Division updates:

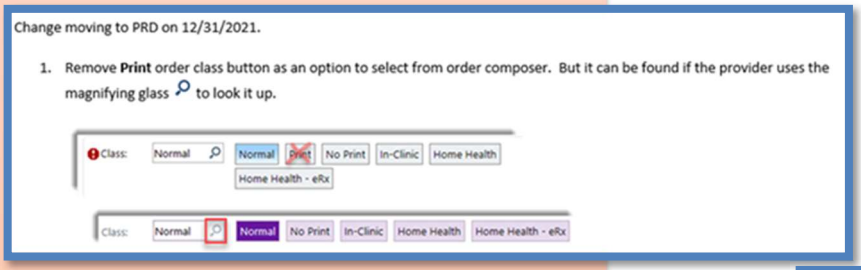
Microsoft Teams

- Teams has **replaced Slack** for our division updates.
  - If you login, you'll see you've been added to a division Team for updates with channels (similar to Slack)
  - Accessing the app remotely will be available later this month (to access app, download while on-campus with BYOD Wi-Fi)

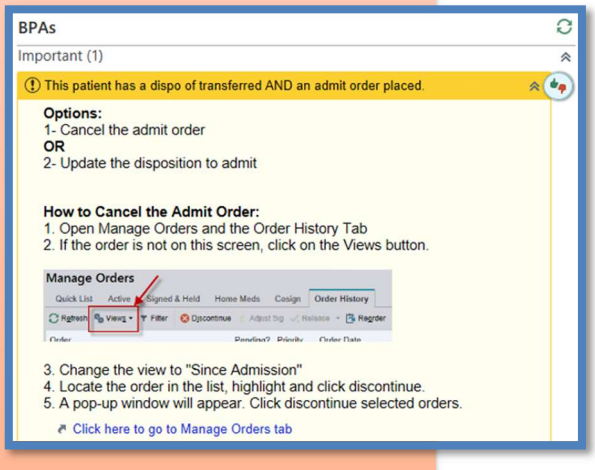
Microsoft

Epic

As part of the institution's initiative to encourage e-prescribing, the "print" button will no longer be a speed button. It will still be available as an option using the look up button. This change took effect 1/1/2022.



Canceling admit orders for transferred patients: needs to be completed before it can be removed from Epic:



COVID Update:

Monoclonal antibody treatment (sotrovimab) – No physician referral needed

If your doctor or health system can't offer treatment, the County and its partners have several Monoclonal Antibody Regional Centers (MARCs) where you can get treatment at no cost. You don't need health insurance, and immigration status does not matter. You must have an appointment and wear a mask.

Call the MARCs at **(619) 685-2500** to ask questions, see if you are medically eligible, or schedule an appointment.

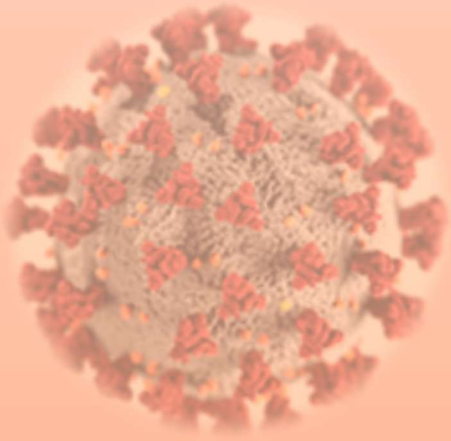
You can also email **COVIDtreatment@sdcounty.ca.gov** with any questions.

San Diego County Current Guidelines:

Although others may be medically eligible to receive outpatient therapies, sites currently are prioritizing **very high-risk** patients for treatment, due to limited capacity. **Very high-risk** patients include people with a compromised immune system. These people cannot mount an adequate response to COVID-19 vaccination or respond to an infection with COVID-19, due to their underlying conditions. **Very high-risk** patients also include people aged 75 years and older, and people aged 65 years and older with additional risk factors.

Additional risk factors that may place persons at high risk for severe illness due to COVID-19 are:

- Age 65 or older
- Obesity or being overweight, with a body mass index (BMI) of 25 or greater
- Pregnancy
- Diabetes, chronic kidney disease, or a condition that weakens the immune system
- Heart disease, high blood pressure, or lung disease
- Race, ethnicity, and other factors that may place persons at high risk for severe COVID-19



Criteria for Identifying High Risk Individuals

The following medical conditions or other factors may place adults and pediatric patients (age 12-17 years and weighing at least 40 kg) at higher risk for progression to severe COVID-19:

- Older age (for example, age ≥65 years of age)
- Obesity or being overweight (for example, BMI >25 kg/m^2, or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm)
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

Clinical Director Update

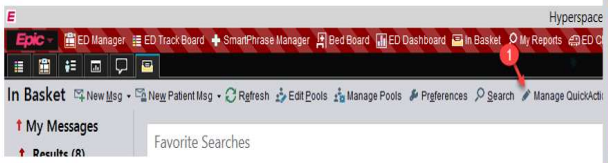
Scott Herskovitz, MD

- *Schedule*
  - April schedule requests should have been entered by Saturday, 1/15
    - Continue to place all recurring meetings, lectures, vacation & days off, etc. in QGenda yourself.
    - If there are any issues placing requests, please contact Melissa at PEMSchedule@rchsd.org
    - Limit of 7 requested days off (unless vacation)
    - Lecture presentation/recurring meetings do not count toward days off requests
    - PEM conferences days don't count toward days off but if not presenting, then they can't be guaranteed
  - March & April schedules goal to be released end of January
  - Winter schedule changes revert March 14
    - PG 11p-8a will be removed
    - PG 8a-5p, PG 4p-1a
    - PG 10a-7p, PG 6p-3a
    - O 9a-6p, O 5p-2a
  - Moonlighting through Feb 28th
    - EDS (rotunda) 12p-9p Mon-Fri
    - EDS (cardiology beds) 12p-9p Sat-Sun

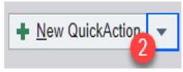
- *Operations*
  - Monoclonal Antibody:
    - Current Protocol – Admit high risk renal and Heme/Onc patients to SIDU (PHM admission) after discussion with ID for infusion
  - Future changes:
    - Dr. Pong (ID) developing guidelines for high-risk admission
    - Creation of outpatient infusion clinic at RCHSD
    - Expanding monoclonal ab to obese adolescents vs. oral paxlovid
- *CCB*
  - If unable to reach a family after 3x (once daily) then a physical letter needs to be sent out.
  - Customer service team will now send letters to families

Physicians: Creating your QuickAction for Culture Call Backs

1. Click **Manage QuickActions**

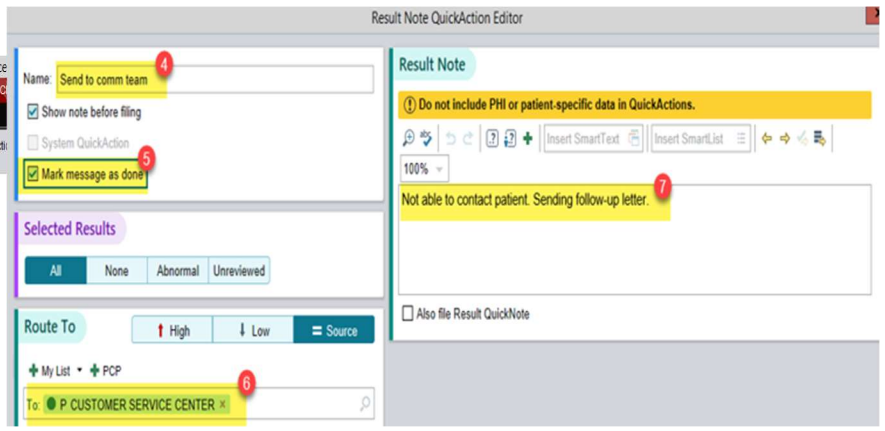


2. Click **New QuickAction**



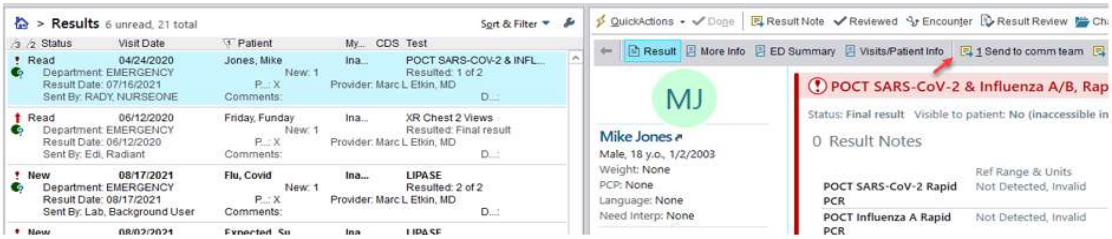
3. Click **Result Note**

4 – 7 – Fill in all highlighted areas



Using your QuickAction

1. Select a patient
2. Click 'Send to customer service team'



3. Add any additional info to Result note then click **Accept.**

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

Elise Zimmerman, MD

"We had such a busy day in purple and Elise was amazing! She was so kind and professional and was great with all the patients! She is a joy to work with!"

Michele McDaniel, MD

"I am always excited when I know I'll be working with Dr. McDaniel. She is so intelligent, humble, and is never bothered by questions or sharing her knowledge with anyone to help facilitate a learning experience. She does an amazing job teaching not only her patients/ families, but also her co-workers, and breaks down information into material that is easier to understand. Michele is absolutely AMAZING at what she does! It is always a pleasure to work with you!"

Improvement Updates

Amy Bryl, MD

ED Quality Incentive Project FY21

- STD Screening in At-Risk Adolescents – Tanya Vayngortin

QI Course (for fellows and faculty)

- 3F 0830-1030
- Next one: Feb 18th – Psychology of Change (Seema Shah)

ED Orthopedic Operations

- Use modifier 54 for dislocation and fracture reduction procedure billing when planning f/u in ortho clinic (Epic default LIVE)
- Finger fracture reductions: can consult ortho if not comfortable/confident
- Post cast x-rays for reductions AND molding
- Secure chat can be used for non-urgent ongoing communications w/ resident
- Poster with operational information next to consult/don't consult poster (both on Slack)

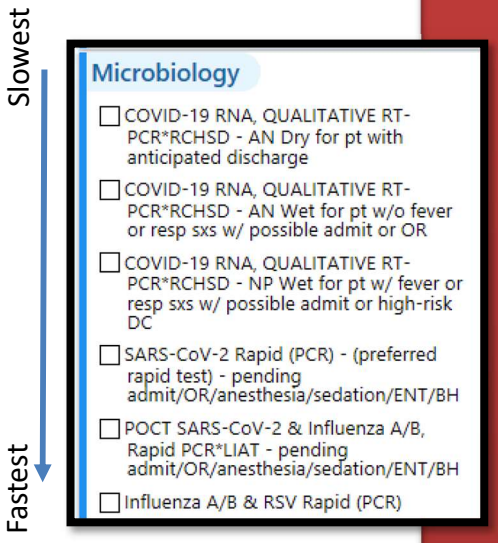
Referrals

- In general, non-urgent routine referrals should be deferred to the PMD
- Regardless of urgency, insurance may require PMD order the referral
- Modifications to EPIC referral orders in the works hospital-wide

Viral Testing

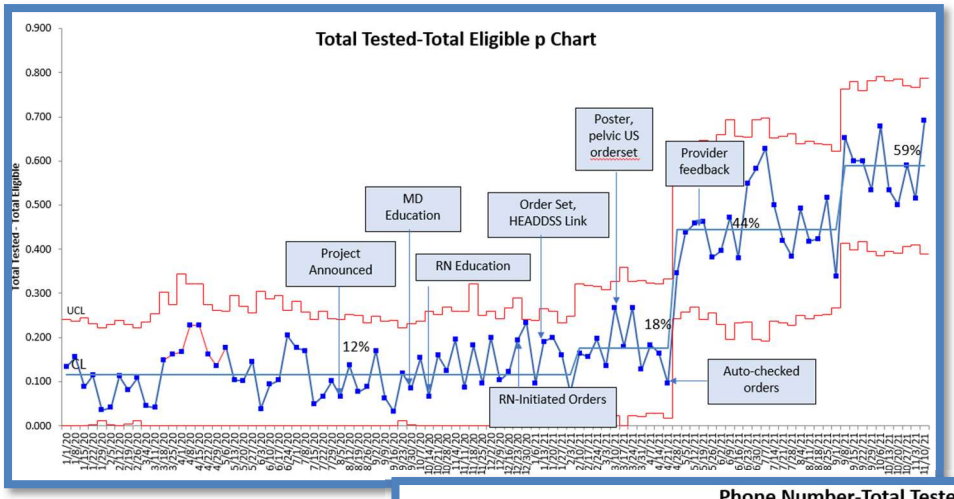
ED Quick List

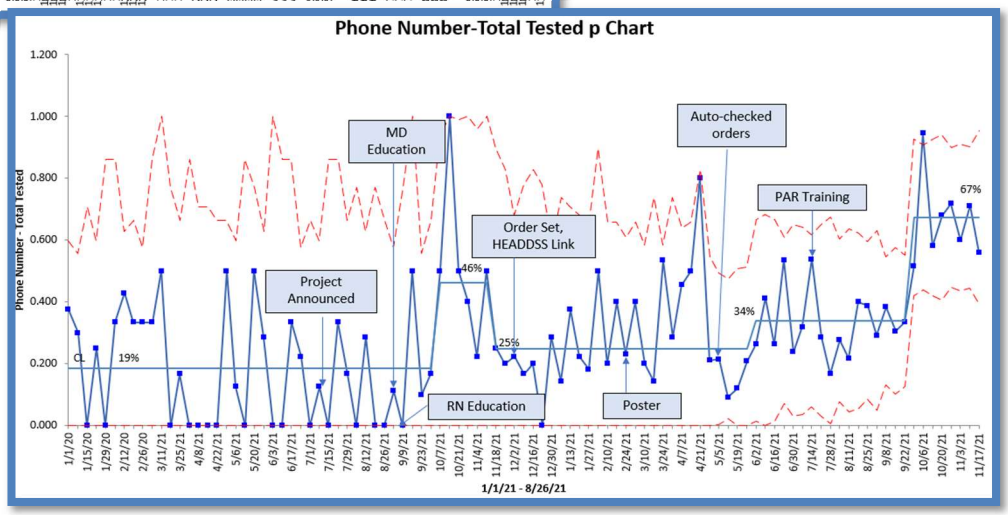
- Testing algorithm posted in all ED work rooms and on Slack
- **Given the recent surge, COVID positives are now notified by the COVID RN line by phone or MyChart (with option to call back if ?'s)**
- Contraindications to AN/NP swab in H/O patients: Plts <10, severe nose bleeding, active bleeding prior to CBC result
- RP2's are not necessary in the majority of cases!
- Costly w/ longer TATs
- Exceptions: pulm, H/O, PICU patients
- CCB only for +Flu (possible Tamiflu)



STI Testing

- SMART Aim: Increase screening for chlamydia and gonorrhea from 10 to 50% in 12 months among adolescents presenting to the ED with at-risk chief complaints.
  - **At-risk: genitourinary, behavioral health, and abdominal pain in females**





No Improvement in Sexual History-taking

- 50% of eligible patients have documentation of presence or absence of sexual activity
- Reminder: perform HEADDSS for behavioral health patients, females with abdominal pain, anyone with GU symptoms
- Quick sexual history:
  - Have you had sex before?
    - If yes: when was the last time? Did you use contraception and what type? Males/females/both? History of STI or pregnancy?
    - If identify high-risk, offer prophylaxis (see STI order set), Adolescent Medicine referral

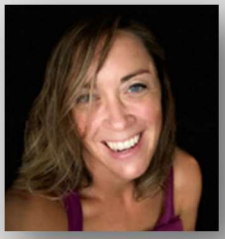
Positive Tests

- 40% of positives are in asymptomatic behavioral health patients
- Mostly chlamydia
- Most common chief complaints: suicidal ideation, abdominal pain, dysuria
- STI order set has all recommended treatments, can use if doing callbacks
  - If patient cannot come in for IM CTX for gonorrhea, can prescribe PO cefixime

Fellowship *Updates* _ *Kathryn Pade, MD & Michele McDaniel, MD*

We are acutely aware of the impact that COVID is having on our division right now. As always, our focus is on the quality education and well-being of our fellows. Please encourage the fellows to **turn off the waiting room** on their Epic track boards and direct them toward patients that further their learning goals. As they feel the stress of the volume of the patients, help them to not sacrifice quality of care for the perceived need for efficiency. We sincerely thank you for your continued support of our fellows, even during these trying times for us all. Hang in there!!!

Urgent Care *Updates* *Seema Mishra, MD and Greg Langley, MD*



Laura Gorham joined the group in December 2021

Lisa Di Enno joined January 2022!

Residency *Updates* *Ashish Shah, MD MEd & Yvette Wang, MD*

Hello colleagues,

As you all know, we are driving headfirst in a poop-covered car through this Omicron variant. Similar to our own division, the residency programs have had a very large number of individuals test positive. We are trying to work with all the programs to make sure we can be staffed as much as possible during this time. There may be days we are not able to accommodate and there may be less residents than ideal. For the MOOD and PEM shifts, we will always have 1 trainee (fellow or resident) available during the shift. The ideal goal is to have 2 trainees on each PEM and MOOD shift. If that is not possible, we will try to have 3 total trainees for the AM and Overnight shifts on the PEM and MOOD shifts combined, and 4 total trainees during the afternoon PEM and MOOD shifts during the busiest times. We know we won't always be able to make it work, and we thank you all for understanding. Please let us know if there are any major issues and we will do our best to fix it.

God speed,

Ashish, Yvette, and Jasmine

Research Update

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

Major Spring Meetings:

3F Research Topics for 2022:

- January 21, 2022, 0830 – 0930 | **John Kanegaye,** *Academic Writing*
- March 18, 2022, 0830 – 0930 | **Michael Gardiner**, *Sample Size*
- May 20, 2022, 0830 - 09300 | **Michael Gardiner**, *Data Management and Quality Assurance*

Peer-Reviewed Abstracts

Division members submitted 9 abstracts for internal pre-review. Best of luck to the following submitting authors:

- Yaphockun (NAT)
- Schroter (Anaphylaxis Observation)
- Sheth (Med Reconciliation)
- Vayngortin (Sexual Hx in BH patients)
- Hatt (LP POV)
- Conrad (Dental Antibiotics)
- Tamas (ESBL GIS)
- Ishimine (Abdominal Injury Observation)
- Van Woy (Submersion Injury)

- **Remember** that manuscripts should be submitted to peer-review journals within 60 days of presentation. The time before notification and presentation is useful for manuscript preparation.
- To help with drafting, this month's research topic will be "Academic Writing" presented by John Kanegaye on January 21, 2022 at 0830.
- Current CITI certificates need to be on file with Jasmine for all division members who participate in research and who plan to claim division support or incentive for research activity.

Ultrasound Spotlight

Kathryn Pade, MD

Ultrasound Spotlight:

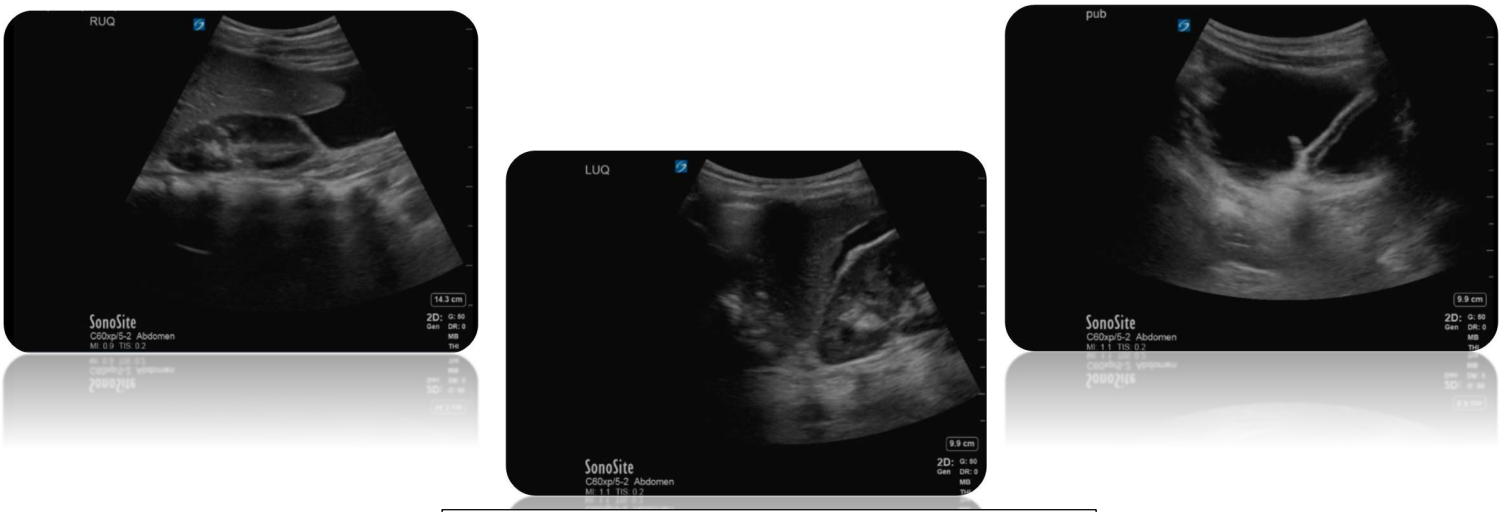
Patient Case

9-year-old male, presenting with lethargy, vomiting and concern for syncope. At 8am, pt flipped over his handlebars while riding his bike to school. No head injuries, no LOC, no vomiting after initial fall. At school, pt started having increase WOB and was sent home. During the rest of the day, pt "slept a lot," had 1 episode of vomiting around 12noon after trying to eat. In afternoon, pt might have had a unwitnessed syncopal episode when moving from couch to parents room. Pt was taken to PCP's office and referred to ED.

Vitals stable.

On physical exam pt had a bruise to RUQ. Mild TTP on deep palpation. Neurologically intact.

You decide to do a bedside ultrasound, and it shows:



Figures: Bedside ultrasound of RUQ, LUQ and pelvis

Diagnosis: Intra-abdominal fluid (Positive FAST)

Discussion:
The FAST (Focused Assessment with Sonography in Trauma) examination focused on identifying free intraperitoneal or pericardial fluid in blunt trauma patients. Current indications for performing a FAST examination include blunt and penetrating cardiac and chest trauma, trauma in pregnancy, pediatric trauma, undifferentiated hypotension, and even evaluation of medical (non-trauma) patients for ascites.

10 structures or spaces are typically imaged via 4 windows in a FAST examination; other views may be included, and other structures evaluated. The windows and what is evaluated include:

1. Cardiac (most often subxiphoid, but other views may be obtained):
    - pericardium and
    - heart chambers, especially the right ventricle
2. Right Upper Quadrant (RUQ):
    - Morrison's Pouch (hepatorenal recess),

- liver tip (right paracolic gutter) and
- lower right thorax

3. Left Upper Quadrant (LUQ):
    - subphrenic space,
    - splenorenal recess,
    - spleen tip (left paracolic gutter) and
    - lower left thorax.
4. Pelvic:
    - rectovesical pouch (male patients) or,
    - in female patients, rectouterine / pouch of Douglas.

Conclusion: Abd/Pelvis CT was done and confirmed a grade 4 liver laceration with moderate hemoperitoneum.

Teaching points/Common pitfalls:

- Cardiac
    - Small fluid collections can be difficult to see. Be sure the depth is set appropriately to allow full evaluation of the pericardium. In the supine patient, fluid is most likely to be found posteriorly (although it may be found elsewhere).
- RUQ
    - One common pitfall is mistaking the gallbladder for free fluid, which can happen if you scan too anteriorly.
- LUQ
    - Fluid is more likely to be found in the subphrenic space, which is harder to image than the splenorenal recess. Be sure to fan but anterior/posteriorly and caudad/cephalad.
- Pelvis
    - In males, free fluid will collect just deep to the bladder, in the rectovesical pouch (the potential space between the bladder and prostate).
    - In females, fluid will initially collect in the pouch of Douglas which is posterior to the uterus, NOT between the bladder and uterus.

References:

SAEM https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/m3-curriculum/bedside-ultrasonagraphy/fast-exam

The Ultrasound Challenge Cup Current standings:

The Rules!

- Each scan is counted for the Fellow Family for the fellow listed and the attending (if a fellow scanned with an attending in their family then they get credit for 2 scans, if the fellow and attending are in different families then each family gets credit for 1 scan)
- US faculty members do not count

Scan Tallies: **10/1-12/5**

Fellow Family	10/1-12/5	Total
Ichwan	57	57
Van Woy	48	48
Nichols	26	26
Kramer	25	25
Tam	13	13
Wo	12	12
Sheth	4	4

***Reminder:* What's the prize?**

- **$200 for the fellow**
- **$300 for the family group to use for dinner (solid or liquid)**

  AND
- **The name of the winning team on the Ultimate Ultrasound Challenge Champions cup (+ bragging rights)**

Keep scanning away! It's anyone's game!

Updates

Tanya Vayngortin, MD

Well-being:

HEAR Counseling

Are you feeling stressed, overwhelmed, or having trouble dealing with a difficult case?

- You can sign up **anonymously** to meet with a HEAR counselor.
- January dates have been added:

https://www.signupgenius.com/go/10c0c4babaa2baaf4c52-ucsd

If you would like a session in the future, please email Rachel Accardi (raccardi@health.ucsd.edu) or Courtney Sanchez (cos006@health.ucsd.edu)

Group Peer Support Sessions for PEM faculty

These are optional, can attend 1 or multiple, to connect with division members in your same career or life stage

1/14 2-3pm: Late career faculty, facilitated by Cindy Kuelbs

1/21 2-3pm: Balancing family/young children and work, early career faculty. Facilitated by Ami Doshi

1/28 2-3pm: Junior faculty, balancing clinical vs academic work. Facilitated by Kay Rhee

You can apply for $1000 for **childcare or eldercare** (Faculty and MSP eligible)

UCSD Department of Pediatrics Well-Being: LINK