WELCOME TO WASHINGTON, D.C.!

We are thrilled to be able to host the capital of emergency medicine conferences in the capital of our nation. ACEP17 is your opportunity to spend time networking with our colleagues from all over the United States and around the world. This is the place to be for outstanding education, research, and discussion and, most importantly, to look forward to the year in front of us and what we bring to the practice of emergency medicine from ACEP17.

This meeting is an opportunity to discover just how large the emergency medicine community is and how many different areas of focus and interest the specialty contains. I challenge you to attend section meetings, committee meetings, and networking events and to learn from as many offerings as possible at ACEP17. The future of emergency medicine rests in our multitude of voices and interests coming together to serve one purpose.

I am gratefully accepting the baton of leadership from Immediate Past President Rebecca B. Parker, MD, FACEP, in a continuous, sustained, multiyear effort on our specialty’s behalf to at-

CONTINUED on page 6

WELCOME TO WASHINGTON, D.C.

Communication, Health Reform, Billing, and More on ACEP’s Agenda

by PAUL KIVELA, MD, MBA, FACEP

Dr. Kivela

QUALITY

Improve Quality with CEDR and E-QUAL

AS PART OF ITS ONGOING commitment to providing the highest quality of emergency care, ACEP has developed the Clinical Emergency Data Registry (CEDR) and the Emergency Quality Network (E-QUAL). These first-of-their-kind networks support emergency physicians’ efforts to improve quality and practice in all types of emergency departments, even as practice and payment policies change over the coming years.

TURN TO PAGE 9 FOR MORE INFORMATION.

USE THE ACEP17 MOBILE APP

Maximize your experience! The app is available in the iOS App Store and the Google Play store. Use your login credentials from your ACEP17 registration to get schedules, syllabi, surveys, and so much more.
Think ELIQUIS—
For your appropriate patients with NVAF or DVT/PE

**IMPORTANT SAFETY INFORMATION**

**WARNING:** (A) PREMATURE DISCONTINUATION OF ELIQUIS INCREASES THE RISK OF THROMBOTIC EVENTS,
(B) SPINAL/EPIDURAL HEMATOMA

(A) Premature discontinuation of any oral anticoagulant, including ELIQUIS, increases the risk of thrombotic events. If anticoagulation with ELIQUIS is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant.

(B) Epidural or spinal hematomas may occur in patients treated with ELIQUIS who are receiving neuraxial anesthesia or undergoing spinal puncture. These hematomas may result in long-term or permanent paralysis. Consider these risks when scheduling patients for spinal procedures. Factors that can increase the risk of developing epidural or spinal hematomas in these patients include:

- use of indwelling epidural catheters
- concomitant use of other drugs that affect hemostasis, such as nonsteroidal anti-inflammatory drugs (NSAIDs), platelet inhibitors, other anticoagulants
- a history of traumatic or repeated epidural or spinal punctures
- a history of spinal deformity or spinal surgery
- optimal timing between the administration of ELIQUIS and neuraxial procedures is not known

Monitor patients frequently for signs and symptoms of neurological impairment. If neurological compromise is noted, urgent treatment is necessary.

Consider the benefits and risks before neuraxial intervention in patients anticoagulated or to be anticoagulated.

**CONTRAINDICATIONS**

- Active pathological bleeding
- Severe hypersensitivity reaction to ELIQUIS (e.g., anaphylactic reactions)

**WARNING AND PRECAUTIONS**

- Increased Risk of Thrombotic Events after Premature Discontinuation: Premature discontinuation of any oral anticoagulant, including ELIQUIS, in the absence of adequate alternative anticoagulation increases the risk of thrombotic events. An increased rate of stroke was observed during the transition from ELIQUIS to warfarin in clinical trials in atrial fibrillation patients. If ELIQUIS is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant.

- Bleeding Risk: ELIQUIS increases the risk of bleeding and can cause serious, potentially fatal, bleeding.
  - Concomitant use of drugs affecting hemostasis increases the risk of bleeding, including aspirin and other antiplatelet agents, other anticoagulants, heparin, thrombolytic agents, SSRIs, SNRIs, and NSAIDs.
  - Advise patients of signs and symptoms of blood loss and to report them immediately or go to an emergency room. Discontinue ELIQUIS in patients with active pathological hemorrhage.

- There is no established way to reverse the anticoagulant effect of apixaban, which can be expected to persist for at least 24 hours after the last dose (i.e., about two half-lives). A specific antidote for ELIQUIS is not available.

- Spinal/ Epidural Anesthesia or Puncture: Patients treated with ELIQUIS undergoing spinal epidural anesthesia or puncture may develop an epidural or spinal hematoma which can result in long-term or permanent paralysis.

The risk of these events may be increased by the postoperative use of indwelling epidural catheters or the concomitant use of medicinal products affecting hemostasis. Indwelling epidural or intrathecal catheters should not be removed earlier than 24 hours after the last administration of ELIQUIS. The next dose of ELIQUIS should not be administered earlier than 5 hours after the removal of the catheter. The risk may also be increased by traumatic or repeated epidural or spinal puncture. If traumatic
Severe hypersensitivity reaction to ELIQUIS (e.g., anaphylactic)

Consider the benefits and risks before neuraxial intervention

- Use of indwelling epidural catheters
- Hematomas in these patients include:

If anticoagulation with ELIQUIS is discontinued for a reason other than pathological bleeding or completion of a course including ELIQUIS, increases the risk of thrombotic events.

(A) Premature discontinuation of any oral anticoagulant, (B) SPINAL/EPIDURAL HEMATOMA

ELIQUIS increases the risk of bleeding and can cause serious, potentially fatal, bleeding.

ELIQUIS INCREASES THE RISK OF THROMBOTIC EVENTS, WARNING: (A) PREMATURE DISCONTINUATION OF

- There is no established way to reverse the anticoagulant effect of apixaban, which can be expected to persist for at least 24 hours after the last administration of ELIQUIS. The next dose of ELIQUIS should not be administered earlier than 5 hours after last administration.
- Concomitant use of drugs affecting hemostasis increases the risk of hemorrhage.

Eligible patients are those at risk for thrombotic events who require thrombolysis or pulmonary embolectomy:

1. Acute PE in Hemodynamically Unstable Patients or Patients who Require Thrombolysis or Pulmonary Embolectomy:
   - Initiation of ELIQUIS is not recommended as an alternative to heparin for the initial treatment of patients with PE who present with hemodynamic instability or who may receive thrombolysis or pulmonary embolectomy.

ADVERSE REACTIONS

- The most common and most serious adverse reactions reported with ELIQUIS were related to bleeding.

TEMPORARY INTERRUPTION FOR SURGERY AND OTHER INTERVENTIONS

- ELIQUIS should be discontinued at least 48 hours prior to elective surgery or invasive procedures with a moderate or high risk of unacceptable or clinically significant bleeding. ELIQUIS should be discontinued at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding or where the bleeding would be noncritical in location and easily controlled. Bridging anticoagulation during the 24 to 48 hours after stopping ELIQUIS and prior to the intervention is not generally required. ELIQUIS should be restarted after the surgical or other procedures as soon as adequate hemostasis has been established.

PREGNANCY CATEGORY B

- There are no adequate and well-controlled studies of ELIQUIS in pregnant women. Treatment is likely to increase the risk of hemorrhage during pregnancy and delivery. ELIQUIS should be used during pregnancy only if the potential benefit outweighs the potential risk to the mother and fetus.


Please see Brief Summary of Full Prescribing Information, including Boxed WARNINGS, on adjacent pages.
**ELIQUIS® (apixaban) tablets, for oral use**

**ELIQUIS® (apixaban)** is indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (AF) (see Pharmacodynamic/Pharmacokinetic Properties).

**INDICATIONS AND USAGE**

ELIQUIS is indicated to reduce the risk of stroke in patients with nonvalvular atrial fibrillation (AF) who are at elevated risk for stroke and who are candidates for oral anticoagulant therapy. The benefit of ELIQUIS therapy in reducing the risk of stroke in patients with AF should be considered in the context of the increased risk of intracranial hemorrhage when compared to warfarin therapy. The efficacy and safety of ELIQUIS compared with warfarin to reduce the risk of stroke in patients with AF who are candidates for oral anticoagulant therapy and who have a history of intracranial hemorrhage have not been established. ELIQUIS therapy should not be initiated in patients with a history of intracranial hemorrhage.

**ELIQUIS** is indicated for the treatment of patients with AF who are candidates for oral anticoagulant therapy. **ELIQUIS** is indicated for the treatment of patients with nonvalvular AF who are at elevated risk for stroke and who are candidates for oral anticoagulant therapy. 

**ELIQUIS is indicated for the treatment of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who are candidates for thrombolytic therapy or surgery** (see Use of Thrombolytic Therapy or Surgery). **ELIQUIS is indicated for the treatment of PE, in patients who are candidates for thrombolytic therapy** (see Use of Thrombolytic Therapy or Surgery). **ELIQUIS is indicated for the treatment of DVT**.

**ADVERSE REACTIONS**

The following adverse reactions are discussed in greater detail in other sections of the prescribing information. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a specific product cannot be directly compared to rates observed in the clinical trials of another product, and adverse reaction rates from one clinical trial cannot be directly compared to rates observed in subsequent clinical trials.

**Increased Risk of Thrombotic Events after Premature Discontinuation**

**• Active pathological bleeding**

**• Concomitant use of other drugs that affect hemostasis, such as nonsteroidal anti-inflammatory drugs (NSAIDs), platelet inhibitors, other anticoagulants**

**• A history of thrombosis or previous or spontaneous spinal or epidural procedures**

**Shedder patients frequently for signs and symptoms of neurologic impairment. If any of the above conditions is noted, urgent treatment is necessary (see Warnings and Precautions).**

**Conduct a complete history and physical examination before initiating ELIQUIS or to be anticoagulated (see Warnings and Precautions).**

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**Table 1: Bleeding Events in Patients with Nonvalvular Atrial Fibrillation in ARISTOTLE**

<table>
<thead>
<tr>
<th>Endpoint*</th>
<th>ELIQUIS</th>
<th>Warfarin</th>
<th>Hazard Ratio (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>202 (1.8)</td>
<td>255 (2.3)</td>
<td>0.79 (0.66, 0.96)</td>
<td>0.06</td>
</tr>
<tr>
<td>Major</td>
<td>142 (1.3)</td>
<td>156 (1.7)</td>
<td>0.89 (0.76, 1.05)</td>
<td>0.16</td>
</tr>
<tr>
<td>Intracranial</td>
<td>20 (0.19)</td>
<td>24 (0.18)</td>
<td>1.04 (0.59, 1.82)</td>
<td>0.92</td>
</tr>
<tr>
<td>Hemorrhagic</td>
<td>110 (1.02)</td>
<td>117 (0.98)</td>
<td>0.95 (0.77, 1.18)</td>
<td>0.59</td>
</tr>
<tr>
<td>Nonhemorrhagic</td>
<td>24 (0.22)</td>
<td>35 (0.30)</td>
<td>0.77 (0.47, 1.27)</td>
<td>0.31</td>
</tr>
</tbody>
</table>

**Table 2: Bleeding Events in Patients with Nonvalvular Atrial Fibrillation in AVERROES**

<table>
<thead>
<tr>
<th>Endpoint*</th>
<th>ELIQUIS</th>
<th>Warfarin</th>
<th>Hazard Ratio (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>30 (0.91)</td>
<td>11 (0.33)</td>
<td>2.91 (1.04, 8.06)</td>
<td>0.04</td>
</tr>
<tr>
<td>Major</td>
<td>37 (1.05)</td>
<td>10 (0.29)</td>
<td>3.86 (1.69, 8.85)</td>
<td>0.001</td>
</tr>
<tr>
<td>Intracranial</td>
<td>6 (0.16)</td>
<td>6 (0.17)</td>
<td>0.92 (0.31, 2.77)</td>
<td>0.88</td>
</tr>
<tr>
<td>Hemorrhagic</td>
<td>36 (0.98)</td>
<td>36 (0.98)</td>
<td>1.00 (0.63, 1.58)</td>
<td>0.99</td>
</tr>
<tr>
<td>Nonhemorrhagic</td>
<td>8 (0.22)</td>
<td>9 (0.24)</td>
<td>0.83 (0.37, 1.87)</td>
<td>0.71</td>
</tr>
</tbody>
</table>

**Table 3: Bleeding During the Treatment Period in Patients Undergoing Elective Hip or Knee Replacement Surgery**

<table>
<thead>
<tr>
<th>Endpoint*</th>
<th>ELIQUIS</th>
<th>Warfarin</th>
<th>Hazard Ratio (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>3 (0.16)</td>
<td>3 (0.18)</td>
<td>0.87 (0.16, 4.64)</td>
<td>0.87</td>
</tr>
<tr>
<td>Major</td>
<td>13 (0.71)</td>
<td>13 (0.71)</td>
<td>1.00 (0.50, 2.00)</td>
<td>0.99</td>
</tr>
<tr>
<td>Intracranial</td>
<td>2 (0.10)</td>
<td>2 (0.10)</td>
<td>1.00 (0.28, 3.60)</td>
<td>0.99</td>
</tr>
<tr>
<td>Hemorrhagic</td>
<td>4 (0.21)</td>
<td>4 (0.21)</td>
<td>1.00 (0.39, 2.68)</td>
<td>0.99</td>
</tr>
<tr>
<td>Nonhemorrhagic</td>
<td>7 (0.37)</td>
<td>13 (0.68)</td>
<td>0.34 (0.15, 0.79)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

**Table 4: Major Bleeding Hazard Ratios by Baseline Characteristics – ARISTOTLE Study**

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>ELIQUIS</th>
<th>Warfarin</th>
<th>Hazard Ratio (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&lt;65</td>
<td>45 (1.41)</td>
<td>29 (0.92)</td>
<td>1.54 (0.96, 2.45)</td>
</tr>
<tr>
<td>&gt;65</td>
<td>117 (1.71)</td>
<td>74 (1.26)</td>
<td>1.31 (0.92, 1.87)</td>
<td>0.14</td>
</tr>
<tr>
<td>Non-US</td>
<td>244 (2.00)</td>
<td>353 (2.90)</td>
<td>0.68 (0.57, 0.80)</td>
<td>0.0001</td>
</tr>
<tr>
<td>Epidemiologic Region</td>
<td>Western Europe</td>
<td>217 (1.65)</td>
<td>153 (1.60)</td>
<td>0.95 (0.78, 1.16)</td>
</tr>
<tr>
<td>Latin America</td>
<td>50 (1.40)</td>
<td>71 (1.76)</td>
<td>0.76 (0.48, 1.21)</td>
<td>0.25</td>
</tr>
</tbody>
</table>

**Note:**

- All bleeding criteria included surgical site bleeding.
- Includes 13 subjects with major bleeding events that occurred before the first dose of study drug.
- Includes 5 patients for whom major bleeding event occurred before the first dose of study drug.

**Figure 1: Major Bleeding Hazard Ratios by Baseline Characteristics – ARISTOTLE Study**

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>ELIQUIS</th>
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<th>P-value</th>
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<td>Latin America</td>
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</table>

**Table 5: Bleeding Events in Patients with Nonvalvular Atrial Fibrillation in AVERROES**

<table>
<thead>
<tr>
<th>Endpoint*</th>
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<th>P-value</th>
</tr>
</thead>
<tbody>
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<td>Nonhemorrhagic</td>
<td>8 (0.22)</td>
<td>9 (0.24)</td>
<td>0.83 (0.37, 1.87)</td>
<td>0.71</td>
</tr>
</tbody>
</table>

**Major Events**

- Major bleeding is defined as intracranial hemorrhage, intraspinal hemorrhage, major gastrointestinal hemorrhage, or perioperative, transesophageal, or spinal epidural hemorrhage. **It may include other major bleeding events if considered serious or life-threatening.**

**Nonmajor Events**

- Nonmajor bleeding is defined as all bleeding events that are not major bleeding events. **It may include other bleeding events if considered serious or life-threatening.**

**Note:**

- The above table includes all bleeding events that were considered serious or life-threatening.
- All bleeding criteria included surgical site bleeding.
- Major bleeding was defined as any bleeding event that resulted in death, required urgent medical intervention, or caused major organ dysfunction.
- All bleeding events were considered serious or life-threatening unless otherwise noted.
- The above table includes all events that were considered serious or life-threatening.
- All bleeding events were considered serious or life-threatening unless otherwise noted.
Adverse reactions occurring in ≥1% of patients undergoing hip or knee replacement surgery in the 1 Phase II study and the 3 Phase III studies are listed in Table 4.

Adverse reactions occurring in ≥1% of patients in the AMPLIFY study are listed in Table 5.

Adverse reactions occurring in ≥1% of patients in the AMPLIFY-EXT study are listed in Table 6.

Efficacy and safety in patients with end-stage renal disease or diabetes

Clinical efficacy and safety studies with ELIQUIS did not enroll patients with end-stage renal disease (ESRD) for the ELIQUIS dose regimen used in chronic hemodialysis patients. Administration of ELIQUIS for the usually recommended dose (1.7 mg/kg dose and 0.7 mg/kg dose every other day) is contraindicated in patients with ESRD on dialysis or with a creatinine clearance of <15 ml/min.

To determine if concentrations of anticoagulating and pharmacodynamic activity similar to those observed in the ARISTOTLE study [see Clinical Pharmacology (12.2) in full Prescribing Information] are achieved when comparing subjects in different age groups.

The recommended dose is 2.5 mg twice daily in patients with at least two of the following characteristics [see Dosage and Administration (2.1) in full Prescribing Information]

In healthy subjects, administration of activated charcoal 2 and 6 hours after ingestion of 20 mg dose of apixaban reduced mean apixaban AUC by 25% and 27%, respectively.

In healthy subjects, administration of activated charcoal 2 and 3 times after ingestion of 30 mg dose of apixaban reduced mean apixaban AUC by 52% and 53%, respectively.

In healthy subjects, administration of intravenous or oral activated charcoal may be useful in the management of apixaban overdose and accidental ingestion.

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DON'T BE CAMERA SHY—COME ON BY!

STUDIO ACEP OPENS SUNDAY AT 8 A.M. IN THE WCC GRAND LOBBY FOYER AND DOESN'T SHUT DOWN UNTIL THE CAMERA CALLS IT QUILTS AT 5 P.M.

Get your picture taken by a professional photographer, and we'll help you the finished digital headshot after the convention absolutely free. Use it for your LinkedIn page, Facebook profile, or however you'd like. While you're there, please help ACEP with some promotional images. If you've seen some of your colleagues in our advertisements or conference promotions throughout the year, it's because they stopped by the studio and spent a couple of minutes with our marketing team.

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

FROM THE PRESIDENT | CONTINUED FROM PAGE 1

I want to share with you some of the major initiatives that our College—supported by committee members, staff, the Board of Directors, and hopefully your assistance—will be working on this year.

- We will focus on efficiency and streamlining in the College and our own practices. We will work to find ways to decrease bureaucracy and improve the efficiency of daily practice. We have over 100 objectives directly tied to improving the practice environment. This means you will be able to spend more time caring for patients and hopefully less time working in front of the computer and on work that does not improve patient care. We must make improving the emergency physician practice environment one of ACEP’s top priorities.

- Alongside increased efficiency of practice, ACEP will be improving communication to our members in a clear and forward. An all-new and member-focused website will be launching in early 2018, and our social media channels are evolving to focus even more closely on member needs. Just as you treat patients anytime and anywhere, all the information you need to practice will be at your fingertips anytime, anywhere.

- In this rapidly shifting political landscape, it is more important than ever that ACEP promotes the incredible value we provide in caring for all patients. We must educate the public, media, and government on our roles as expert diagnosticians and our roles as the entry point to medicine in the nation. We will be working with other EM stakeholder groups so we speak with a single united voice whenever possible. With this understanding, we must also be excellent managers of resources to provide the best care, as well as the best value for everyone.

- We will continue the battle against dishonest billing practices that harm our patients as well as our fellow emergency medicine practitioners. Renewed interest from the media, government, and insurance providers in repealing the prudent layperson standard puts lives at risk. ACEP stands with the prudent layperson standard as we have since its inception, and we will continue to advocate and encourage legislation that keeps it a national standard. Patients shouldn’t diagnose themselves out of fear their insurance company won’t cover a visit to the emergency department.

- We will continue to advocate for protection of emergency care benefits for our members during this time of great debate on health care policy within the government. Our patients should be able to access the emergency care they need when they need it without fear, and emergency physicians should be able to treat without fear as well.

Enjoy your time at ACEP17; I look forward to serving you.

DR. KIVELA is President of ACEP, managing partner of Napa Valley Emergency Medical Group; and medical director of Medic Ambulance in Vallejo, California.

WWW.ACEP.ORG/ACEP17
YOUR NEXT PATIENT EXPOSED TO SMOKE MAY HAVE CYANIDE POISONING

Visit CYANIDEINSIGHT.COM to learn the causes, signs, and symptoms of cyanide poisoning.
Get Well at ACEP17

The Wellness Center for ACEP17 is brand new, and you are not going to want to miss this. Come to the Resource Center and check out these events for a new look on your mental, spiritual, and EM wellness. Supported in part by HBI–Hagan Barron Intermediaries.

No Joe, Wake Up and Go
Sunday–Tuesday, 9:30–10 a.m.
Skip the coffee and enjoy a 30-minute stretch session. Held every morning during the first break; no special gear needed!

Posture Evaluations
In collaboration with Tired Soles
Take advantage of this 10-minute evaluation. Experts from Tired Soles will offer advice on specific exercises and stretches that will help (and possibly prevent) spinal and muscle dysfunction.

Come Tell Your Story
In just 90 seconds, describe how you integrate wellness into your own life. You just might be a star during Wellness Week 2018!

Silent Meditation Station
Take a moment for yourself. Tune in with a wireless headset and listen to a variety of guided meditations or relaxing tunes.

Wellness Muralist
This is wellness interpretation provided by you. Chat with our muralist about what wellness means to you, then watch as they interpret your thoughts into a wellness vision for all to see.

Wellness Guide Book
Being Well In Emergency Medicine: ACEP’s Guide to Investing in Yourself
This free downloadable book covers how wellness is interconnected in your daily life. In its pages, wellness champions Rita A. Manfredi, MD, FACEP, and Julia M. Huber, MD, FACEP, present the well-being spokes of life in emergency medicine.

Wellness Talks
Sunday–Tuesday in 10-minute time slots
Come hear Well-Being Committee members, Wellness Section members, and EMRA members share their personal stories on wellness. Each presentation will last 10 minutes.

Wear It on Your Sleeve
2017 is the year of the well emergency physician! Buy one of the brand new EM Wellness T-shirts to express your well self.

Legends of the College Speak Wellness
Five-minute wellness lessons given by champions of EM.

SUNDAY
10 a.m. Dara Kass, MD, FACEP
10:15 a.m. Gillian Schmitz, MD, FACEP
2:15 p.m. Jay Kaplan, MD, FACEP
2:30 p.m. Diane Birnbaumer, MD, FACEP
3:15 p.m. Nidhi Garg, MD, FACEP

MONDAY
11 a.m. Al Sacchetti, MD, FACEP
11:30 a.m. Chris Kang, MD, FACEP
Noon Howie Miel, MD, MPH, CPE, FACEP
2:30 p.m. Greg Henry, MD, FACEP
2:45 p.m. Kevin Klauer, DO, FACEP

TUESDAY
11 a.m. Chad Kessler, MD, MHPE, FACEP
11:15 a.m. Pam Bensen, MD, MS, FACEP
11:30 a.m. Tracy Sanson, MD, FACEP
Noon Honey Mollema, MD

Wellness Initiative Week IV
ACEP and Schumacher Clinical Partners Invite You to Attend a Night at the Newseum

THE NEWSEUM—one of the top 25 museums in the United States—houses exhibits of how the news covered various national events. Exhibitions include “1967: Civil Rights at 50,” the Berlin Wall Gallery, and the Today’s Front Pages Gallery.

Attendees can enjoy music, dancing, and light hors d’oeuvres at this family-friendly venue. Drink tickets are available to ACEP17 registrants.

Badges are required for entrance. Guest passes are available at the ACEP17 Registration Area, and all attendees under 18 must be accompanied by an adult. Shuttles will operate to and from the party. See the shuttle schedule in the ACEP17 mobile app for details.

www.acep.org/acep17
Improve Quality with CEDR and E-QUAL

CEDR
As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the CEDR, the first emergency medicine specialty-wide registry. The ACEP CEDR has been approved by the Centers for Medicare and Medicaid Services (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 (MOC), ongoing professional practice evaluation and other local and national quality initiatives. Visit us to get more information, watch demonstrations, and sign up.

Sunday–Monday, 7 a.m.–6 p.m.;
Tuesday, 7:30 a.m.–5:30 p.m.
Walter E. Washington Convention Center, Level 1, West Salon Foyer

E-QUAL
ACEP’s E-QUAL is a CMS-supported Support and Alignment Network of the Transforming Clinical Practice Initiative. E-QUAL seeks to enroll more than 24,000 emergency clinicians from more than 2,000 emergency departments into learning collaboratives to demonstrate the value of EM care. Each area is designed to show the importance of EM care in meeting national goals to improve quality and reduce health care costs. The goals of E-QUAL are to:

• Improve outcomes for sepsis.
• Reduce avoidable imaging with ACEP’s Choosing Wisely program.
• Improve value of ED chest pain evaluation by reducing avoidable admissions.

Participation in E-QUAL can earn your clinicians clinical practice improvement activities credit for the new merit-based incentive payment system program, as well as MOC Part IV credit, access to free eCME, and more resources and guidelines in the E-QUAL toolkits.

Sunday–Monday, 7 a.m.–6 p.m.;
Tuesday, 7:30 a.m.–5:30 p.m.
Walter E. Washington Convention Center, Level 1, West Salon Foyer

emCareers.org
LIVE is BACK at ACEP17
Come by the Resource Center in the Exhibit Hall to access great career resources. Be sure to sign up for a free CV consultation. Get tips on how to make your CV shine, learn what employers are looking for, and craft a CV that highlights your skills and expertise. Visit the official job bank of ACEP and EMRA, emCareers.org and:

• Find nearly 1,000 EM openings.
• Register for job alerts.
• Search career development resources.

emCareers.org
WHERE DO YOU WANT TO BE?
Treating a critically ill pediatric patient can make even seasoned emergency physicians nervous. Become more comfortable with this patient population by attending a refresher course, “The 1st 30 Minutes: Initial Management of the Critically Ill Infant,” presented by Jennifer Walthall, MD, MPH, FACEP, FAAP, associate professor of clinical pediatrics and emergency medicine at Indiana University in Indianapolis. Learn about evidence-based strategies that improve clinical outcomes and save lives.

“It’s important to employ early comprehensive and aggressive interventions,” said Dr. Walthall, who noted that initial management is often delayed and suboptimal.

“Having a practiced and preset algorithm is critical to ensuring that no step is forgotten.”

—Dr. Walthall

“Having a practiced and preset algorithm is critical to ensuring that no step is forgotten. Everyone on the team should be trained in a step-like manner; all decision points should be thought out. Have equipment available and ready, and have a streamlined process for intervention in place,” she said.

Dr. Walthall hopes that attendees will be able to either confirm that they are already following the correct protocols and continue to do so with confidence, or learn about something they should add to their treatment armamentarium such as a piece of equipment or skill. For example, ultrasound IV placements can add to their treatment armamentarium for intervention in place,” she said. “But you’ll miss it if you don’t have a vigilance because it is so uncommon that something bad actually is there,” Dr. Bhat said. “But you’ll miss it if you don’t have a vigilance approach to this.”

“It’s important to identify the key risk factors based on history and physical exam that would prompt imaging in the emergency department”

—Dr. Bhat

That not systematically checking for risk factors may work out nearly all of the time, but it only takes one mistake.

“It is something you can get lulled into a sense of security because it is so uncommon that something bad actually is there,” Dr. Bhat said. “But you’ll miss it if you don’t have a vigilance approach to this.”

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.

RICHARD QUINN is a freelance writer in New Jersey.

Improve Outcomes for Hypotensive Heart Failure Patients

Emergency physicians see a high number of hypotensive heart failure patients. In his session, “Catch 22: Treating the Hypotensive Heart Failure Patient,” Peter M. DeBlieux, MD, FACEP, chief medical officer of the University Medical Center New Orleans and clinical professor of medicine at Louisiana State University School of Medicine in New Orleans, will provide an easy, common-sense approach to recognizing these patients and managing their acute presentation.

“There are multiple causes for low blood pressure and heart failure,” he said. “Using non-invasive mechanical ventilation and echocardiography at the bedside early on can help direct appropriate management, such as balancing fluid removal versus administration of fluids, choosing a type of pressor, or administering an inotrope.”

“Using non-invasive mechanical ventilation and echocardiography at the bedside early on can help direct appropriate management.”

—Dr. DeBlieux

Specific cases will be examined, such as right heart failure versus left heart failure, volume-depleted congestive heart failure, and cardiogenic shock. Dr. DeBlieux will also review recent literature and current guidelines on isotropic, vasoactive, diuretic, and other agents that optimize the odds for saving these complex, high-risk patients.

Dr. DeBlieux believes his combination of training in emergency medicine and critical care medicine offers unique insight into the management of these cases from the emergency department to the intensive care unit.

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.

WWW.ACEP.ORG/ACEP17
Don’t Miss These innovatED Events

innovatED offers an unprecedented look at new technology, products, and services available to emergency practitioners. Don’t miss these exciting events.

SUNDAY

In with the Old: Innovations in Palliative and Geriatric ED Care
9:45-10:15 a.m.
Location: Palliative and Geriatric Care Area
Sponsored by VITAS Healthcare, The John A. Hartford Foundation, and West Health Institute

Demonstration of Handheld Butterfly IQ™ Ultrasound: Imaging with a Single Wideband Transducer Connected to Your iPhone
10-10:06 a.m.
Location: Innovation Spotlight Theater
Presented by Rick Mendez, clinical development lead, Butterfly Network, Inc.
Sponsored by Butterfly Network, Inc.

The mHealth Toolbox Workshop
10-11:30 a.m.
Location: mHealth Toolbox Area
Sponsored by mHealth Toolbox

Creating, Implementing, and Sustaining an Atrial Fibrillation Protocol in the Emergency Department
10:15–10:45 a.m.
Location: Innovation Spotlight Theater
Presented by Christopher Baugh, MD, MBA, FACEP, medical director of emergency department, operations and observation medicine, Brigham and Women’s Hospital; assistant professor, Harvard Medical School

Interactive Discussion: Verbal De-Escalation and Calming Techniques in the Management of Agitation
2:45–2:51 p.m.
Location: Behavioral and Psychiatric Emergencies Area
Sponsored by Foundation for Advancing Alcohol Responsibility and Advanced Recovery Systems

Hemodynamic Insights in the ED: A Noninvasive Solution
10:30–10:36 a.m.
Location: Innovation Spotlight Theater
Presented by James F. Neusenschwander II, MD
Sponsored by Edwards Lifesciences

Demonstration of Handheld Butterfly IQ™ Ultrasound: Imaging with a Single Wideband Transducer Connected to Your iPhone
10:45–10:51 a.m.
Location: Innovation Spotlight Theater
Presented by Rick Mendez
Sponsored by Butterfly Network, Inc.

Back to Basics: A SMARTer Psych Assessment for Your Community
10:45–11:15 a.m.
Location: Steelcase Health Idea Lounge
Presented by Seth Thomas, MD, FACEP, director of quality and performance, CEP America

The Hospital Visit
11–11:30 a.m.
Location: Innovation Spotlight Theater
A short film by Allergan models the treatment of acute bacterial skin and skin structure infection (ABSSSI).
Sponsored by Allergan

Interactive Discussion: Public Safety Unit — Sobering Unit, A Prehospital Diversion Program
11:00–11:15 a.m.
Location: Behavioral and Psychiatric Emergencies Area
Presented by David A. Hnatow, MD, FACEP, emergency physician, GSEP; medical director, public safety unit, Restoration Center, Center for Health Care Services
Sponsored by Foundation for Advancing Alcohol Responsibility and Advanced Recovery Systems

How Technology Can Improve Timely and Seamless Care Transitions to Hospice in Your ED
11:15–11:45 a.m.
Location: Innovation Spotlight Theater
Presented by Eric Shaban, MD, regional medical director, VITAS Healthcare
Sponsored by VITAS Healthcare

Simulation: Verbal De-Escalation and Calming Techniques in the Management of Agitation
2:30–3 p.m.
Location: Behavioral and Psychiatric Emergencies Area
Presented by Scott Zeller, MD, VP, acute psychiatric medicine, CEP America; assistant clinical professor of psychiatry, University of California, Riverside; and Maria Margaglione, actress, coalition on psychiatric emergencies, web and visual communications director, Depression and Bipolar Support Alliance
Sponsored by Foundation for Advancing Alcohol Responsibility and Advanced Recovery Systems

Buprenorphine in the ED: Know This Drug!
2:45–2:51 p.m.
Location: Innovation Spotlight Theater
Presented by Eric Ketcham, MD, MBA, FACEP, FACHE, past president, New Mexico Chapter, ACEP; member of ACEP Pain Management Section

Utility of the Computerized Assessment and Referral System (CARS) Screener for Mental Health Evaluations in the Emergency Setting
2:30–3 p.m.
Location: Innovation Spotlight Theater
Presented by Michael Wilson, MD, PhD, FAAEM, FACEP, assistant professor of emergency medicine; director, emergency medicine behavioral emergencies research lab, University of Arkansas for Medical Sciences

In with the Old: Innovations in Palliative and Geriatric ED Care
3–3:10 p.m.
Location: Palliative and Geriatric Care Area
Sponsored by VITAS Healthcare, The John A. Hartford Foundation and West Health Institute

Creating, Implementing and Sustaining an Atrial Fibrillation Protocol in the Emergency Department
3–3:30 p.m.
Location: Steelcase Health Idea Lounge
Presented by Christopher Baugh, MD, MBA, FACEP

NaxiCare: Analytics and Insights to Address Substance Use Disorder
3:45–5:21 p.m.
Location: Innovation Spotlight Theater
Presented by Jim Huizenga, MD, chief clinical officer, Appris Health
Sponsored by Appris Health

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S
omebody has to take charge, lead, come up with something new. You can find many of the trailblazers in the Exhibit Hall at innovatED. This space features products and services that are vetted by a team of emergency physicians and showcased working together in a true-to-life environment. Engage in dialogue with company representatives and experience the current thinking, departmental design solutions, cutting-edge products and services, and best practices driving change in the emergency department. This experience is particularly valuable for those seeking ways to rebuild their emergency medicine services or bring their facility up to speed with new technologies.

Who’s driving change in emergency medicine? The people and companies listed here.

PRESENTING SUPPORTERS

Allergan
www.allergan.com
Allergan plc (NYSE: AGN) is a bold, global pharmaceutical company focused on developing, manufacturing, and commercializing branded pharmaceuticals, devices, and biologic products for patients around the world. Allergan markets leading brands and best-in-class products for the central nervous system, eye care, medical aesthetics and dermatology, gastroenterology, women’s health, urology, and anti-infective therapeutic categories. Allergan is an industry leader in Open Science, the company’s research and development model, which defines its approach to developing game-changing ideas and innovation for better patient care. This approach has led to Allergan building one of the broadest development pipelines in the industry. For more information, visit Allergan’s website at www.allergan.com.

janssen Cardiovascular
www.janssen.com/cardiovascular-and-metabolism
Our vision is to improve the lives of the millions of people with cardiovascular disease and diabetes, and to work tirelessly to eliminate these diseases. Every year 19 million people around the world die from cardiovascular and metabolic diseases. This tremendous global burden compels us to develop new therapies that will change the face of these diseases and, ultimately, eliminate them. We focus on finding and developing truly transformational therapies that target underlying disease pathways, important pathways, and novel mechanisms of action. We have a very successful track record demonstrated by the development and recent successful launches of our products for the treatment of patients suffering from thrombosis and type 2 diabetes. And we continue to seek and develop the next generation of transformational cardiovascular and metabolic therapies.

Butterfly Network
www.butterflynetwork.com
Butterfly Network® develops handheld semiconductor-based ultrasound systems. Butterfly Network’s first product, the Butterfly iQ™ for iPhone, is the world’s first personal ultrasound system. The Butterfly iQ supports cardiac, abdominal, and superficial imaging with a single wideband transducer connected to your iPhone. Butterfly Network’s Ultrasound-on-a-Chip™ technology modernizes ultrasound by delivering unparalleled diagnostic versatility at a price any clinician can afford. Your visual stethoscope has arrived. The Butterfly iQ is currently undergoing premarket review by the U.S. Food and Drug Administration.

Collective Medical Technologies
www.collectivemedicaltech.com
Collective Medical Technologies (CMT) is the leader in collaborative care management and is dedicated to eliminating avoidable risk and friction from care delivery by closing the provider communication gaps that undermine patient care. CMT uses real-time data, risk analytics, notifications, and shared care guidelines to prompt and guide provider decision making. The result is a network of thousands of physicians, nurses, care coordinators, and others who collaborate to collectively deliver better care to patients in every setting. CMT’s Edie (aka Pre-Manage ED) is endorsed by ACEP, and ACEP believes it will confer a significant benefit to its members and their patients.

“VITAS Healthcare, the nation’s leading provider of end-of-life care, offers a full spectrum of medical and psychosocial services delivered to patients in their home. A partnership with VITAS can help reduce unnecessary emergency department visits, hospital readmissions and length of stay, and overall health care costs for high-risk patients while improving patient care delivery and satisfaction.”

–Eric S. Shaban, MD, Regional Medical Director, VITAS Healthcare

VITAS Healthcare
www.vitas.com
VITAS Healthcare lengthens the continuum of care and helps families cope with serious illness by providing palliative and hospice consults and care, medical equipment, medications, and supplies. VITAS manages care transitions—hospital to home, curative to palliative, chronic to end-stage—by helping patients remain home in comfort and dignity.

GOLD SUPPORTERS

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Edwards Lifesciences
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HKS, Inc.
MedStar Health Simulation Training & Education Lab (SiTEL)
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Teleflex

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2017 ACEP Leadership AWARD WINNERS

Congratulations to the 2017 recipients of the College’s most prestigious awards. Some of these winners were recognized at the President’s Gala on Saturday night, while others will receive their awards at Section, Council, or Research Forum events.

John G. Wiegenstein Leadership Award
Brian F. Keaton, MD, FACEP
Chief medical information officer, Cleveland Clinic Akron General in Akron, Ohio

John A. Rupke Legacy Award
A. Compton Broders, III, MD
Emergency physician, Dallas/Fort Worth, Texas; chief operating officer, Emergency Medicine Consultants, Ltd.; clinical professor of emergency medicine, University of Texas Southwestern Medical School

James D. Mills Outstanding Contribution to Emergency Medicine Award
Wesley A. Curry, MD, FACEP
CEO Emeritus, CEP America

Outstanding Contribution in Education Award
Francis L. Counselman, MD, CPE, FACEP
Distinguished professor of emergency medicine and chair of the department of emergency medicine, Eastern Virginia Medical School; partner, Emergency Physicians of Tidewater in Norfolk, Virginia

Colin C. Ronrie, Jr. Award for Excellence in Health Policy
Nathan R. Schlicher, MD, JD, FACEP
Emergency physician at St. Joseph’s Medical Center in Tacoma, Washington; regional director of quality assurance for the emergency departments of the Franciscan Health System; and the associate director of the TeamHealth patient safety organization

Council Meritorious Service Award
Kelly Gray-Eurom, MD, MMM, FACEP
Chief quality officer, assistant dean of quality and safety, and professor of emergency medicine, University of Florida College of Medicine–Jacksonville

Eastern Medical Sciences Award
Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS
Professor emeritus of emergency medicine and public health, founding director emeritus of the Center for Disaster Medical Sciences and the international EMS and disaster medical sciences fellowship, University of California at Irvine School of Medicine; and County of San Diego EMS medical director

Outstanding Contribution in EMS Award (posthumously)
Salvatore Silvestri, MD, FACEP
Program director, emergency medicine residency, Orlando Regional Medical Center, Florida; associate medical director, Orange County

Outstanding Contribution in Research Award
Edward C. Jauch, MD, MS, FAHA
Professor and chair, department of emergency medicine, department of medicine, professor, department of neurology, and faculty, college of graduate studies, Medical University of South Carolina; adjunct professor of bioengineering, Clemson University

Honorary Membership Awards
Patty Stowe, CAE
Retired from ACEP in 2016 after 43 years and was ACEP’s most tenured staff member

Laura L. Tiberi, CAE
Executive director, Ohio ACEP

Gordon Bisell Wheeler
Retired as associate executive director of the Public Affairs Division/Washington Office of ACEP

Check the ACEP17 mobile app for more details on award winners and presentation locations.

The EM Capital: The ACEP Resource Center

ACEP is bringing you bigger and better this year at ACEP17! This one-stop shop for everything ACEP is conveniently located in the Exhibit Hall.

Annals of Emergency Medicine
Find answers from the leading emergency medicine peer-reviewed journal in the ACEP Resource Center during Exhibit Hall hours. Are you interested in new visual abstracts? See a presentation by Annals’ social media editor Seth Truenger, MD, MPH, and one of Annals’ associate editors, Megan Ranney, MD, MPH, at 11 a.m. on Monday. Annals’ podcast editor, Rory Spiegel, MD, will also be doing interviews 10–11 a.m. on Tuesday.

ACEP Bookstore
Check out the variety of emergency medicine titles available for purchase, including the new PEER IX Print Companion. Be sure to participate in our booth visitor program for a chance to win one of six valuable prizes. Remember, ACEP members receive special pricing on all products.

ACEP Podcast Recording Booth
New this year! See some of your favorite podcaster interviews as they are recorded during your visit to ACEP17!

ACEP Wellness Center
This year, the ACEP17 Wellness Center will offer a multimodal approach for our members to cultivate and maintain their personal and mental health. Go to page 8 to see all the exciting events offered at the Wellness Center.

ACEPNow
is a KEY resource in Emergency Medicine

Visit Wiley at Booth #914

Draw the key that unlocks the box to win an Amazon Gift Card!

WILEY

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EMF ADVANCES EM RESEARCH

The Emergency Medicine Foundation (EMF) is the charity of emergency physicians. Founded in 1972 by visionary leaders of ACEP, 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.

Making Wine, Music, and Memories
EMF Reception
Sunday, 6–8 p.m., Long View Gallery
(by invitation or ticket purchase)
Complimentary tickets for EMF’s $1,200-plus donors and Wiegenstein Legacy Society members. Join loyal major donors, EMF and ACEP leaders, dedicated physician groups, and committed companies invested in emergency medicine at this annual invitation-only, exclusive event.

EMF Major Donor Lounge
Sunday–Tuesday, 7 a.m.–4 p.m.
Capitol, Meeting Level 4, Marriott Marquis
(by invitation only)
EMF donors who have given $600 or more since Jan. 1, 2017, and Wiegenstein Legacy Society members can relax in this private setting with comfortable seating, meals, beverages, and business center amenities.

EMF Silent Auction
Sunday–Tuesday, 8 a.m.–5 p.m.
One-of-a-kind experiences; sports, music, and celebrity memorabilia; art; jewelry; hotel packages; and more. Bid, buy, and support EMF to make a lasting impact on emergency medicine.

Integrate the Science with the Education at ACEP’s Research Forum

THIS YEAR’S THREE-DAY ELECTRONIC SHOWCASE is larger than ever and has been integrated throughout ACEP17:
• Research Forum abstracts will be available to view near the course rooms and arranged by subject to enhance your learning experience.
• View and discuss original research that will impact your daily practice on the topics and issues that matter most to you and your patients.
• Learn from a panel of experts during “Prime-Time Practice Changers: Highlights of the Research Forum” on Tuesday and interact with researchers during the Wine and Cheese Networking Social on Monday.

New at Research Forum!
GE Healthcare and the Emergency Medicine Foundation have partnered on a global initiative to support research in breakthrough applications of POCUS: first, among patients in shock and/or trauma and, second, in innovation in the use of ventilator technology. Four $50,000 grants (plus equipment) were recently awarded and those projects will be featured at Tuesday’s luncheon and throughout ACEP17. Signage around the event features a QR code that allows members to vote for their favorite research concept. The winner will earn an additional $150,000 grant to expand the scope of their project.

SUNDAY SCHEDULE
For a full listing of presentations, see the ACEP17 mobile app or pages 33–50 in the onsite program. All events take place at the WCC.

Electronic Presentations
9–9:50 a.m.
• Administration/Practice Management Room 154A
• Airway Room 154B
• Critical Care Room 155
• Disaster Medical/EMS Room 159A
• Cardiovascular Room 159B
10–10:50 a.m.
• Administration/Practice Management Room 154A
• Diagnostics Room 154B
• Gastrointestinal Room 154B
• Critical Care Room 155
• Disaster Medical/EMS Room 159A
• Cardiovascular Room 159B

Awards Luncheon
Noon–1 p.m.
Room 149AB

State-of-the-Art: Clinical Guidelines: From Emergency Care Research to Bedside
1–1:50 p.m.
Room 149AB

Plenary: Late-Breakers—Narrative Abstract That Excludes Specific Data
2–2:50 p.m.
Room 149AB

Electronic Presentations
3–3:50 p.m.
• Administration/Practice Management Room 154A
• Education Room 155B
• Critical Care Room 155
• Disaster Medical/EMS Room 159A
• Wilderness Medicine Room 159B
• Informatics Room 159B
• International/Global Room 159B

Oct. 29–Nov. 1, 2017 • Washington, D.C.
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Focus On Your Career with EMRA

The Emergency Medicine Residents Association (EMRA) is kicking off ACEP17 with activities to help you reach the next stage in your emergency medicine career. EMRA events come at no charge to residents and medical students.

SUNDAY
EMRA Job and Fellowship Fair
5–7 p.m.
Find your ideal job at the largest recruiting event in emergency medicine. More than 50 companies will showcase their career opportunities.

Thank You to Our EMRA Underwriters

The leadership and members of EMRA extend sincere appreciation to our gracious supporters who have helped to underwrite the costs of the EMRA events at ACEP17. EMRA could not accomplish all that it does without their generous support.

EMRA JOB AND FELLOWSHIP FAIR—PLATINUM
TeamHealth
CEP America
emCareers.org

EMRA JOB AND FELLOWSHIP FAIR—GOLD
Emrecuits
ApolloMD
Laurel Road

EMRA 20 IN 6 RESIDENT LECTURE SERIES
Hippo Education

EMRA SIMWars
CEP America
Laerdal
B-Line Medical
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LONG-TIME ACEP MEMBER PHOTOGRAPHY FEATURED IN SMITHSONIAN EXHIBITION

Emergency physicians do more than save lives! Long-time ACEP member (since 1991) Jeff Gusky, MD, FACEP, is also a National Geographic photographer featured in an 18-month exhibition at the Smithsonian’s National Air and Space Museum. Dr. Gusky’s work is featured in “Artist Soldiers: Artistic Expression in the First World War.” The exhibition explores the WWI experience through the art of soldiers, allowing us to examine the tangle of events and emotions through their eyes.

Dr. Gusky’s photography in the exhibition is of stone carvings made by soldiers in underground quarters in the trenches. His exploration of the trenches and refuges over many years has created a record of previously lost or unknown soldiers’ experiences in WWI.

Check out Dr. Gusky’s work, along with many more incredible pieces, at the National Air and Space Museum. See the Smithsonian website, airandspace.si.edu, for more details.

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MAKE AN IMPACT at ACEP17 in DC!

Stop by our booth #1129 to scan your ACEP badge and cast your vote on which world-class charity will receive a $25,000 donation from TeamHealth.

Join our team

[teamhealth.com/join](http://teamhealth.com/join) or call 855.762.1652

www.teamhealthcares.com