits on human biology and will soon add another gallery focused on the evolution of technology in human life.

The Old State House celebrated its 300th birthday in 2013 with special events and programs throughout the year. The Boston Children’s Museum celebrated its 100th birthday with dazzling new exhibits and spectacular public programs.

The African Meeting House, the oldest African church building standing in America—and a location where many events leading up to the abolishment of slavery took place—recently completed an $8 million restoration as part of its bicentennial celebration. Elements of the project included restoring windows, the building’s façade, and several of the original pews while making the upper floors handicapped accessible.

Exciting developments in 2014 include the opening of The Edward M. Kennedy Institute for the United States Senate, a dynamic “laboratory of democracy.” The new 40,000-square-foot facility, designed by world-renowned architect Rafael Viñoly, will emphasize civic education as well as provide in-depth information about the Senate.

WWW.ACEP.ORG/ACEP14

Future Annual Meeting Locations

ACEP15: Boston
Oct. 26–29

ACEP16: Las Vegas
Oct. 15–18

ACEP17: Washington, D.C.
Oct. 30–Nov. 2

ACEP18: San Diego
Oct. 1–4

ACEP19: Denver
Oct. 28–31

ACEP20: Dallas
Oct. 26–29

ACEP21: Boston
Oct. 25–28
Provide Fast and Efficient Care for Neurocritical Patients
by VANESSA CACERES

Accurately ill patients with neurological injuries require time-intensive management, said Evie G. Marcolini, MD, FACEP, an assistant professor affiliated with the departments of emergency medicine and neurology and divisions of neurocritical care and emergency neurology and surgical critical care at Yale University School of Medicine in New Haven, Connecticut.

Her session, “Neurocritical Care: What Every Physician Needs to Know,” will help attendees review the most important information to care for these challenging patients.

Dr. Marcolini’s session will cover key information on treating subdural and hemorrhagic stroke, traumatic brain injury, and subarachnoid hemorrhage in the ED.

One complex issue can be the importance of blood pressure—for an intracerebral hemorrhage, emergency physicians need to prevent hypertension, but for traumatic brain injury, hypotension must be prevented. It can be tough to determine how to target the patient’s blood pressure, Dr. Marcolini said. “The guidelines are vague because the data is incomplete,” she said. Her talk will review some of the data on blood pressure as well as management strategies.

Other cardiovascular aspects of neurocritical care require careful consideration as well. For example, she’ll discuss how to manage a patient with intracerebral hemorrhage on anticoagulation therapy. Dr. Marcolini will also include the importance of preventing “I think it’s important for community and academic physicians to talk about what to do in the first 30 minutes with these patients. Those first 30 minutes can impact the patient’s outcome.”

hypoxia in traumatic brain injury and concerns around the intubation of neurocritical care patients.

Dr. Marcolini believes all emergency physicians face neurocritical care issues in the emergency department setting. “I think it’s important for community and academic physicians to talk about what to do in the first 30 minutes with these patients,” she said. “Those first 30 minutes can impact the patient’s outcome. There are things we all need to do quickly, thoughtfully, and efficiently.”

What’s That Rash? Tips to Diagnose and Treat Skin Conditions
by MICHAEL O’NEAL

The proper treatment for common dermatologic conditions presenting in the ED, like psoriasis, plant-based dermatitis, and eczema, is not always as easy to identify as the rash itself. As part of her “Dermatology Update 2014: New Treatments, Classic Conditions” talk, Heather Murphy-Lavoie, MD, assistant residency director of the emergency medicne residency program and associate program director of the hyperbaric medicine fellowship at the Louisiana State University School of Medicine in New Orleans, will review these and other common skin conditions typically seen in the ED and discuss both traditional and new treatment options.

“The starting point is to decide what type of rash it is—maculopapular, petechial, purpuric, vesiculobulbar, [or] sloughing,” Dr. Murphy-Lavoie said. “Then look at [a patient’s] vital signs for fever or signs of systemic toxicity.” She cited the failure to immediately prescribe broad-spectrum antibiotics to patients with bacteremia as one of the pitfalls of not properly diagnosing certain dermatologic conditions in the ED.

Failure to consider thrombotic thrombocytopenic purpura in those patients with nonpalpable petechiae and administration of platelets to those patients can exacerbate an otherwise easily treatable condition, Dr. Murphy-Lavoie said. She also advised emergency providers to educate their patients on the risk of transmitting contagious rashes to infants, elderly people, pregnant women, and people with compromised immune systems.

Dr. Murphy-Lavoie will discuss new treatment options, including dalbavancin and tedizolid for the treatment of methicillin-resistant Staphylococcus aureus. “These show equivalent efficacy to vancomycin, but dalbavancin can be dosed once weekly and tedizolid has an oral formulation,” she said. Attendees should understand the new treatment guidelines for skin and soft-tissue infections published by the Infectious Diseases Society of America in June 2014.

Overall, providers should be aware of these common conditions and the appropriate ways to treat them. “Be on the lookout for measles, syphilis, drug-induced vasculitis,” she advised.

Rapid-Fire Review Outlines Do’s, Don’ts, and “Don’t Go There’s”
by LARA C. PULLEN, PHD

CHICAGO—Richard M. Cantor, MD, of University Hospital of the State University of New York in Syracuse, provided a fast-paced review of pediatric emergency medicine literature published at the end of 2013 and thus far in 2014. He described it as a summary of, “things that you are doing, things that you should be doing; and things that you don’t want to be getting into.”

He began with fever, asking, “Is antipyretic response a predictor of bacterial disease?” The answer is no. Dr. Cantor moved swiftly to surveillance data, revealing that urinary tract infections are becoming increasingly common in young children. “Urine is the way to go with children with a fever,” he noted. White blood cell counts, however, are rarely basic. “Basically, stop getting white counts,” he said. “The higher the white count in a child, the more likely they have pneumonia,” he concluded after a swift review of another paper.

Dr. Cantor highlighted a few older papers of value, one of which was the 2011 Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Disease Society of America. The pneumonia guidelines state that blood cultures should not be routinely performed. The guidelines do, however, recommend rapid diagnosis of influenza and other respiratory viruses.

“Don’t get blood cultures,” Dr. Cantor summarized. “Spend some money on viral testing.”

Acute phase reactants cannot be used as the sole determinant to distinguish between viral and bacterial causes of community-acquired pneumonia (CAP). Children with suspected CAP do not require routine measurement of the complete blood cell count or routine chest radiographs. Pre-school-aged children with CAP typically don’t require antimicrobial therapy. If mild to moderate CAP is suspected to be of bacterial origin, amoxicillin is recommended for infants and preschool children. Macrolide antibiotics might be more appropriate for school-aged children and adolescents.

Moving rapidly from topic to topic, Dr. Cantor made his way to closed head injury (CHI). “How much vomiting is acceptable in CHI?” he asked. Investigators found that it is rare to find traumatic brain injury by CT. Moreover, clinically important traumatic brain injury is uncommon in children with minor blunt head trauma when vomiting is the only sign and symptom.

“This is a big deal,” Dr. Cantor said. He suggested that observation in the emergency department might be appropriate before determining the need for a CT.

Dr. PULLEN is a freelance medical writer based in Chicago.
Leadership is not just about leading millions of people or having titles,” said Dr. Mattu, vice chair of education at the University of Maryland School of Medicine in Baltimore. “Leadership is about mentoring, inspiring, challenging, teaching, motivating—all of the things we hope to do as teachers and as physicians.” Dr. Mattu will examples and quotes from the lives of famous world leaders throughout history, including Martin Luther King, Jr., Gandhi, John F. Kennedy, and Eleanor Roosevelt.

Dr. Mattu said that great leaders are remembered for the conflicts that they faced during their lives. For this reason, he encourages his audiencen to “embrace conflict, because conflict and obstacles are what define great leaders.” He also tells aspiring leaders to “suggest solutions, not just identify problems.”

Through a series of slides displaying images of everyone from Winston Churchill to his own wife and children, Dr. Mattu will highlight experiences from his professional and personal lives to illustrate skills and philosophies held by great leaders, including what it means to listen to and understand what someone is saying.

“This is a skill that medical professionals often lack, but it is essential for effective leadership,” said Dr. Mattu.

“Most people have two ears and one mouth, so they should listen twice as much,” Dr. Mattu said. Overall he hopes to inspire attendees to set positive examples of leadership on and off the clock.

“It’s not about being above others or commanding others,” Dr. Mattu advised. “Leadership is about being the kind of person who other people want to follow because of what their heart is telling them.”

Michael O’Neal is a writer based in New Jersey.
Smart Treatment for Sports Injuries by VANESSA CACERES

Emergency physicians can see the full gamut of sports-related injuries, said James M. Ellis, MD, FACEP, an emergency physician at Greenville Health System in Greenville, South Carolina. From injured shoulders to torn Achilles tendons to concussions and even cardiac problems, emergency physicians need to be at the ready to diagnose and treat the injuries faced by athletes and exercise enthusiasts.

That topic will be the focus of Dr. Ellis’s talk, “Weekday and Weekend Warriors: Diagnosis and Treatment of Sports Injuries in the ED.”

Dr. Ellis believes that emergency physicians may see an increase in sports-related injuries as people are doing more to physically push themselves. “There are more injuries of these types because people are playing hard in addition to working hard,” he said. Part of Dr. Ellis’s talk will focus on what testing and treatment an emergency physician can provide. This will include what kinds of injuries require more costly tests, such as MRIs, and which injuries may—or may not—warrant a referral to an orthopedic specialist or another health professional. “We’re embarking on population health management, with fewer tests and spending less money. Some of these injuries can be taken care of less expensively with physical therapy,” he said. “We need to have more of a focus on that in emergency medicine.”

Dr. Ellis has an extensive background in treating sports injuries in patients of various age levels and in a variety of settings. He also is the emergency physician for the NFL’s Atlanta Falcons. Dr. Ellis will briefly mention concussions, which can be a common sports-related injury, but he believes concussions warrant their own separate session to be addressed fully. “Weekday and Weekend Warriors” will also cover cardiac issues, such as syncope and sudden death in the seemingly healthy athlete.

VANESSA CACERES is a freelance medical writer based in Florida.

Tips on Avoiding Imaging Errors in the ED by FRANCESCA BARATTA

What are emergency physicians to do when a CT must be read for a critically ill patient but there are no radiologists to consult? Read it themselves, of course—but before they do, Andrew D. Perron, MD, FACEP, has a few tips they should hear in his talk, “Ten Fatal Imaging Myths That Should Change Your Practice.”

Radiologists go to radiology school for a long, long time to learn how to [read scans],” he said. “We learn it by osmosis. We’re not as good as them, but we have to make a lot of decisions based on our interpretation of imaging.”

Because of the wide variety of patients emergency physicians treat, mistakes involving chest X-rays, ultrasounds, and CT scans, among other imaging technology, will be presented using 10 cases as examples.

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Dr. Perron admits that, during his 20-year career in emergency medicine, he has probably made all of the mistakes he will discuss. He wants physicians to know everyone makes mistakes. “There’s a lot of different ways you can get yourself in trouble if you don’t understand that reading images is not a perfect science,” he said.

With the rapid growth in imaging technology, Dr. Perron said emergency physicians will find sustaining their knowledge increasingly difficult: “What I had to learn 20 years ago is way less than what these guys have to learn now, and what they’re learning now is way less than what they’re going to have to learn 20 years from now.” For now, he hopes his presentation will help emergency physicians avoid current radiology pitfalls and potentially fatal misdiagnoses.

FRANCESCA BARATTA is a freelance writer based in New Jersey.

Nasal Foreign Body Removal and Other Quick ENT Tricks by MICHAEL O’NEAL

Ever wonder if a patient’s swollen epiglottis is actually a true case of epiglottitis or if a dislocated jaw is at risk of infection? During his session, “Quick Tips: Rapid ENT Procedures in the ED,” Herbert Henr, MD, will cover an array of common ENT injuries and conditions and offer clever tools and techniques for how to treat them in the ED.

“It’s going to focus mostly on procedures that emergency practitioners can perform,” said Dr. Henr, associate clinical professor at the University of California, San Francisco and emergency medicine residency director at Alameda County Highland Hospital in Oakland, California. In the session, Dr. Henr will present eight to 10 rapid-fire ENT procedures including “the best evidence for treating a tonsillar abscess and an interesting and cool way of looking at the epiglottis.”

Using a laryngoscope, he will actually let audience members examine his own epiglottis during the session.

Dr. Henr will also discuss novel methods for stopping bleeding, procedures for periauricular and nasal-septal hematomas, jaw dislocations, and how to cleverly remove nasal foreign bodies like jelly beans.

“There’s this cool device that allows you to slip a little straw behind the jelly bean and then blow up this balloon and pull it out,” Dr. Henr explained. He plans to show a video of himself removing a jelly bean from a colleague’s nose. “It’s a really cool visual demonstration of how easy it is to use this tool!” Dr. Henr said that most of his tools and methods are readily available to the average emergency department.

Dr. Henr is an experienced physician and passionate about ENT and emergency medicine, so his session promises to be worthwhile. “I want attendees to take away an armamentarium of rapid ENT procedures that you can perform in any basic ED that can be lifesaving, time-saving, and result in great patient outcomes and satisfaction.”

MICHAEL O’NEAL is a writer based in New Jersey.

Top Mobile Apps for Life in the ED by FRANCESCA BARATTA

New technology, from medical imaging devices to mobile apps, is rampant in emergency medicine. Jason Wagner, MD, FACEP, emergency physician and self-proclaimed geek, is ready to help others navigate the new technology most applicable to their practices.

Dr. Wagner, emergency medicine residency program director at Washington University School of Medicine in St. Louis, estimated that between 75 and 80 percent of emergency physicians do not have the time or the desire to investigate the latest apps. “[Physicians] don’t want to spend their days teasing through 10 apps to find the one that works for them,” he said.

To save his colleagues time, Dr. Wagner will present “There’s An App for That: Handheld Devices and Applications That You Should Know About,” during which he will discuss applications for handheld devices and desktops pertinent to emergency physicians’ medical practice, along with apps to improve their personal productivity, organization, and lifestyle.

One example of a medical app that Dr. Wagner uses is Pedi Safe, which substitutes for a Broselow tape. “It’s great for someone like me,” he said. “I’m mostly in adult medicine, so when I get a kid, it’s really nice to be able to pull out my device and have access to all of the resuscitation information I need in a really easy-to-use format.”

Although his presentation will be about current apps, the announcement of the Apple Watch has Dr. Wagner looking toward the future of medical technology and patient interaction.

“We’re going to start having patients come in with their watch and their data log from the last two weeks of their blood pressure, glucose, and their walking activity,” he said. “I’ll be interesting to see, from a patient standpoint, in the next five years or so how much information they can bring to us instead of us having to just guess.”

FRANCESCA BARATTA is a freelance writer based in New Jersey.

Dr. Wagner

THERE’S AN APP FOR THAT: HANDHELD DEVICES AND APPLICATIONS THAT YOU SHOULD KNOW ABOUT Thursday, Oct. 30 Noon–12:50 p.m. McCormick Place West, W178 AB

Dr. Perron

TEN FATAL IMAGING MYTHS THAT SHOULD CHANGE YOUR PRACTICE Wednesday, Oct. 29 4:30–5:30 p.m. McCormick Place West, W180
Imaging Not a Necessity for Spine Evaluation in Trauma Patients

by LARA C. PULLEN, PHD

Not all trauma patients need to be imaged. That message in a Tuesday session at ACEP14 from Swaminatha Mahadevan, MD, Stanford University School of Medicine in California, was driven home with help from a pair of evidence-based algorithms for omitting cervical spine imaging in adults: NEXUS and the Canadian Cervical Spine Rule. If the algorithm indicates that the patient should be imaged, Dr. Mahadevan recommends use of computed tomography (CT), especially for moderate- to high-risk patients due to the greater sensitivity of CT compared to X-rays. A normal CT clears the patient of a bone injury, but still leaves open the possibility of a ligamentous injury. Thus, the question then becomes how best to clear the patient who is awake, alert, has a normal motor examination and CT scan, but has neck pain. MRI or flexion extension X-rays can clear patients of ligamentous injury. MRIs are excellent for imaging spinal cord and soft tissues, but might be overly sensitive. Flexion extension X-rays are not particularly useful because they are often inadequate at imaging ligaments.

Approximately half (46) of the MRIs revealed new findings, but none of the findings were clinically relevant. The investigators concluded that CT for detection of clinically significant injury had a sensitivity of 100 percent and a specificity of 100 percent.

Cervical spine CT also had a negative predictive value of 100 percent.

What Brings You to ACEP14?

“Seeing what everybody else is doing and seeing how big the community is incredibly important. It shows [residents] that they can basically do anything with their emergency medicine residency. They can go work on a cruise ship, they can do locums, they can be an academic. There’s just such a wide range of things.”

—Patti Van Leer, MD, assistant director, emergency medicine residency program director, St. Luke’s-Roosevelt Hospital Center, New York
What Brings You to ACEP14?

“Everything’s here. Everything that I’ve needed or looked for is here. It’s great…the size, the complexity, the comprehensiveness of the program is what impressed me the most. It’s bigger than I thought. It’s a lot of people from all over the world. It’s impressive.”

—Randy Katz, DO, FACEP, chairman of emergency medicine, Memorial Regional Hospital, Ft. Lauderdale, Florida

EM Hackathon Produces New Solutions, Awards Prizes at Inaugural Event

In conjunction with ACEP14, an EM Hackathon this weekend brought physicians and technology experts together to develop out-of-the-box solutions related to key challenges in emergency medicine.

ACEP, along with the Emergency Medicine Residents’ Association (EMRA), Chicago Health 2.0, MIT Hacking Medicine, and Grand Sponsor Allscripts, created five challenge categories to help guide the diverse hackathon participants, which included physicians, residents, developers, business leaders, and more.

The weekend kicked off with an overview and team formations Friday night at the historic merchandise mart incubator, 1871, a hub for digital health start-ups.

On Saturday, the eight teams brainstormed problems and solutions related to the five challenges—Patient-Doctor Communication, Paramedicine Care, Big Data, Geriatric Medicine, and Real-Time Location Services.

Team members engaged with mentors throughout the night, continuing hacking until Sunday when presentations were made to a panel of judges. Some of the criteria considered by the judges were whether participants were solving a real problem in emergency medicine, how well the solution addresses the problem, if this solution will impact the delivery of emergent health care, and if it can be realistically implemented.

A team named CodeTimer developed an eponymous product that took home the Grand Prize of $1,000. It also won another $1,000 prize from the Illinois Department of Public Health and had the opportunity to present its solution in innovatED in the ACEP14 Exhibit Hall on Monday.

The CodeTimer solution uses an app on a smart watch platform to enhance care for cardiac arrest patients outside of the hospital, replacing information written on a paramedic’s gloves, saving time and improving documentation accuracy.

The CodeTimer winning team members were John Manning, MD; Sergio Marrero, developer; Cyrus Yamin, MD; Nachi Gupta, developer; and Chris Pagano, business development.

The CodeTimer winning team members were John Manning, MD; Sergio Marrero, developer; Cyrus Yamin, MD; Nachi Gupta, developer; and Chris Pagano, business development.

Team Turkey Sandwich was awarded $500 from AllScripts for its product, Tell.Me. This web app uses existing technology to display information on patient room monitors, updating it in real time with status updates to track orders, labs, imaging, processes, and other information.

The EMRA $500 prize, awarded to the best team with resident contribution, was given to Team SullyApp, which created a product called EDed, a map of the emergency department that includes a way to log learning interactions for residents.

The judges were Erik Kins, AllScripts, director of innovation; Jeffrey Nielson, MD, FACEP; James McClay, MD, FACEP; Steven Horng, MD, FACEP; Catherine Ferguson, MD, Jay Bhattacharya, chief strategy and innovation officer at Chicago Department of Public Health; Elif Oker, MD, FACEP; BCBS, medical director, Innovation and Social Media Strategy; David Beiser, MD, University of Chicago professor and engineer; and Stephen Konya, chief of staff, Illinois Department of Public Health.

Speakers Recognized with Faculty Awards

Five emergency physicians were honored Tuesday at the Faculty Appreciation and Speaker Awards Luncheon. From left to right: “Over the Top” Faculty Award Winner Michael A. Granovsky, MD, FACEP; 2013 New Speaker Forum Winner Rebecca Bavolek, MD; Scientific Assembly Rookie Speaker of the Year Jordan Bonomo, MD; Outstanding Speaker of the Year Marianne Gausche-Hill, MD, FACEP; and Honorable Mention Outstanding Speaker of the Year Kevin M. Kaiser, DO, EJD, FACEP.
Emergency Health Partners has opportunities for Board Certified or Board Eligible Emergency Medicine Physicians for our three locations in West Michigan. These locations provide opportunities for Urban/Teaching, Community, and Rural career paths. EHP is a physician-owned group with over 20 years of service in West Michigan.

For immediate consideration, contact us at:
recruiting@emergencyhealthpartners.com

James Williams, DO, MS, and Jason Wilson, MD, spoke to a packed room at Tuesday’s Product Showcase on Oral Anticoagulation in Non-Valvular Atrial Fibrillation (NVAF), Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE).
Who says you can’t have it all?

When Dr. Randy Katz joined TeamHealth, he wanted to be part of a group with national resources, physician-focused management, a network of respected peers, long-term stability and a formalized leadership training program. He also wanted to protect cherished time for his family and hobbies. With TeamHealth, he got it all.

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TEAMHEALTH CONGRATULATES ITS 2014 EM MEDICAL DIRECTORS OF THE YEAR!

Every year TeamHealth honors an emergency department medical director from each of its service regions. Selected from more than 300 medical directors and associate medical directors nationwide, these individuals exemplify exceptional leadership at every level. Congratulations to our 2014 honorees!

Douglas Batesky, MD
Aurora Lakeland Medical Center in Elkhorn, WI

Eric Fulcher, MD
Saints Mary and Elizabeth Hospitals in Louisville, KY

Eric Guerrant, MD
Ephraim McDowell Regional Medical Center in Danville, KY

Elizabeth (Betsy) Hull, MD
Fort Sanders Regional Medical Center in Knoxville, TN

Jin Kim, MD
Memorial Hermann Sugar Land Hospital in Sugar Land, TX

Matthew Krauthamer, DO
Special Operations based in Mendham, NJ

David Levine, MD
Lakewood Hospital in Lakewood, OH

Raquel Martin, DO
Kenmore Mercy Hospital in Kenmore, NY

John Matheson, MD
Kadiak Regional Medical Center in Richland, WA

Richardoley, MD
Saint Mary’s Medical Center in West Palm Beach, FL

William Pullen, Jr., MD
Hamilton Medical Center in Dalton, GA

Mark Sexton, MD
Maryvale Hospital in Phoenix, AZ