NEWSLETTER

April 2021

Division updates:

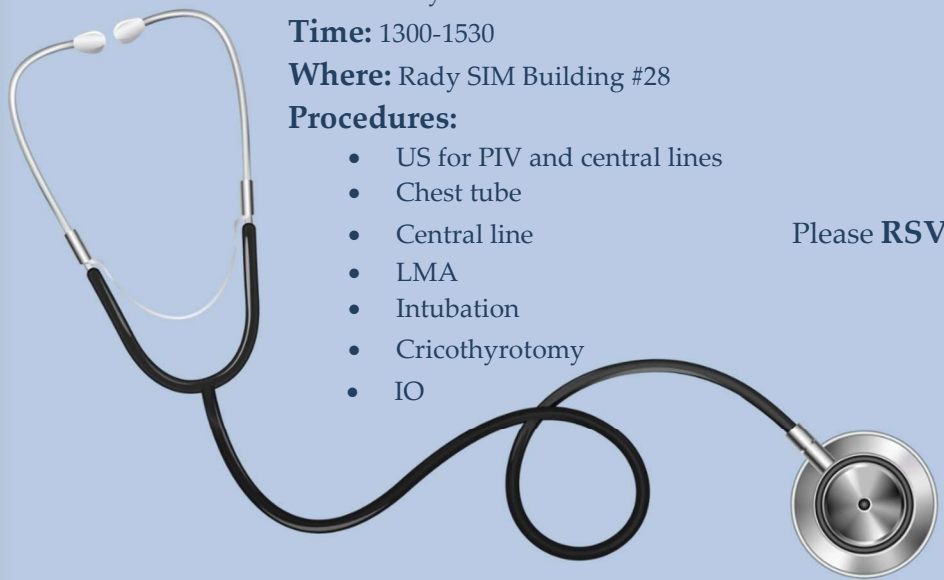
Vaccine Clinical Support:

Please sign up through the rest of this week if you're able using the link below:
https://www.signupgenius.com/go/10c0c4fa8a62fabffc34-covid19
Otherwise, please email vaccinestaffing@rchsd.org if you have regular availability to help out!

Roles assigned to you will vary from vaccine administration, crowd control, flow, to post-vax monitoring.

PEM Attending SIM Session

On account of popular demand; PEM Trauma, Ultrasound and SIM leadership will be holding our bi-annual PEM Procedure Workshop for physicians to brush up on their skills. Due to limited space, this will be reserved only for PEM Attending physicians.



When: May 18th
Time: 1300-1530
Where: Rady SIM Building #28
Procedures:

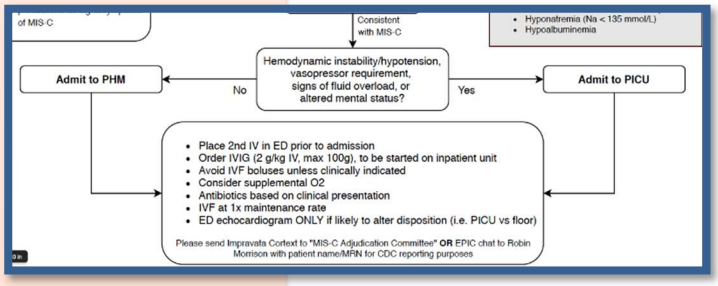
- US for PIV and central lines
- Chest tube
- Central line
- LMA
- Intubation
- Cricothyrotomy
- IO

Please **RSVP** through this link.

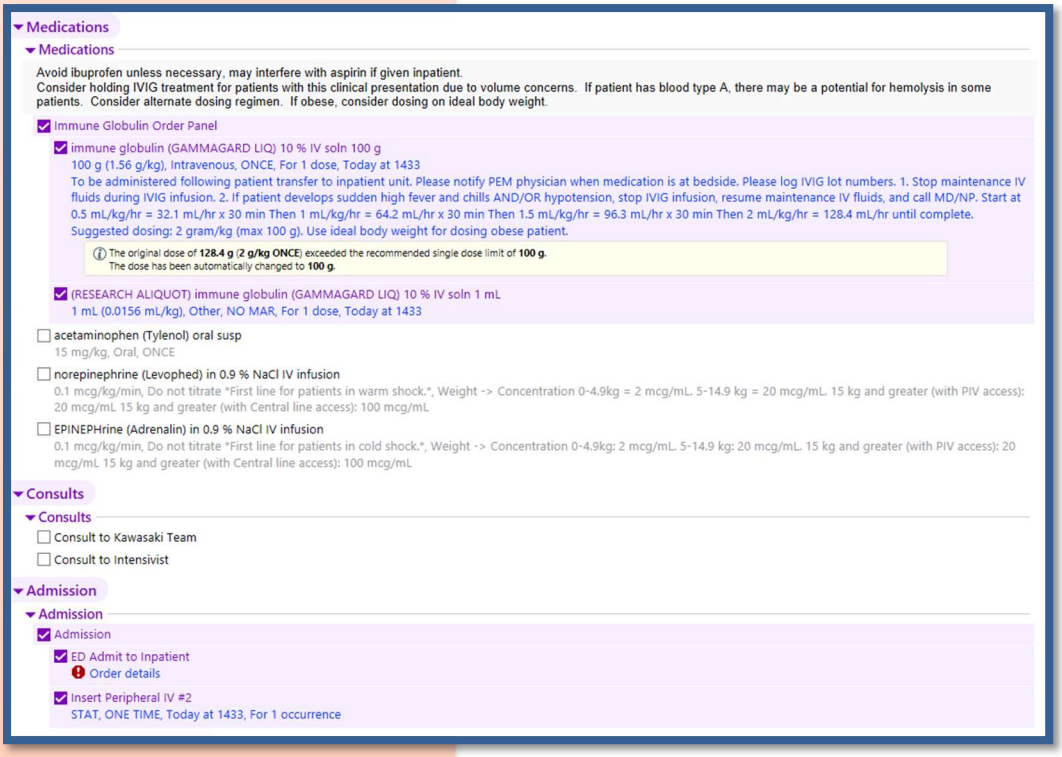
Thank you,
Elise Zimmerman, Atim Ekpenyong,
Matthew Murray, Lukas Austin-Page

MIS-C Update:

- Algorithm now with IVIG order (not to be given)
  - MD to be notified when at bedside
- 2nd IV in ED

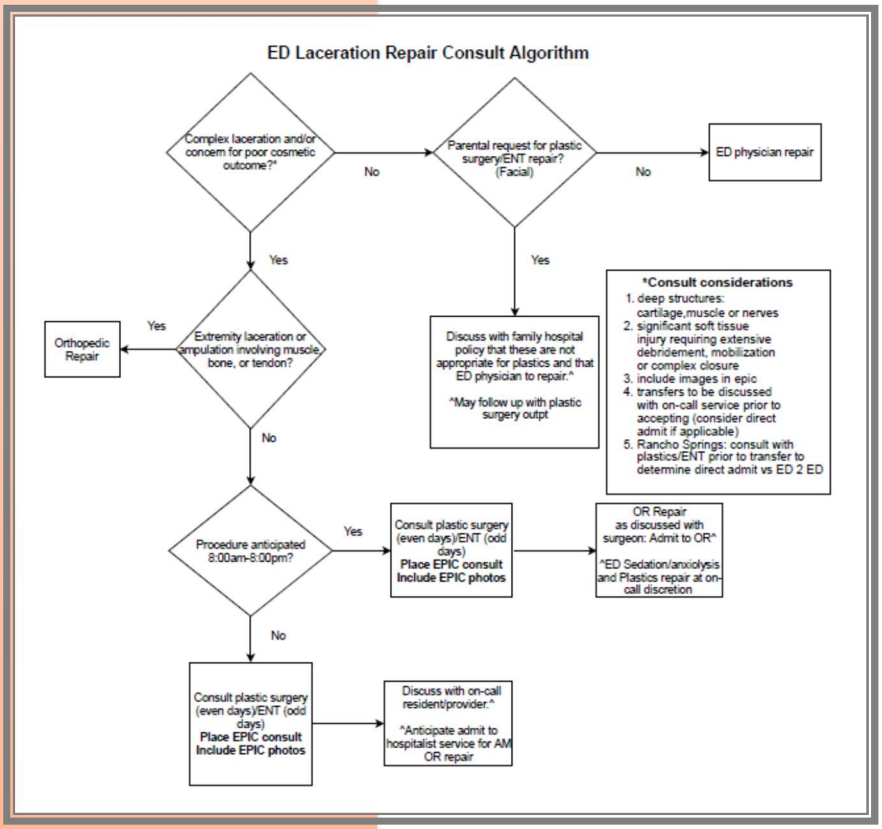


- Epic order set updated to reflect algorithm changes



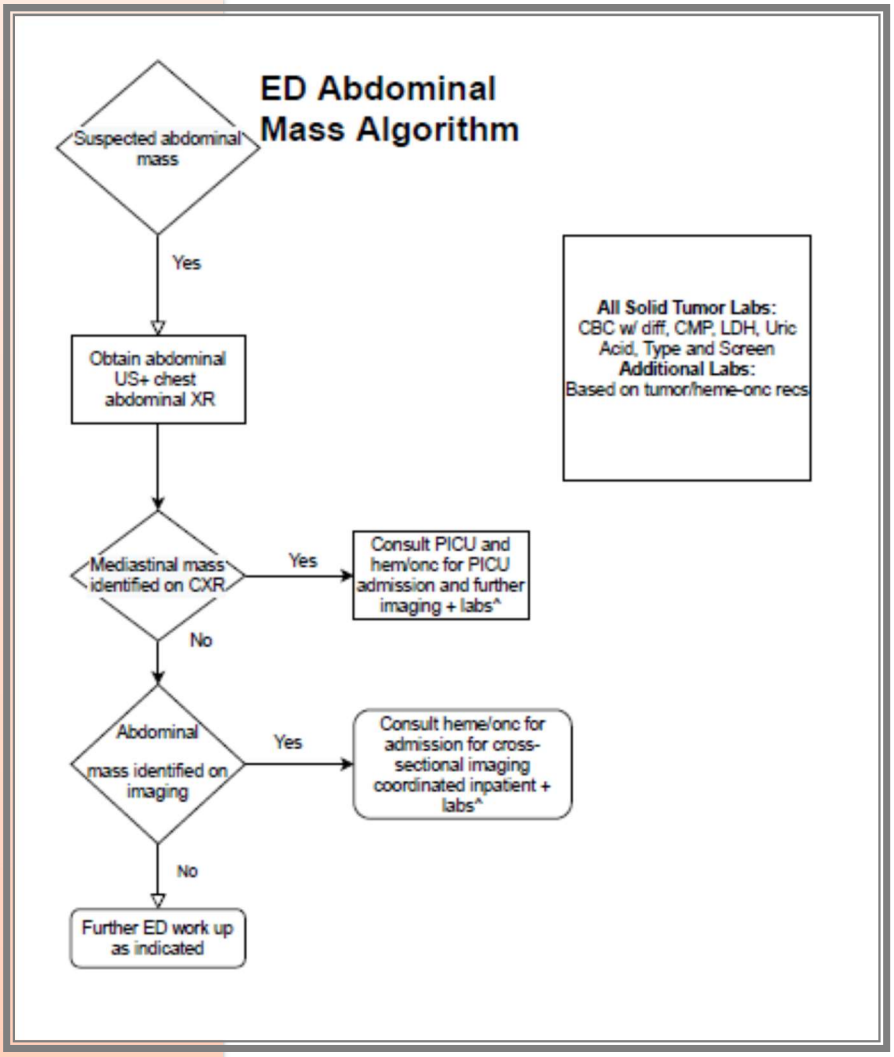
Plastic Surgery Consults

- Please review ED care guideline
- Also posted in Slack

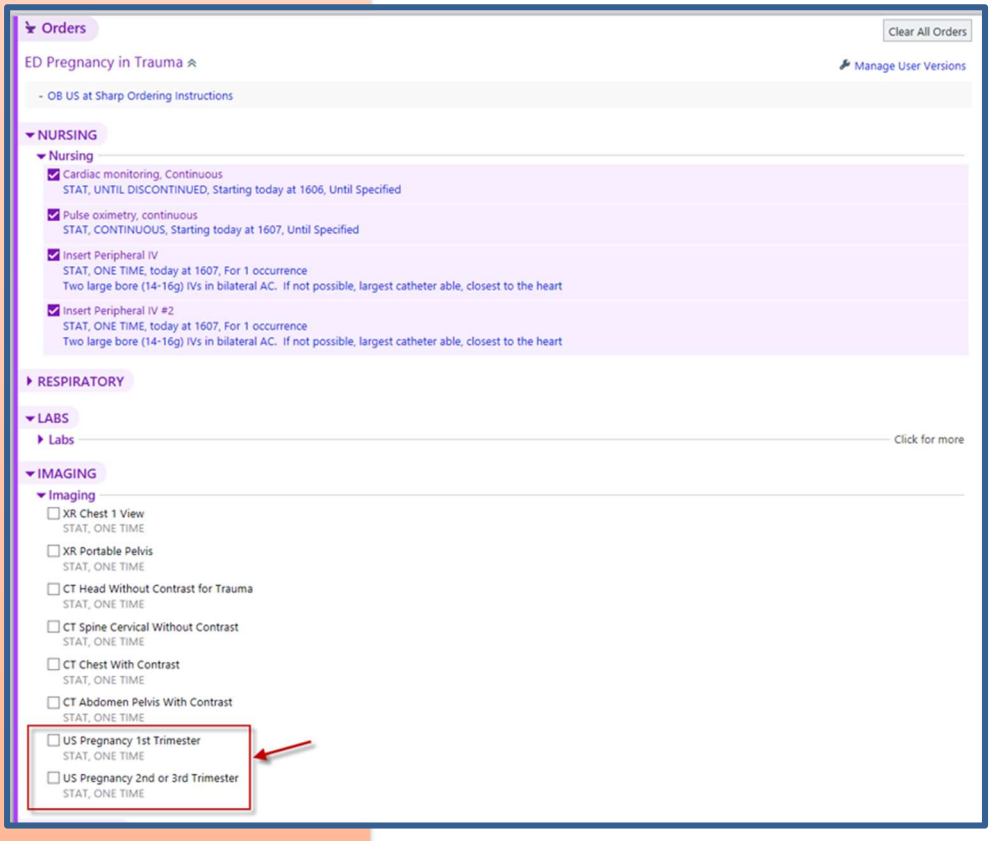


Abdominal Mass Guide:

- If Kaiser or Tricare discuss with Kaiser or Balboa respectively after imaging to determine further recs
- Posted to Slack



Radiology Orders for the Sharp Ultrasounds for the Pregnancies in Trauma



Clinical Director Update

Scott Herskovitz, MD

- *Administrative Updates:*
  - Dr. Bryl currently on leave.
    - For any QI related questions or concerns please contact Dr. Saleh in the interim.
  - Dr. Conrad/Dr. Lucio to split ED Clinical Director duties until July 2021
    - Dr. Conrad Responsibilities:
      - Refer all possible CRC cases, safety events
    - Dr. Lucio Responsibilities:
      - Will assist Amber in scheduling for June-August
  - Dr. Herskovitz – Project Apollo Coordination through July 2021

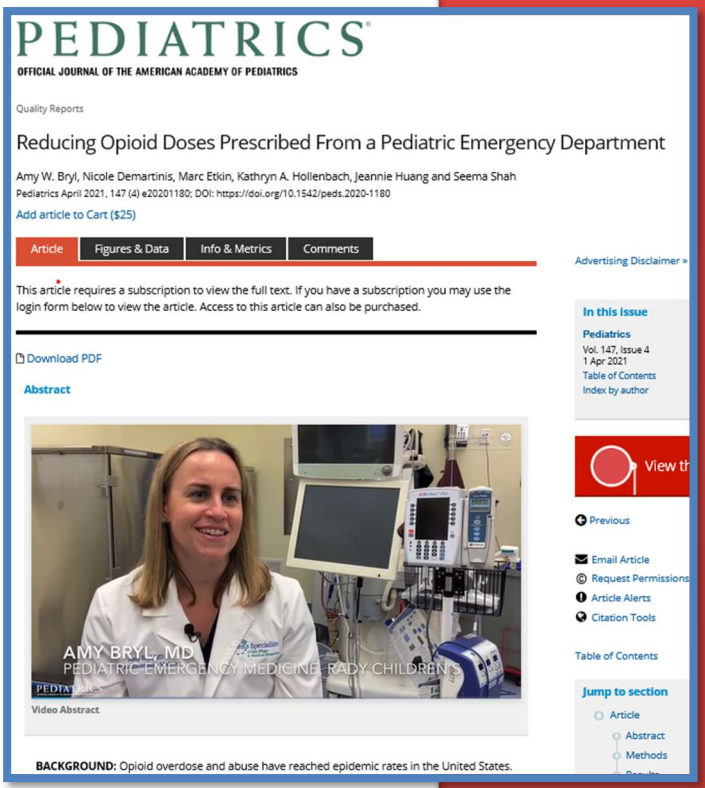
- *Scheduling:*
  - June Schedule In Progress
  - Please review schedule regarding YB changes back to MOOD 6a-3p, 2p-11p, 10p7a and PEM 7a-4p, 3p-12a, 11p-8a
  - April 12, 2021:
    - PG/CCB 10a-11a (CCB) w/ clinical start 11a-7p (may start seeing patients early if CCB completed) → Now PG/CCB 9a-10a (CCB) w/ clinical start 10a-6p
    - PG Flex 2p-11p → Now PG 12p-9p
    - PG 7p-1a Now PG 6p-2a
    - EDS 2 5p-11p (moonlighting)
  - Nights marketplace and holiday survey to be sent out this week

Improvement Updates

Amy Bryl, MD

Congratulations, Amy!

Way to go Amy – your paper we discussed in AAP Podcast!! New baby and well-deserved recognition! LINK



Research Update

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

Upcoming Abstract Opportunities:

Submit your drafts to pemresearch@rchsd.org 3 weeks in advance of deadlines for the AAP NCE and ACEP Research Forum.

- AAP NCE, Philadelphia/virtual, Oct 8-12, 2021
  - Abstracts open: TBD (Mid/late May 2021 as of 3/17)
  - Deadline: Tentatively June 25, 2021
  - http://aapexperience.org/ (submission page not available)
  - Internal review deadline: **June 4, 2021 by 2359 PST to PEMResarch@RCHSD.org**
- ACEP, Boston, Oct 25-28, 2021
  - Deadline: May 21, 2021 1600 CST at https://acep.secure-platform.com/a
  - Internal review deadline: **April 30, 2021 by 2359 PST to PEMResearch@RCHSD.org**

Reminder: IRB conversion to Kuali IRB:

The current ("legacy") e-IRB will transition to the Kuali IRB system in July 2021. Information on the training sessions was sent from UCSD 3/25/21 and available at:

- https://esr.ucsd.edu/news/posts/kuali-irb-policy-training.html
- https://esr.ucsd.edu/projects/kuali-irb/get-ready/#Policy-and-Process-Training

Citi Certificates:

Remember that current, uninterrupted CITI certification is necessary for all faculty, trainees, and assistants who:

1. Participate in any aspect of research
2. Participate in division incentive or support of research

Please send your certificate to PEMResearch@RCHSD.org if you have not done so already.

The next research topic presentation will be:

Survey Research
Kathryn Hollenbach, PhD
May 21, 2021: 0830 - 0930

Yearly major SOC meeting. Our fellows will present their research progress to external SOC members Drs. Jane Burns and Erin Fisher on Friday, May 28, 2021 08:00 – 10:00. All mentors and division members are welcome.

https://rchsd.zoom.us/j/98123284487?pwd=TVE2L3h5dDhOWjMrZWVYd3EodU9Hdz09 Password: 632532

Rancho Springs *Updates*

Heather Conrad, MD

Congratulations Dr. Winston Wu!!

- Residency Program Director at Rancho Springs
- Will oversee the rotations for the UHS Family Residency Program
- Institution of new UHS Emergency Medicine Residency Program

April Updates:

- Scheduling of APP and Resident Shifts
    - Several shifts in April will not be covered.
- New PA Kristi Chavoya to Start May 3rd
- Note that if the Rancho Springs provider calls for a transfer, they may be single coverage and any facilitation in care is appreciated.

Equipment and Supplies:

- Each bed should be supplied with pediatric nasal cannulas and face masks.
- High flow was in limited supply due to water shortages but if needed please ask.
- Working with respiratory for smaller bipap sizes

Consultation Services:

- Depending on the service, consultation may not be available to the same extent as the main campus.
- If there is a truly urgent condition that needs to be seen by a specialist after hours or in real time the patient may need to be transferred to the main campus

Residency *Updates*

Ashish Shah, MD Med

Hey team!

We appreciate your hard work and patience with all the recent changes with the resident schedule. Here's a peek behind the curtain. Our goal is to have 2 learners (residents + fellows) each for the MOOD 2p and PEM 3p shifts, being the busiest times in the ED. After that, we are trying to have at minimum either 2 senior or a combination of 1 senior and 2 junior learners on between the 6a MOOD and 7a PEM as well as the 10p MOOD and 11p PEM shifts. Now, we realize there are going to be shifts where we were unable to accomplish those goals. To help prevent this during the next academic year, our team is proactively meeting with the residency programs to push equal staffing on a weekly basis throughout the year.

Thank you all for your continued commitment to teaching our residents!

Yvette and Ashish

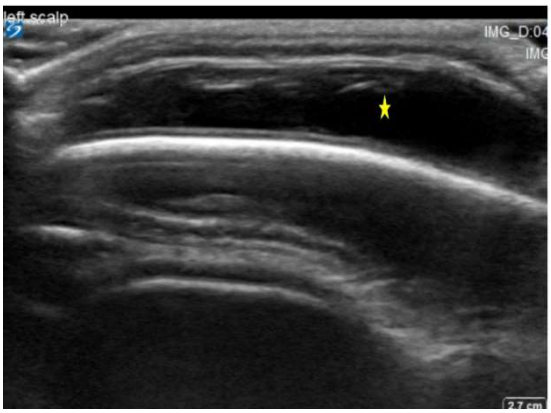
Ultrasound Spotlight

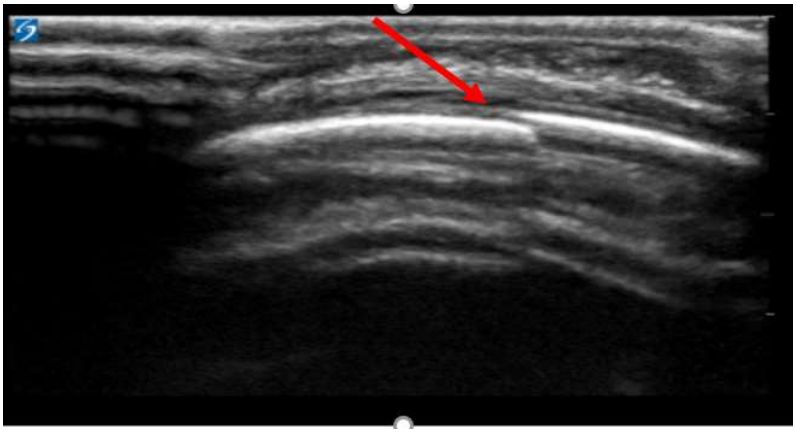
Kathryn Pade, MD

Ultrasound Spotlight:

Hello all, I recently had a great case during an ultrasound scanning shift with our wonderful Sarah Gomez and the case serves as a great review for a presentation that is seen, not uncommonly, in the emergency department (ED).

A 7-week-old ex 36-week female presents to the ED with fever and left-sided scalp swelling. Symptoms began on day of presentation with acute onset of fever to 101.6, rectal. Fever improved without any intervention and the mother brought the patient for evaluation due to concern for left-sided scalp swelling that was also noticed on the day of presentation. The swelling does not appear to bother patient, is not tender with palpation and mother does not recall patient having the swelling at birth. No history of trauma. On exam, pertinent positive findings in this otherwise well appearing child was a left parietal scalp swelling that was soft and non-tender. The underlying skull beneath the hematoma was not palpable due to the swelling. Pertinent negatives were truncal/ external ear/frenulum or extremity bruising. A point-of-care ultrasound (POCUS) skull ultrasound was performed while awaiting the CT head imaging. The POCUS images are shown below.





The star shows the area of swelling above the fracture area. The arrow points to an area of cortical disruption of the bone (fracture).

The CT scan image confirmed a linear fracture of the parietal bone.

SO how would you perform an ultrasound to evaluate for skull fracture?

1.First start with a linear probe.

2. Adjust the depth so that the hyperechoic bony cortex beneath the relatively hypoechoic soft tissue (yellow star) lies in the center of the screen. You may have to apply a lot of gel or use a step-off pad (water-filled glove) to help see very superficial areas.

3.Scan in 2 planes.

How to differentiate a fracture from a suture line:

Suture	Fracture
Bilateral / Symmetrical	Unilateral/ Asymmetrical
Joins other sutures	Crosses suture lines

How can you use this information in real life?

- Follow suspected fractures or sutures to a fontanelle. Suture appears symmetric and regular and leads to a fontanelle. Fractures cross suture lines or fontanelle. A fracture is jagged and may be displaced.
- Scan the contralateral area on the skull for comparison.
- To reduce the chance of missing a fracture, scan the area adjacent to the swelling as well.
- See the table below for 2 studies re skull fracture ultrasounds.

Study name	Study type	Methods	Results	Comments
Parry, Niccolo. et al. Ability of emergency ultrasonography to detect pediatric skull fractures: a prospective, observational study. Journal of Emergency Medicine 2013; 135-141.	Prospective, n=58	Patients less than 18 y/o with minor head trauma CT as reference standard	Sens 100% (82.2-100% CI) Spec 95% (75.0-99.9% CI) PPV 97.2% (84.6-99.9% CI) NPV 100% (80.2-100% CI)	Not too bad
Rabiner, Joni E. et al. Accuracy of point-of-care ultrasound for diagnosis of skull fractures in children. Pediatrics 2013;131;e1757.	Prospective, n=69	— Patients less than or equal to 21 y/o presenting with head injuries or suspected skull fractures that required head CT — 1-hour focused ultrasound training session for clinicians — CT scan as reference standard	8 of 69 with fracture (21%) Sens 88% (53-98% CI) Spec 97% (89-99% CI) Positive likelihood ratio 27 (7-107 CI) Negative likelihood ratio 0.13 (0.02-0.81 CI)	To reduce false negatives, scan the area adjacent to the swelling as well. Space available for scanning shifts ☺

Happy Scanning!!!!

CCompassion **A**Accountability **R**Respect **E**Excellence **S**Service

Michele McDaniel, MD

"Dr. McDaniel came to the rescue and covered an Emergent Airway lecture at the Quarter 1 Trauma Nurse Meeting. She is such a rock star and team player. She did an amazing job teaching trauma team about the options we have for difficult airways. We received feedback from the presentation that it was so great to have a physician's perspective, and it really helped nursing feel more prepared on what procedures to expect when, as well as when to grab which supplies. We really appreciate you taking the time to help educate our trauma team! Thanks so much!