



# ACEP15 Daily News

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

## WEDNESDAY ISSUE

### 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



Dr. Epstein

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.

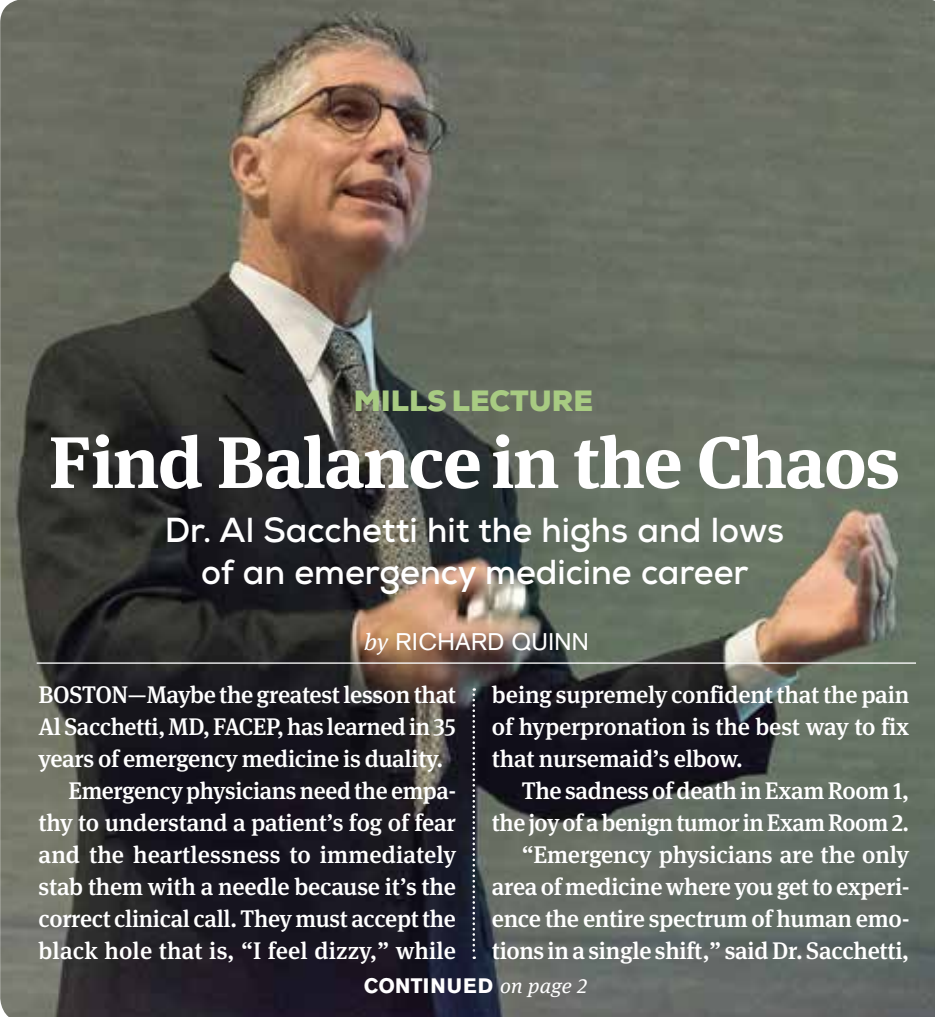
Get more information, watch demonstrations, and sign up on site 8 a.m.–4 p.m. in the North Lobby of Level 1 of the BCEC.

Want to find out more? Don't miss "How to Grow a CEDR: What You Need to Know About ACEP's Qualified Data Registry," 4:30–5:30 p.m. Wednesday in Room 156 ABC when Stephen Epstein, MD, MPP, FACEP, assistant professor of emergency medicine at Harvard Medical School, will give an overview.



### 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. near the EMF Silent Auction in the North Lobby of the Boston Convention and Exhibition Center (BCEC).**



**MILLS LECTURE**

## Find Balance in the Chaos

Dr. Al Sacchetti hit the highs and lows of an emergency medicine career

by RICHARD QUINN

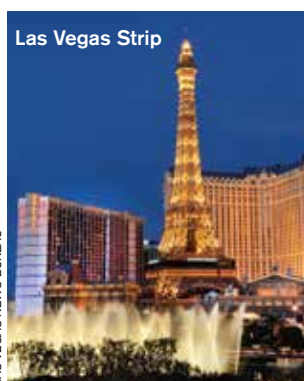
BOSTON—Maybe the greatest lesson that Al Sacchetti, MD, FACEP, has learned in 35 years of emergency medicine is duality. Emergency physicians need the empathy to understand a patient's fog of fear and the heartlessness to immediately stab them with a needle because it's the correct clinical call. They must accept the black hole that is, "I feel dizzy," while being supremely confident that the pain of hyperpronation is the best way to fix that nursemaid's elbow. The sadness of death in Exam Room 1, the joy of a benign tumor in Exam Room 2. "Emergency physicians are the only area of medicine where you get to experience the entire spectrum of human emotions in a single shift," said Dr. Sacchetti,

**CONTINUED on page 2**

## ACEP16

### It's Not Too Early to Plan for ACEP16 in Las Vegas

by SHAKEEMA EDWARDS



LAS VEGAS NEWS BUREAU

THERE ARE SEVERAL REASONS LAS VEGAS IS CONSIDERED the entertainment capital of the world, and attendees at ACEP16 will get a chance to discover a few of them.

On Oct. 15–18, ACEP will hold its Annual Meeting in Las Vegas. While the conference will offer dynamic courses and skill labs, the city will offer thrilling adventure and the chance to see record-setting architecture.

Don't let the old adage, "all work and no play," apply to you. "The emergency medical professionals who attend [ACEP16] have very demanding jobs, and Las Vegas offers many ways to help reduce stress and aid in one's overall well-being," said Cheryl

**CONTINUED on page 3**

## President-Elect Outlines Vision for Future

BOSTON—REBECCA PARKER, MD, FACEP, proposed a detailed plan to the Council this weekend for her year as President-Elect and beyond.

The ACEP Council chose Dr. Parker, Chair of ACEP's Board of Directors from Park Ridge, Illinois, as the College's President-Elect. She will assume the presi-

dency at next year's Council Meeting in Las Vegas.

"As your next President-Elect, I have two visions—establishing emergency medicine as the nucleus of a new acute care continuum and enhancing our diversity," said Dr. Parker in her campaign speech to the Council.

"We must take a new approach to make this an opportunity to re-invent our practice. Let's create a new acute care continuum, with the emergency physician leading the charge," she said.

"I will lead ACEP to finish our quality registry for Medicare, and create an eco-

**CONTINUED on page 2**

## PLUS



**RORRIE LECTURE**  
**TIPS FOR  
GROUNDING  
YOUR  
FREQUENT  
FLIERS IN  
TODAY'S  
RORRIE  
LECTURE**

SEE PAGE 5



**CLOSING  
CELEBRATION**  
**CLOSE  
ACEP15 IN  
STYLE AT  
THE NEW  
ENGLAND  
AQUARIUM**

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**BACK AND FORTH**  
**ACEP15  
WHEELS**  
**SHUTTLE SCHEDULE  
ON PAGE 6**



## MILLS LECTURE | CONTINUED FROM PAGE 1

who delivered ACEP15's James D. Mills Jr. Memorial Lecture Tuesday morning to a packed room and a standing ovation. "You go from the highest of the highs...to the lowest of the lows."

Dr. Sacchetti, chief of emergency services at Our Lady of Lourdes Medical Center in Camden, New Jersey, and assistant clinical professor of emergency medicine at Thomas Jefferson University in Philadelphia, said during his lecture—"Lessons My Patients Have Taught Me: Humor, Humility and Humanity Learned at the Bedside"—that balancing humor and seriousness, the need to be supporting and the desire to be supported are all part of the business of being an emergency physician.

"Sometimes you have to make the wrong decision to get to the right answer," Dr. Sacchetti said. "You're going to come across paths where you can go either direction. You can't keep straddling that bifurcation too long...there's so many people in medicine who can't do anything because they're afraid to make the wrong decision."

Dr. Sacchetti said wrong decisions, patient deaths, and the rote frustrations of every emergency department shouldn't overshadow that emergency physicians have a unique opportunity to make an impact with every tug of an exam room curtain.

"When I leave here...I have a shift to do,"

**"You're going to come across paths where you can go either direction. You can't keep straddling that bifurcation too long...there's so many people in medicine who can't do anything because they're afraid to make the wrong decision."**

—Dr. Sacchetti

Dr. Sacchetti said. "I'm going to walk in there, I'm sure there's going to be patients boarded in the hallways. There's going to be some email from somebody whose patient ended up on the wrong service. There's going to be a waiting room full of people. And I'll wade through it."

"I know that the end of that shift, when I leave, there will be somebody whose life changed because they had an emergency physician there to take care of them." ☺

**RICHARD QUINN** is a freelance writer in New Jersey.

## VISION FOR FUTURE | CONTINUED FROM PAGE 1

nomic registry to fight insurer bad behavior. In addition, I will work to create and pilot real-world examples of a new acute care continuum within which telemedicine, urgent care and care coordination will be cornerstone programs.

"I also will work aggressively to address our workforce issues to ensure that physician-led teams provide the best possible care in partnership with our PA, NP, and nursing colleagues," she added. "Our medical students must have enough residency slots to complete their training, and we must decrease emergency physician burn-out rates."

"My second vision is to foster generational, racial, and gender diversity within our specialty," Dr. Parker said. "As President, I will create a task force on diversity with our sister societies. Studies clearly demonstrate that more diverse organizations are stronger and more successful. We will increase our wellness, longevity, and grow our desperately needed workforce. Inclusivity sends a clear message: We take care of our own."

Dr. Parker is an attending emergency physician with Vista Health in Waukegan, Illinois. She is senior vice president of Envision Healthcare and president of Team Parker LLC, a consulting group. She is also a clinical assistant professor at the Texas Tech El Paso department of emergency medicine.

Active with ACEP for more than 20 years, Dr. Parker has been a member of both ACEP's Illinois and Texas 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.



Dr. Parker speaking at the American Association of Women Emergency Physicians meeting on Tuesday.

For national ACEP, Dr. Parker's service includes work as Committee Chair on the Coding and Nomenclature Advisory Committee, Section Chair of the Section of Young Physicians, Board Liaison to the Clinical Emergency Data Registry (CEDR) Subcommittee, and Chair-Elect of the ACEP Foundation.

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. She also received the Bill B. Smiley Meritorious Service Award, the Illinois chapter's highest honor.

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. ☺

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## ACEP16 IN LAS VEGAS | CONTINUED FROM PAGE 1

Smith, the medical and wellness tourism manager of the Las Vegas Convention and Visitors Authority.

### Eating and Sightseeing on the Strip

Home to six of the 10 largest hotels in the world, Las Vegas has no shortage of luxurious resorts. Visit renowned locations on the Las Vegas Strip like The Venetian, MGM Grand, or ACEP's official resort, Mandalay Bay, which is currently undergoing a \$100 million remodel that should be completed by spring 2016. Or maybe the 300-room Silverton, with its 117,000-gallon aquarium, considered Las Vegas' best free attraction, is the sight for you.

No matter where you visit, you're sure to see the Stratosphere defining the Las Vegas skyline. At 1,149 feet, it is the tallest observation tower in the United States. Still, there are other ways to observe the city from above. One of the newest additions to the Strip, the 550-foot High Roller, the world's tallest Ferris wheel, is one of them.

At the base of the High Roller is The LINQ Promenade, an open-air attraction featuring fine dining and entertainment.

For an international taste of Vegas, visit the newly opened Giada, which serves Italian cuisine at The Cromwell. Try a dish infused with French flavor at Bardot Brasserie inside Aria or a Japanese yellowtail with jalapeño at Nobu inside Caesars Palace.

### The Downtown Districts

Don't be fooled—there's more to Vegas than the Strip, which is actually located outside of



Clockwise from left: Las Vegas Convention Center, Las Vegas Strip, Delano Beach Club

the city limits. To the north of the scenic Strip is downtown Las Vegas, which houses several equally scenic districts that demand up-close exploration.

Catch a free concert or light show at the Fremont Street Experience. This five-block entertainment district is canopied by the world's largest video screen suspended above an urban pedestrian mall. If 12.5 million LED lights and a 55,000-watt sound system don't increase your heart rate, then be sure to ride SlotZilla. This 12-story zipline is the world's largest slot machine and a Las Vegas record setter.

See historical Las Vegas at the Cultural Cor-

ridor, home of the Neon Museum and Boneyard, a collection of vintage and restored neon signs that helped Las Vegas earn its nickname, the "City of Lights." An 11-minute walk down Las Vegas Boulevard, making a left on Stewart Avenue, will take you to the National Museum of Organized Crime and Law Enforcement. At the Mob Museum, you'll learn of the mob's most notable made men and the G-men who brought them down.

At 18b, the ever-expanding 18-block arts district, creativity doesn't end in the galleries. Theaters, clothing boutiques, and antiques stores are just some of the artistic avenues available.

### Action-Packed or Low-Key, There Are Events for Everyone

Las Vegas is the place for doctors to experience death-defying activities. Test your resolve on SkyJump, the controlled free fall from the Stratosphere's 108th floor, or get thrown 160 feet into the air on the Big Shot. At Richard Petty Driving Experience, ride shotgun in a NASCAR race car or get behind the wheel of a Polaris RZR for a drive through the Mojave Desert. If Ferraris are more your speed, visit SpeedVegas, a 100-acre racing complex that's set to open early next year.

Golf with PGA professionals like Mike Davis at the Walters Golf Academy or Chris Eastman at The Revere Golf Club. Play Jack Nicklaus' favorite holes at his Bear's Best course. Or stop by Topgolf Las Vegas, which is scheduled to open in spring 2016 at MGM Grand.

Relax at the newest spa on the Strip, The Spa at The LINQ, where you can listen to jazz, lounge in a eucalyptus steam room, and hang out in the Himalayan salt therapy cave. "With 45 resort spas offering hundreds of culturally diverse treatments and services, wildlife and national parks for hiking and adventure escapes, in addition to the countless dining and entertainment options," said Ms. Smith, "Las Vegas provides the perfect blend of work and rejuvenation for business delegates."

After ACEP16, you may want to stay in Las Vegas a little longer. On Oct. 19, the third and final presidential debate will be held at the Thomas & Mack Center on the University of Nevada, Las Vegas, campus. 📍

**SHAKEEMA EDWARDS** is a writer based in Hoboken, New Jersey.

## FINISH ACEP15 WITH EMRA COMPETITION AND CELEBRATION

THE EMERGENCY MEDICINE RESIDENTS' ASSOCIATION (EMRA) IS CLOSING ACEP15 BY RECOGNIZING THE PEOPLE WHO HAVE HELPED MAKE EMERGENCY MEDICINE A GREAT CAREER CHOICE. EMRA EVENTS COME AT NO CHARGE TO RESIDENTS AND MEDICAL STUDENTS. HERE IS WEDNESDAY'S LINEUP:

### EMRA Resident SimWars Competition

8 a.m.–3 p.m.

In this high-fidelity simulation competition, you help decide the winning team.

### EMRA Fall Awards Reception

3:30–5 p.m.

Join us to honor medical students, residents, and EM faculty making an impact on our specialty.

## LAST DAY TO VISIT EXHIBIT HALL

THE EXHIBIT HALL, INCLUDING INNOVATED AND THE ACEP RESOURCE CENTER, IS ONLY OPEN UNTIL 3:30 P.M. TODAY. DON'T MISS YOUR CHANCE TO STOP BY!

### Enhance Your Wellness

The ACEP Wellness Center offers ACEP members services such as blood pressure checks, blood chemistry, body composition screening, flu vaccine, wellness-related resource materials, and a burnout questionnaire with personalized feedback. This is a \$160 value—but is \$40 for ACEP members.

### Annals of Emergency Medicine

CONFUSED BY ALL THE HEALTH CARE APPS OUT THERE? UNSURE HOW TO GET STARTED USING BLOGS AND PODCASTS?

At 1:30–2 p.m. Wednesday, Itifat Husain, MD, will give a presentation on the best smart device applications for emergency medicine. Apple App Store or Google Play gift cards will be given away at the session to help you build your app collection.

Stop by the Free Open Access Medical Education (FOAM) Bar from 2–3:30 p.m. for one-on-one technical and education tips from some of the leading FOAM experts





## 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.

### WEDNESDAY

11:30 a.m.–12:15 p.m.

#### Janssen Pharmaceuticals Product Showcase

Exploring Risk Reduction in Thrombosis

*Product Showcase I, Exhibit Hall, BCEC*

11:30 a.m.–12:15 p.m.

#### BTG International Product Showcase

*Product Showcase II, Exhibit Hall, 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.

## Don't Miss These ED Talks

### WEDNESDAY

11:10–11:20 a.m.

#### OnStar's Injury Severity Prediction

*Presented by Cathy Bishop, global emergency services outreach and strategy manager, OnStar*

Injury severity prediction is part of OnStar's automatic crash response (ACR), which uses built-in vehicle sensors designed to automatically alert an OnStar emergency adviser when a moderate-to-severe impact occurs. ACR transmits location data as well as valuable crash data to the emergency adviser, who can relay to emergency responders to impact dispatch and patient care outcomes.

*Sponsored by OnStar*

11:30–11:40 a.m.

#### Streamlining ED Output for End-of-Life Patients Through Rapid Referrals and Appropriateness Guidelines

*Presented by Eric Shaban, MD, regional medical director, VITAS Healthcare, Glastonbury, Connecticut*

VITAS Healthcare has streamlined the hospice and palliative care referral process for emergency medicine with a mobile application for iPhone and iPad, as well as Android and tablet users. The app was purposely designed for clinicians to outline primary clinical criteria for hospice eligibility. This app also supports ACEP Choosing Wisely initiatives and makes a difficult job in the ED efficient by impacting throughput, output, and boarding.

*Sponsored by VITAS Healthcare, Inc.*

11:50 a.m.–noon

#### Best Practices in Recording Your Trauma Room

*Presented by Lucas Huang, cofounder and business development, B-Line Medical, LLC, Washington, DC*

During this presentation, B-Line Medical® will highlight best practices for recording hospital trauma rooms and share lessons learned from more than 500 clients worldwide. In addition, attendees will learn how to optimize B-Line Medical's hospital platform, LiveCapture®.

*Sponsored by B-Line Medical, LLC*

12:10–12:20 p.m.

#### ED Flexibility in Practice, Not Theory

*Presented by Gary Schindele, EMT, president and co-owner, Paladin Healthcare, LLC, Oakland, Florida*

The ED is the most dynamic environment in health care, and its need for flexibility, adaptability, and expandability is beyond compare. This brief discussion will lay a foundation for how ED teams can integrate some simple solutions into both existing and future designs to optimize workflow, inventory control, and patient care.

*Sponsored by Paladin Healthcare, LLC*



## DON'T BE CAMERA SHY—COME ON BY!

**STUDIO ACEP OPENS WEDNESDAY 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.**

This is your last chance to get your picture taken by a professional photographer. We'll send you the finished digital headshot after the convention. Use it for your LinkedIn page, Facebook profile, or however you 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 promo-

tions 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!



# Tips for Grounding Your Frequent Fliers in Today's Rorrie Lecture

by RICHARD QUINN

**F**requent fliers—more formally referred to as superutilizers—use a wildly disproportionate amount of emergency department resources. A trio of emergency physicians will try to help stem that proverbial tide with this year's **Colin C. Rorrie Jr. Lecture, 10 a.m. Oct. 28.** The lecture, "Coordination of Care Through the ED: Influencing Costs, Recidivism, and Health

Outcomes," will feature emergency physicians Stephen Anderson, MD, FACEP, an emergency physician in Seattle and a member of ACEP's Board of Directors; Chad S. Kessler, MD, MHPE, FACEP, deputy chief of staff at the Durham VA Medical Center in North Carolina; and Maria Raven, MD, MPH, FACEP, of the University of California, San Francisco.

Dr. Anderson said that the lecture is meant to kick-start the conversation of how EDs deal with superutilizers. That

includes knowing patients who frequently use an individual institution and also those who bounce between different hospitals in a given geographic area. Health information exchanges would be a good way to do that—in particular, exchanges could help identify those with mental health or substance-abuse issues. ☎

**RICHARD QUINN** is a freelance writer in New Jersey.



Dr. Anderson



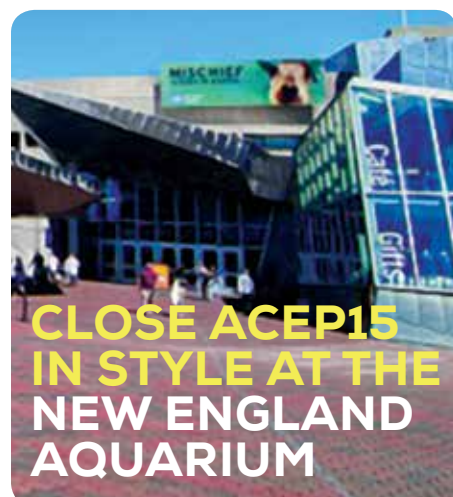
Dr. Kessler



Dr. Raven

**COORDINATION OF CARE THROUGH THE ED:  
INFLUENCING COSTS, RECIDIVISM AND  
HEALTH OUTCOMES**

**Wednesday, Oct. 28  
10–10:50 a.m.  
Room 210 ABC**



by KAYLA PANTANO

**F**inish your time spent on education, networking, and experiencing the best of emergency medicine at the ACEP15 Closing Celebration, presented by EmCare. The celebration will take place on **Wednesday, Oct. 28, 7–11 p.m.,** at the New England Aquarium. Shuttles will be provided to and from most hotels in the official ACEP block (see p. 6 for the schedule). Drink tickets are available for ACEP15 registrants.

There really is no better place to close a meeting filled with learning than at the New England Aquarium. Relax and marvel at the vast array of marine life with new friends and colleagues while enjoying music, dancing, and hors d'oeuvres.

The aquarium boasts a giant four-story ocean tank that features a Caribbean coral reef, which houses sea turtles, eels, barracuda, and hundreds more tropical fish. With Atlantic harbor seals out front and several other exhibits throughout, the aquarium features sharks, rays, sea jellies, lionfish, penguins, leafy seadragons, and even cuttlefish. So bid farewell ACEP15 and the great city of Boston with a night admiring all the sea life the New England Aquarium has to offer. ☎

**KAYLA PANTANO** is a writer based in Hoboken, New Jersey.

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

WEDNESDAY

October 28, 2015

11:30 AM – 12:15 PM

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

## EXPLORING Risk Reduction in Thrombosis

**Boston Convention & Exhibition Center**  
Exhibit Hall - Product Showcase 1  
Boston, Massachusetts

**Gregory J. Fermann, MD, FACEP**  
Professor and Executive Vice Chairman  
Director, Clinical Trials Center  
Department of Emergency Medicine  
University of Cincinnati College of Medicine  
Cincinnati, Ohio

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.

Please note that the company prohibits the offering of gifts, gratuities, or meals to federal government employees/officials. Thank you for your cooperation.

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

This promotional educational activity is not accredited. The program content is developed by Janssen Pharmaceuticals, Inc. Speakers present on behalf of the company and are required to present information in compliance with FDA requirements for communications about its medicines.

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### 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. It will also present options for reducing the risk of stroke in patients with nonvalvular atrial fibrillation.

Supported by Janssen Pharmaceuticals, Inc.



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October 2015

038858-150818



# Deadly Combos

*Drug-drug interactions that can kill your patients*

by TERESA MCCALLION

BOSTON—In the United States, there are more than 3,200 prescription drugs, more than 300,000 over-the-counter (OTC) medications, more than 600 herbal supplements, and over 300 dietary supplements. The possible drug-drug interactions are nearly endless, complicating the job of every physician. “You cannot remember all these drug-drug interactions,” said Steven B. Bird, MD, FACEP, FACMT, program director and vice chair of education at the University of Massachusetts Medical School in Worcester, Massachusetts.

At his session, he reviewed the most common dangerous drug-drug interactions seen in the emergency department, barriers to recognizing interactions, and methods to help mitigate the risk of unfavorable combinations.

Physicians must be aware of the additive effect of drugs with the same agent or mechanism of action. For example, recent studies show that 48 percent of cases of liver failure are due to the unintentional overdose of acetaminophen. The primary source is opiates that also include acetaminophen.

A second study looked at how well physicians instruct their patients regarding the dangers of taking additional acetaminophen while on an opiate. In the study, not one physician explained the potential dangerous issue to their patient. “This is on us,” said Dr. Bird. “Physicians are responsible for this.”

Dietary supplements are also a concern because it may not be clear to the user or the physician what they actually contain. The Dietary Supplement Health and Education Act requires manufacturers to adhere to just four criteria: intended for use as a supple-

ment, labeled as a supplement, contain one or more dietary ingredients, and intended to be taken orally.

“It doesn’t say what it can’t contain,” Dr. Bird said. “The most common ingredients are acetaminophen and lead.” Taking prescription drugs containing acetaminophen combined with herbal supplements can lead to acetaminophen-induced acute liver failure, he warned. “If you are seeing a patient with an unexpected event, ask about herbal and over-the-counter medications.”

The most common and dangerous drug involved in drug-drug interactions is warfarin.

A study published in the *Journal of Managed Care Pharmacy* found that 15 percent of patients on warfarin experience a bleeding event. Potential interactions with warfarin occur at a rate of 23.5 events per 100 patient years. He also noted that S-warfarin is five times more potent. He suggested that an ED visit is an opportunity to check for supratherapeutic international normalized ratios (INRs).

To minimize drug-drug interactions in the ED, Dr. Bird recommended that physicians obtain an accurate medication reconciliation and ask about herbal and OTC medications. To further reduce dangerous interactions, evidence supports the use of ED pharmacists, consulting an electronic drug information source, and the use of electronic prescriptions.

“There are trillions of drug-drug interactions,” he said. “Being aware of the concepts allows you to decrease that risk.”

“There are trillions of drug-drug interactions,” he said. “Being aware of the concepts allows you to decrease that risk.”

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



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## 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 Major Donor Lounge

(by invitation only)

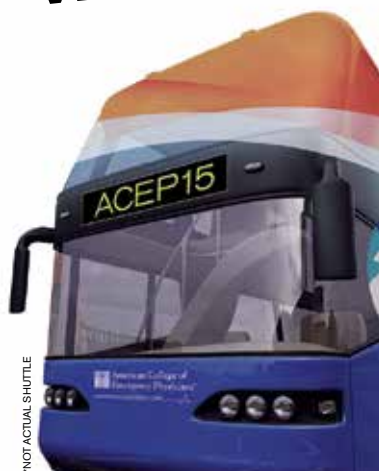
EMF donors who have given \$500 or more since Jan. 1, 2015, and Wiegstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks; a computer; a printer; and charging stations. Stop by Room 256 in the BCEC from 7:30 a.m. to 4 p.m. Wednesday.

### 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. Wednesday in the North Lobby of the BCEC.



BACK AND FORTH  
ACEP15  
WHEELS



## HOTEL SHUTTLE SCHEDULE

### WEDNESDAY, OCT. 28

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

### THURSDAY, OCT. 29

DIRECTION	HOURS	FREQUENCY
To BCEC	7 a.m.–1:30 p.m.	Every 30 minutes
From BCEC	7 a.m.–1:30 p.m.	Every 30 minutes

### ACEP15 CLOSING CELEBRATION SHUTTLE SERVICE

INCLUDES HOTELS WITHIN WALKING DISTANCE OF BCEC

DIRECTION	HOURS	FREQUENCY
To party	6:45–8 p.m.	Every 15-20 minutes
From party	8:30–10 p.m.	Every 30 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





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

*“It’s possible to get what I get here doing CME, but it’s the interaction that goes on between the audience and the professors that makes a great difference. At home, it takes a lot more self-discipline. Here, we’re basically spoon-fed, which makes it a lot easier. And interaction with your colleagues makes it a good learning experience.”*

—Thomas Beasley, MD,  
Forrest City Medical Center,  
Forrest City, Arkansas









# LIVE FROM ACEP15

When Emergency Consultants, Inc. presented the **ACEP15 Kickoff Party**, attendees enjoyed live music at the House of Blues, hit the bowling lanes at Jillian's, and challenged colleagues to table games at Lucky Strike.



## Q: WHAT IS THE VALUE OF NET- WORKING AT THE ACEP ANNUAL MEETING?

*“You interact with their knowledge, with their culture, with their different clinical presentations of patients. There’s so much valuable information you get in such a short time of four days.”*

—Manish Mehta, emergency physician, New Delhi, India





## Q: WHAT IS THE VALUE OF NETWORKING AT THE ACEP ANNUAL MEETING?

*“An event like this, the whole country comes together in one location. You can meet some people you could not have a chance to meet in your busy practice...in this setting, you’re completely relaxed. You’re not under the stress of emergency cases. You can talk about anything you wish.”*

—John Chang, DO, MS,  
FACEP, FAAUCM, Lawrence  
Memorial Hospital of Medford,  
Massachusetts

# Eye-Eye, Doc!

## Essential ophthalmologic procedures and exams for the ED

by TERESA MCCALLION

BOSTON—How comfortable are you with ophthalmologic exams? If you are an emergency physician who would like to brush up on essential diagnostic procedures within your practice, Jason R. Knight, MD, regional system medical director at Memorial Hermann TeamHealth in Houston, Texas, is your man. In his rapid-fire session, he focused on typical eye complaints, assessing visual acuity, use of equipment, exam techniques, medications, treatments, and when to call in the experts.

Although Dr. Knight offered easy-to-use techniques, he emphasized that the stakes can be high. Misdiagnosis may not be life threatening, but it could lead to permanent vision loss. Additionally, physicians are being sued for missing subtle strokes that come in as ophthalmologic complications.

He recommends that emergency physicians start by asking the patient eight questions:

- Do you have pain?
- Any recent eye surgery or trauma?
- Systemic symptoms?
- Foreign body sensation?
- Contact lens use?
- Chemical exposure?
- History of systemic autoimmune disease?
- Previous episodes (such as acute angle-closure glaucoma or herpes)?

Next, check the patient’s visual acuity using an eye chart. If they can’t see the chart, ask them to count your fingers or identify the motion of your hand. At the very least, can they perceive light? Note physical changes such as redness or discharge. Use a panop-

### Board Buzzwords

- Cherry Red Spot = CRAO
- Blood and Thunder = CRVO
- Red Desaturation Test = Optic Neuritis
- Dendrites = Herpes Keratitis
- Curtain Pulled Down = Amaurosis Fugax = TIA or Retinal Detachment “Parachute”
- Cell and Flare = Iritis/Uveitis
- Spider Web, Cobb-Web, Floaters = Vitreous Hemorrhage

Source: Jason R. Knight, MD

Eye exam buzzwords from Dr. Knight’s talk.

tic or ophthalmoscope to conduct a retinal exam. Dr. Knight prefers the panoptic because of the larger view it provides of the fundus. “It’s the difference between a 70-inch TV screen versus a 20-inch TV,” he said. A 2011 study showed that emergency physicians using the panoptic were more likely to make a correct diagnosis compared to the ophthalmoscope.

“The slit lamp can be kind of intimidating to physicians,” Dr. Knight said, describing it as a binocular or microscope with a lot of adjustment knobs. “You need to understand less than half of the capabilities of most slit lamps to perform a good eye exam,” he said. He suggested adjusting the settings to 1X magnification, white light, maximum height, and medium width. “Use your finger to hold the lid open or closed for a better view,” he added.

In 2015, EDs are seeing a dramatic increase in the use of the ocular ultrasound. Dr. Knight

said that it’s especially helpful for identifying a retinal detachment, open globe, foreign objects, abnormalities, increased intracranial pressure, and hemorrhages. “If you can turn on a machine, you can use this,” he said.

He also noted that physicians are seeing an increase in drug-resistant eye infections, including MRSA and other *Staphylococci*—something that used to be rare in ophthalmology. If a patient comes to the ED with a history of 10 or more eye procedures, he suggests prescribing strong antibiotics. However, a patient with no history will not need such strong antibiotics.

According to Dr. Knight, the good news is that many of the ophthalmology cases in the ED are seen repeatedly. Getting a good handle on these will make diagnosing eye complaints easier. ☺

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

## MISS A SESSION? CATCH UP WITH VIRTUAL ACEP

**TOO MANY GOOD SESSIONS AND NOT ENOUGH TIME?** With Virtual ACEP15’s extensive digital library of presentations, you can experience the entire meeting, with 242 hours of educational content to choose from, on your own schedule. All you need is an Internet connection to watch presenters’ slides while listening to fully synchronized audio as if you were actually attending each session. Rest assured you’ll learn what you need, satisfy your CME requirements, even “go to” sessions you missed in Boston.

**Find out more about this extensive digital library at [www.acep.org/virtualacep](http://www.acep.org/virtualacep).**

**Virtual ACEP15 is only available with registration for ACEP15.**

- \$259 member
- \$359 nonmember
- \$199 international

**Virtual ACEP includes:**

- 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 devices
- Downloadable MP3 files for convenient on-the-go audio
- Activity approved for AMA PRA Category 1 Credit(s)



## LEARN THE ISSUES AND MAKE A PLAN WITH NEMPAC

The National Emergency Medicine Political Action Committee (NEMPAC) is a critical tool in ACEP's Government Affairs strategy to strengthen our influence on many legislative initiatives impacting the practice and delivery of emergency medical care. 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.

### ACEP'S School of Political Advocacy

WEDNESDAY, OCT. 28

12:30–1:20 p.m.

Room 106

Emergency physicians are the only providers who work 24-7 to see any patient with an acute need, regardless of their ability to pay. You know this. Do your legislators know this? If not, they should.

ACEP'S School of Political Advocacy will outline the key advocacy issues for emergency physicians and emergency patients at the state and federal levels in 2015 and beyond. Led by ACEP staffers Gordon Wheeler and Jeanne Slade, the course gives you an action plan for developing a relationship with your legislators and how to work with your colleagues to advance the critical advocacy agenda for emergency medicine.

### NEMPAC VIP Donor Lounge

(by invitation only)

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.



# Tech and Talk

*ACEP15 attendees took in cutting-edge technology, EM best practices, and networking in Boston*

by RICHARD QUINN

BOSTON—The apocryphal stroke patient was right-side deficient, a little aphasic, and had a Rapid Arterial Occlusion Evaluation (RACE) score of 8. A CT scan was ordered, a stent was placed via 3D imaging, and then a state-of-the-art stent retrieval device finished off the emergent procedure.

Joshua Rosenblum, PA-C, who practices at Springfield Hospital in Springfield, Vermont, stood impressed as the demonstration took place Tuesday at ACEP15's innovatED.

"It's fascinating technology for those of us who work in small critical-access hospitals," said Mr. Rosenblum. "We don't have this. It's nice to know it's out there. Staying on the leading edge is important, especially when you're in a small facility and you need to know what is out there in your referring facilities."

Seeing what's out there is a big part of ACEP's Annual Meeting. What best practices are out there. What cutting-edge therapies are out there. Which leaders are out there to network with. But in between sessions and speakers, a crowd on track to match last year's record attendance filled the Exhibit Hall, the Wellness Center, Studio ACEP, and College-sponsored gatherings all over Boston.

Karan Gadhok, MD, a third-year resident at New York Methodist Hospital in Brooklyn, New York, said the meeting's noneducational accoutrements were an eye-opener.

**"Being out here, you get exposed to all the different types of hospitals, places, people, devices, what's up and coming. It's very cool."**

—Karan Gadhok, MD



**"The [Wellness Center] staff was wonderful. The lady who drew my blood hit it without me even knowing she was going into my vein."**

—Dietrich Jehle, MD, FACEP



"I'm kind of sad that I didn't come before," he said, as he played with an intraosseous infusion device (IO). "I just love...seeing what opportunities are out there. Being in residency, you just get your small, little world. Being out here, you get exposed to all the different types of hospitals, places, people, devices, what's up and coming. It's very cool."

Among the most popular destinations every year is the Wellness Center, where hundreds of ACEP members can get a blood panel, a body-mass index (BMI) measurement, a flu shot, and a burnout survey, among other tests.

Dietrich Jehle, MD, FACEP, who practices

mainly at Erie County Medical Center in Buffalo, New York, said he used the wellness center because physicians are often their own worst patients—and the convenience of spending 10 minutes at conference is easier than taking time out of his daily life.

"It was very easy to get through," he said. "The staff was wonderful. The lady who drew my blood hit it without me even knowing she was going into my vein. The lady who let me know that I was overweight did it in such a gentle fashion I didn't even realize she was telling me I was fat." ☺

RICHARD QUINN is a freelance writer in New Jersey.

## THE TWEETS ARE FLYING AT #ACEP15

*Attendees are tweeting about trauma pearls, opioids, and the print versus FOAM debate*

by JEREMY FAUST, MD, MS

BOSTON—There's quantity and there's quality. The social media coming out of #ACEP15 has both. We surpassed the 10,000-tweet threshold before noon of Day 2, but what strikes me is the quality of these tweets. More high-quality images and high-yield slides are going viral. There are tweets with links to PubMed-indexed papers that form the basis of today's cutting-edge talks. This is the kind of Free Open Access Medical Education (#FOAMed) that the world of emergency medicine demands from us, and that is what we are giving them!

Dr. Nick Genes (@borborygmi) covered a friendly debate between Dr. Judith Tintinalli and Dr. Scott Weingart (@emcrit) on the pros and cons of physical books, the process of quality review that goes into FOAM versus textbooks, and how people learn.

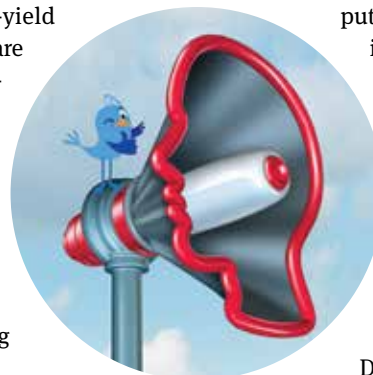
One upside of FOAM is that it is self-policing—@emcrit's audience gives him contempo-

aneous peer review. That's fine when you get more than 200,000 downloads per month, as Dr. Weingart's Emcrit Podcast does. But that may not be generalizable. Meanwhile, everything in Tintinalli's *Emergency Medicine* is peer-reviewed, but mistakes take a long time to be corrected. This topic won't be put to rest any time soon, but it's fun to see the top minds duke it out!

Dr. Billy Mallon's lecture "Trauma Tea Party: Debunking Trauma Myths" was brilliantly covered by Dr. Manrique Umana (@umanamd) and Dr. Allen Roberts (@GruntDoc). But Dr. Todd Taylor (@toddtaylor), while less prolific, summed

up one popular pearl—"We should not be doing needle [decompression] for trauma at the 2nd intercostal space...rather go to 5th intercostal space, mid-axillary line." Another myth debunked: "All TAR [traumatic aortic ruptures] go to heaven." Dr. Alejandro Moya

CONTINUED on page 13







# Hot Sessions

## Be Prepared for Diabetic Emergencies

by RICHARD QUINN

**D**on't assume that the rapid-fire session on diabetic keto-acidosis (DKA) titled "DKA and Hyperosmolar Syndrome—High-Yield Pearls and Pitfalls" is geared just toward emergency physicians who typically see a lot of diabetics.

"This topic applies to all emergency physicians, whether or not they're in a rural setting, an urban setting, even an urgent care setting, because DKA can present in any patient," said Camiron Pfennig-Bass, MD, MHPE, an emergency physician with Greenville Health System and associate professor at the University of South Carolina in Greenville, who is presenting the session with Chandra Aubin, MD, RDMS, associate professor at Washington University School of Medicine in St. Louis.

**Dr. Pfennig-Bass said the session is meant to push ED providers to keep DKA and hyperosmolar syndrome front of mind.**

"DKA can present in a patient who has known diabetes, but DKA can also be the presenting problem in a patient who didn't even know they had diabetes. It applies to both adults and children," she said. "Honestly, it crosses the spectrum of emergency medicine from start to finish."

Dr. Pfennig-Bass said the session is meant to push ED providers to keep DKA and hyperosmolar syndrome front of mind given that these are potentially life-threatening complications of diabetes.

"These patients that come in can be so hemodynamically unstable, dehydrated, and altered," she said. "It is crucial to recognize diabetic emergencies in the differential very early in the presentation to begin focusing on fluid management, electrolyte control, and potential insulin drip initiation." ☺

**RICHARD QUINN** is a freelance writer in New Jersey.



**Dr. Pfennig-Bass**



**Dr. Aubin**

**RAPID FIRE: DKA AND HYPEROSMOLAR SYNDROME—HIGH-YIELD PEARLS AND PITFALLS**

Wednesday, Oct. 28  
9–9:25 a.m.  
Room 153 ABC

## Tips for Safer, More Efficient ENT Procedures

by VANESSA CACERES

**I**f you come to Wednesday's session "Quick Tips: Rapid-Fire ENT Procedures in the ED," you'll get tips and tricks you can use during your next shift in the emergency department, said Gene Hern, MD, emergency medicine residency director at Alameda Health System—Highland Hospital in Oakland, California.

Although emergency physicians are usually comfortable with basic ear, nose, and throat (ENT) procedures, such as removing foreign bodies or attending to bleeding, there are other procedures that are less common. Dr. Hern's session will provide both tried-and-true techniques and newer tips to better treat ENT cases.

The cases he will focus on in his talk include draining abscesses, managing bleeding, removing foreign bodies, treating dislocated jaws, and viewing the epiglottis.

**Although emergency physicians are usually comfortable with basic ear, nose, and throat (ENT) procedures, such as removing foreign bodies or attending to bleeding, there are other procedures that are less common.**

Some ENT cases, such as foreign-body removal from children, require a special touch to avoid traumatizing the child or parent, Dr. Hern said, noting that kids may get a bead or toy lodged in their nose or ear.

"It should be a fun session," he said. "We'll have great pictures where I'm demonstrating procedures on colleagues or myself."

Dr. Hern's interest in ENT sparked from working at a county hospital that does not have a lot of ENT coverage, so he's been more hands-on in performing ENT procedures. ☺

**VANESSA CACERES** is a freelance medical writer based in Florida.



**Dr. Hern**

**QUICK TIPS: RAPID-FIRE ENT PROCEDURES IN THE ED**

Wednesday, Oct. 28  
10:30–10:55 a.m.  
Room 160 ABC

## Making Decisions on Appropriate Care for the Most Difficult Patients

by KELLY APRIL TYRRELL

**I**t's the nature of emergency medicine that no shift is complete without a patient who is "combative, uncooperative, unhappy, or mentally altered for other reasons," said Christopher Colwell, MD, FACEP, interim director of the department of emergency medicine and staff physician at Denver Health Medical Center and associate professor at the University of Colorado School of Medicine in Aurora.

"We are left sorting out, does this patient have the capacity to make decisions for themselves, or do I need to hold them against their will and make decisions for them?"

In his Wednesday session, "The Combative, Uncooperative Trauma Patient," Dr. Colwell will take a case-based approach to provide practical strategies in caring for even the most challenging patient while also considering the legal and ethical implications. Free will is important, he said, but so is the safety of the patient and others.

**"We are left sorting out, does this patient have the capacity to make decisions for themselves, or do I need to hold them against their will and make decisions for them?"**

—Dr. Colwell

Deciding to restrain or sedate a patient can be one of the most difficult choices emergency physicians make, Dr. Colwell said. "It's a high-risk situation with high stakes." But emergency physicians are accustomed to making definitive decisions based on inadequate data. "It's what our profession is based on."

No matter the trauma setting, from inner-city hospital to small rural health center, his session will provide emergency physicians the basics for becoming comfortable making these kinds of decisions. And, he said, it promises to be lively. ☺

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



**Dr. Colwell**

**THE COMBATIVE, UNCOOPERATIVE TRAUMA PATIENT**

Wednesday, Oct. 28  
3:30–4:20 p.m.  
Room 205 ABC

## Leverage Number Needed to Treat to Make Critical Decisions

by KELLY APRIL TYRRELL

**"N**umber needed to treat" may not be a concept all physicians are familiar with, but by the time most leave the Wednesday session "Number Needed to Treat: Pinpointing ED Interventions That Matter Most," many will feel like they were just let in on a dirty secret—in a great way.

"Number needed to treat is a way of seeing the efficacy and understanding the facility of a health care intervention," said session speaker David H. Newman, MD, FACEP, director of clinical research in the department of emergency medicine at the Icahn School of Medicine at Mt. Sinai in New York City. "It's literally just repackaging data so that it's digestible and understandable."

It is an attempt, he said, to reimagine data in a patient-, physician-, and bedside-friendly way. His session is intended to give emergency physicians a toolkit for assessing interventions and provide them an easy-to-use evidence-based guide for making critical decisions in the emergency department.

**"Number needed to treat is a way of seeing the efficacy and understanding the facility of a health care intervention. It's literally just repackaging data so that it's digestible and understandable."**

—Dr. Newman

"In the ED, we are dealing with economies of care: which room should we go in first to have the most impact, and what do we do first to ensure the most impact in the time we have?" said Dr. Newman. "When you know number needed to treat, it allows a standardized way of comparing across interventions to decide where to spend your time." ☺

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



**Dr. Newman**

**NUMBER NEEDED TO TREAT: PINPOINTING ED INTERVENTIONS THAT MATTER MOST**

Wednesday, Oct. 28  
3:30–4:20 p.m.  
Room 258 ABC





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

\*LOCATION OF ACEP15 EVENT



## Q: WHAT IS THE VALUE OF NETWORKING AT THE ACEP ANNUAL MEETING?

*"It's absolutely important. I've been an ER doc for 31 years. It's very rare that where you start off in your career is where you're going to end up...places like this are where I've networked with all kinds of people and all kinds of organizations."*

—Richard Gadjowski, MD, UPMC Health Plan, Pittsburgh

## #ACEP15 | CONTINUED FROM PAGE 11

(@alemoyaal) tweeted one of Dr. Mallon's slides showing that, no, not all of these patients die in the era of grafts and stents.

Hungry for more myth-busting? How about the myth that the zero pain is a safe goal? It's no longer news that emergency physicians can have a positive or negative impact on patients depending on whether or not (or how much) we prescribe opioids and opiates.

The session "Dying to be Pain Free: The US Opioid Drug Death Epidemic" generated a lot of buzz. Dr. Sandy Simons (@ergoddessMD) tweeted that "About 17 pills is the average quantity of an ER opioid prescription." Dr. Peter Chai (@PeterRChai) wrote that "curbing the opioid epidemic starts with talking to your patient about the danger of opioids." It might take longer, but it might be worth it.

And Dr. Jerry Hoffman and Dr. Rick Bukata were back at it with too many great tweets to choose from. Type #hofkata into your Twitter search window and prepare to learn!

There's your Day 2 Twitter Roundup. Be sure to follow the @ACEPNow account and the rest of our social media team. Keep those #ACEP15 tweets coming.

If you want to join in, ask any member of the social media team for help. You can tweet

**The session "Dying to be Pain Free: The US Opioid Drug Death Epidemic" generated a lot of buzz. Dr. Sandy Simons (@ergoddessMD) tweeted that "About 17 pills is the average quantity of an ER opioid prescription."**

at me as well @JeremyFaust. All of the team members are friendly and very glad to help you learn or refine your tweets. We're the ones with the red #ACEP15 ribbons on our nametags. 📌

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





# Hot Sessions

CONTINUED FROM PAGE 12

## Best Practices in Sepsis Fluid Therapy

by RICHARD QUINN

Three trials in the past 18 months that have challenged early goal-directed therapy for patients with sepsis have some emergency physicians wondering what to do.

The answer from Nathan Shapiro, MD, MPH: attend his Wednesday session dubbed "Get the BP Up! The Who, When, and Why of Today's Sepsis Fluid Therapy."

**"Therefore, the idea of having your fluid therapy tied back to a central venous pressure only is no longer necessarily an evidenced-based improvement in mortality."**

—Dr. Shapiro

"It leaves us with a dilemma in the sense that we have now have a trial showing that an average of roughly four liters of fluid and good clinical judgment to adjust volumes further [are] essentially what we need, but we also know there are perils with fluid overload and not giving enough fluid," said Dr. Shapiro, an attending physician in Beth Israel Deaconess Medical Center's emergency department in Boston. "Going forward, we have to look for new ways to titrate our fluid therapy."

Dr. Shapiro said the session will review the history of care for septic patients and, using a case-based discussion, will delve into some of the best practices based on the new trials, known as ARISE, ProCESS, and ProMISe.

"Three trials have come out showing that goal-directed therapy was not necessarily better than the usual care being followed by clinicians in the current era," he said. "Therefore, the idea of having your fluid therapy tied back to a central venous pressure only is no longer necessarily an evidenced-based improvement in mortality." ☺

**RICHARD QUINN** is a freelance writer in New Jersey.

## Rational Care for High Blood Pressure Encounters

by KELLY APRIL TYRRELL

Elevated blood pressure is "the most common abnormality physicians encounter in the emergency department, but there is very little guidance for how to deal with it," said Philip H. Shayne, MD, FACEP, professor of emergency medicine and EM residency program director at Emory University School of Medicine in Atlanta. And much of the time, it's not really a problem at all.

In his Thursday session, "Severe, Asymptomatic Hypertension in the ED: Don't Just Do Something, Stand There!" Dr. Shayne will offer practical strategies for treating patients presenting with elevated blood pressure and provide tips for dealing with misconceptions. He'll take advantage of the latest literature and national guidelines to do so.

"It has to do with assessing what's going on with the patient and not being worried about the number on the monitor," said Dr. Shayne. "There is a lot of outside pressure; people are sent to us because their blood pressure is high. We are often responding to what other people think is a crisis."

**"There is a lot of outside pressure; people are sent to us because their blood pressure is high. We are often responding to what other people think is a crisis."**

—Dr. Newman

It means emergency physicians are being asked to solve problems that may not be acute issues at all, he said. His session will help emergency physicians handle patients with high blood pressure and defend rational decisions that may go against these outside expectations but, at the same time, result in the best care for patients. ☺

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

## Better Critical Care Medicine in the ED

by VANESSA CACERES

There are some methods to help you manage resuscitation in a crashing patient that may not always come first to your mind.

In his Thursday session, "From Ordinary to Extraordinary: Critical Care Medicine in the ED," David A. Pearson, MD, FACEP, associate professor and associate residency program director in the department of emergency medicine at Carolinas Medical Center in Charlotte, North Carolina, will share a variety of critical care management options, including ones that may sound out of the ordinary.

"Often, the physiologic effects of intubation in the critically ill patient are overlooked, which leads to chaos during the peri-intubation phase," he said. "With optimization of the hemodynamics and oxygenation before proceeding with the intubation, many of the untoward effects can be mitigated."

Dr. Pearson will share information to help maneuver a more controlled environment and safer intubation.

One area that Dr. Pearson will address is standard methods of hemodynamic optimization as well as novel methods such as push-dose pressors using phenylephrine or epinephrine. There are some risks associated with push-dose pressors, Dr. Pearson said. "Specifically, phenylephrine may decrease cerebral tissue oxygenation and should be avoided in brain-injured patients. Additionally, epinephrine is a very common medication associated with administration errors; thus, a full understanding of how to appropriately make an epi push-dose syringe or drip helps to avoid such errors," he said.

Other areas that Dr. Pearson will cover in his session include what he calls bread-and-butter pre-oxygenation techniques, such as the Rule of 15s, and more advanced pre-oxygenation methods including heated humidified high-flow nasal cannula.

Delayed sequence intubation, refractory hypoxemia, and advanced techniques like extracorporeal membrane oxygenation and high-frequency oscillatory ventilation round out the topics that Dr. Pearson will address in his talk. ☺

**VANESSA CACERES** is a freelance medical writer based in Florida.

## Tackling Concussions With Accurate Information

by VANESSA CACERES

There's a lot of talk now about concussions, but physicians are only beginning to understand best practices for diagnosis, treatment, and prevention.

"Concussion Update 2015: What We Know, What We Think We Know, and What We Don't Know" will share literature-based information on this controversial subject, said Andrew D. Perron, MD, FACEP, professor and residency program director in the department of emergency medicine at Maine Medical Center in Portland.

One point to keep in mind during the session is there's more that physicians don't know about concussions than they actually do know—and that frustrates many people, Dr. Perron said.

"There is a huge amount of new information coming along all the time," he said. "The purpose of my talk is to take away a little bit of the bias, sensationalism, and lore associated with concussions and look at the relatively small amount of science."

Much of the guidance on concussions comes from consensus statements, which naturally fall prey to compromises that are formed by experiential thought and anecdotes, Dr. Perron said. Instead, he believes that ED physicians and the medical field in general need more concrete, evidence-based guidance in this area.

Another area Dr. Perron will discuss is concussion epidemiology. For instance, although it appears that there are more concussions nowadays, it may actually be there is just more awareness and reporting of them when they happen. He will also share information on sports that are more commonly associated with concussions and other sports team-related factors that are often linked to concussions.

In addition, Dr. Perron will address how ED physicians can stay more aware of even subtle concussion signs and symptoms and will look ahead to where concussion evaluation may be going in the future. ☺

**VANESSA CACERES** is a freelance medical writer based in Florida.

Dr. Shapiro

**GET THE BP UP! THE WHO, WHEN, AND WHY OF TODAY'S SEPSIS FLUID THERAPY**

Wednesday, Oct. 28  
5–5:30 p.m.  
Room 258 ABC



Dr. Shayne

**SEVERE, ASYMPTOMATIC HYPERTENSION IN THE ED: DON'T JUST DO SOMETHING, STAND THERE!**

Thursday, Oct. 29  
8–8:25 a.m.  
Room 258 ABC



Dr. Pearson

**FROM ORDINARY TO EXTRAORDINARY: CRITICAL CARE MEDICINE IN THE ED**

Thursday, Oct. 29  
9–9:50 a.m.  
Room 253 ABC



Dr. Perron

**CONCUSSION UPDATE 2015: WHAT WE KNOW, WHAT WE THINK WE KNOW, AND WHAT WE DON'T KNOW**

Thursday, Oct. 29  
11–11:50 a.m.  
Room 210 ABC



## Strategies for Recognizing Life-Threatening Rashes

by KELLY APRIL TYRRELL

**H**ow many times has a child presented to the emergency department with an unexplained rash? When should you worry, and when can you be sure it's not life-threatening?

In her Thursday session, "The Death Rash: Lethal Rashes You Can't Miss," Emily A. Rose, MD, FACEP, FAAP, faculty in the department of emergency medicine at Keck School of Medicine of the University of Southern California in Los Angeles, will provide tips and tools for handling cases of rash. Plus, she said, there will be plenty of pictures. In fact, this is one of the most in-demand talks she gives.

"Rashes are always fun to talk about because every time we pick up a chart and that's the chief complaint, sometimes it's straight-forward and easy ... and other times it's intimidating and frustrating," said Dr. Rose. "It's nice to walk in and know exactly what it is."

Dr. Rose hopes to shed light on the successful strategies she has used in caring for patients with rashes. "I've seen a lot of cases of necrotizing fasciitis or Stevens-Johnson syndrome, and I have learned tricks to reassure myself or confirm the diagnosis."

**"I've seen a lot of cases of necrotizing fasciitis or Stevens-Johnson syndrome, and I have learned tricks to reassure myself or confirm the diagnosis."**

—Dr. Rose

Her talk will focus on the specific characteristics in the history and physical exam that indicate whether or not a rash is likely to be life-threatening, plus give emergency physicians the confidence to make that call. ☺

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



Dr. Rose

**THE DEATH RASH: LETHAL RASHES YOU CAN'T MISS**  
Thursday, Oct. 29  
11–11:50 a.m.  
Room 107 ABC

## 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 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.

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# What has your career done for you lately?

**Dr. Preston Wendell** is an energetic emergency department director who is passionate about his career and chose to work for TeamHealth because it is a physician-led, physician-centric company that understands both the business and patient side of emergency medicine. He appreciates TeamHealth's work hard, play hard philosophy which keeps him professionally challenged and personally fulfilled.

## TEAMHEALTH CONGRATULATES ITS 2015 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 2015 honorees!



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Oklahoma City, OK



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St. Mary's Healthcare  
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Rocky Mount, NC



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