

EPIC

THE MAGAZINE OF THE GEORGIA
COLLEGE OF EMERGENCY PHYSICIANS

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2023

capitol watch

Expected 2024 Legislation

We anticipate the following legislation to be introduced in the 2024 session and will be monitoring all pre-filings as we move into the Fall. The GCEP Government Affairs team will be working with the Governor and his team on Tort efforts as part of his task force.

- Tort Relief
- Death Certificate Reform
- Network Adequacy - ER Services
- Workforce
- Prior Authorization Reform

2023 GEMLAC Conference

The GCEP legislative team and GCEP leadership have been working diligently to host a great 2023 GEMLAC conference. The following legislators have agreed to join us in December to be a part of our panel discussions.

- Sen. Chuck Hufstetler – Senate Health Committee
- Sen. Kay Kirkpatrick, MD - Senate Health Committee
- Sen. Nan Orrock - Senate Health Committee
- Sen. Shawn Still – Senate Judiciary Committee
- Rep. Michelle Au, MD – Senate Health Committee
- Rep. Teri Anulewicz – House Public Health Committee
- Rep. Patty Bentley – House Health Committee
- Rep. Beth Camp – “Prudent Lay Person” Bill Sponsor
- Rep. Sharon Cooper – House Public Health Committee Chair
- Rep. Katie Dempsey – House Public Health Committee
- Rep. Spencer Frye – House Public Health Committee
- Rep. Houston Gaines - House Public Health Committee
- Rep. Matt Hatchett – House Appropriations Chairman
- Rep. Scott Hilton – House Public Health Committee
- Rep. John LaHood – House Health Committee
- Rep. Mark Newton, MD – House Health Committee
- Rep. Butch Parrish – House Special Committee on Health Chairman
- Rep. Matt Reeves – “Violence Against Healthcare Workers” Bill Sponsor
- Rep. Doug Stoner – House Public Health Committee

Department of Behavioral Health and Developmental Disabilities

At the request of DBHDD Commissioner Kevin Tanner, a workgroup has been formed to work in concert with the departments Executive Leadership, Dr. Brenda Fitzgerald, and stakeholder groups. The group has been deemed the Enhancing Psychiatric Resources Workgroup. Key focuses of the group include:

- Workforce Shortage
- Improve the timeliness to psychiatric care for patients in need of emergent evaluation
- Population to be served: Georgia patients of all ages who present to the emergency department and require specialty evaluation and/or inpatient psychiatric placement at an external facility

Stakeholder groups include: Georgia Psychiatric Physicians Association, Medical Association of Georgia, Georgia College of Emergency Physicians, Georgia Association of Community Service Boards.

Commissioner Tanner has requested to group reconvene in November with potential Workforce Shortage language as the first step.

Insurance/Billing Issues

If you experience any issues related to billing, please reach out to Devin Krecl at devin@capitolstrategy.us. Please include all pertinent details, and redacted PHI so they we can best determine the state agency to reach out to.

Contact Your Legislators

It makes a difference if you contact your Representatives and Senators. Discuss the issues that are important to your practice, your patients, and your community. If you have personal relationships with any state elected officials, please help us by making us aware of these crucial relationships. If you need assistance finding your legislator, please click the link below.

[Find My Legislator](#)



Be a part of the action! Join the PAC!

Our PAC needs your help to fully engage in the political process & support our friends Please renew your membership today!

Looking Ahead

Keep an eye out for an email from the GCEP legislative team for a 2024 Pre-Legislative Session update.

We will provide regular updates as the 2024 session gets underway.

Please call us with any questions.

Travis Lindley
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INVESTING EXPLAINED

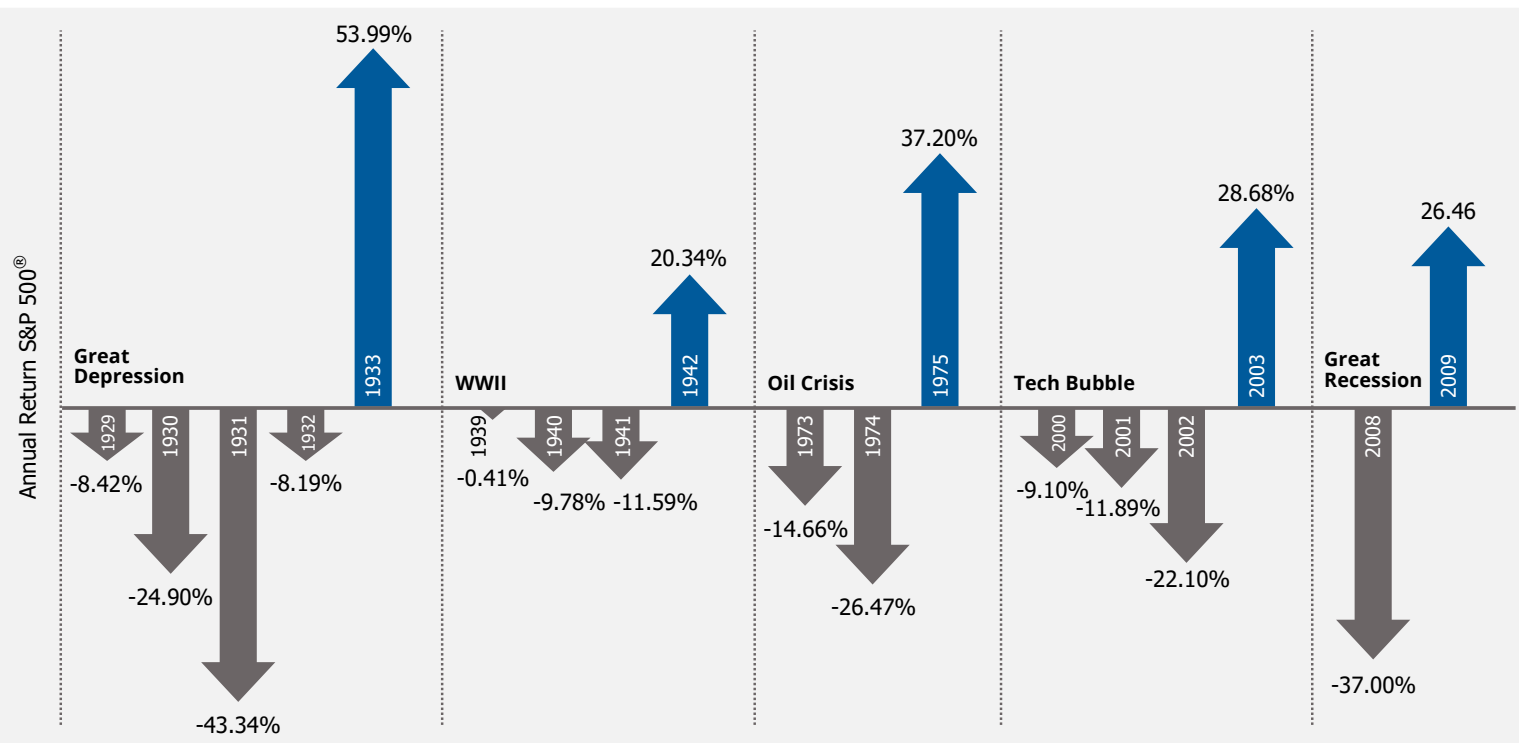


Market Volatility

Whether driven by political or economic uncertainty, volatility is a natural, inevitable (and sometimes even healthy) part of market cycles.

The markets have recovered from every shock, disaster, and recession—and staying the course and avoiding emotional decision-making helps investors stay on track.

After every downturn, growth and recovery have followed.



Source: Morningstar, 12/31/21. This information is for illustrative purposes only and not indicative of any investment. The Standard & Poor's 500® Index is an unmanaged index considered to be representative of the U.S. stock market in general. Prices of common stocks will fluctuate and may involve loss of principal when redeemed. The National Bureau of Economic Research was used for the recessionary period information. An investor cannot invest directly in an index. Past performance is no guarantee of future results.



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Emory University School of Medicine Department of Emergency Medicine

The Emory EM Residency

- The residency recently returned from an incredible retreat where they focused on Peds EM and Diversity, Equity, and Inclusion. It was a weekend full of learning, games, a costume contest, and camaraderie.
- The residents have organized Instagram Live Chats that you can view on their Instagram page ([emory.em.residency](https://www.instagram.com/emory.em.residency)).

The Live Chats include:

- o Women in EM (coming up on October 19 at 8 pm EST)
- o A Day in the Life (August 25)
- o IG Live with Dr. Siegelman, Interim Program Director (August 17)
- o Chief Chat (August 1)

Emory EM Faculty were recognized during the October 2023 [School of Medicine's Faculty Recognitions Week](#)

- **Clinical Distinctions:** Dr. Jordan Kaylor, Dr. Matthew Keadey, Dr. Patrick Meloy, Dr. James O'Shea, Dr. Mark Rosing, Dr. Samantha Strickler, and Dr. Nataisia Terry
- **Dean's Teaching Award:** Dr. Jeff Siegelman
- **Distinguished Service:** Dr. Amy Zeidan
- **Hidden Gem:** Dr. Liang Liu
- **Regional, National & International Awards:** Dr. Jeremy Ackerman, Dr. Emily Kiernan, Dr. Laura Oh
- **Senior Promotions:** Dr. Melissa Gittinger, Dr. Joshua Guttman, Dr. Michelle Lall, Dr. Katherine Nugent, and Dr. Jonathan Rupp

Recent Emory EM Distinctions

- Dr. Jeff Siegelman became the team's 7th Residency Program Director
- Dr. Michelle Lall is the inaugural EM Vice Chair of Diversity, Equity, and Inclusion
- Dr. Emily Kiernan was inducted into the 2023 Class of Fellows for the American Academy of Clinical Toxicology (FAACT). Emory EM has two additional physician toxicology fellows, Drs. Geller and Kazzi

The Atlanta Magazine's Top Docs edition featured Emory EM physicians Dr. Katrina Gipson and Dr. Nataisia Terry. Nearly 450 Emory physicians are recognized in the 2023 [Atlanta Magazine July edition](#).



Events, Presentations, and Awards

- Dr. Anna Yaffee and the Global Health in EM Section (GHEMS) are leading a Global EM Research Symposium on October 17 from 1-3 at Grady. The event will highlight the work supported by the GHEMS Project Grants, and visiting scholars from Turkey will also be presenting their Global Health accomplishments

**Global Emergency Medicine Research Symposium:
Creativity and Innovation in Global EM Research**

October 17, 2023, 1 – 3 PM
Steiner Auditorium, Grady Campus

Dr. Prem Menon
EM Systems in Liberia

Dr. Kim Herard
POCUS in Mozambique

Dr. Aynur Sahin
Toxicology in Turkiye

Dr. Anna Yaffee
Trauma Care in Ethiopia

Dr. Semih Korkut
Disaster Management
in Turkiye

Dr. Asad Mian
Innovation in Pakistan

Dr. David Wright
Chair, Dept of EM

Please contact ayaffee@emory.edu with questions. Zoom link available upon request.

Dr. John Lewis and the Emergency Medicine Remix Podcast, in collaboration with Emory Science Gallery Atlanta, is hosting a live event titled "How to Un-bake a Cake -Remixing an Old Recipe to Remove Injustice Hard-Baked into Our Society" on Saturday, October 28 from 6-8 pm. at the Emory Performing Arts Studio. The event is free and will feature voices of Artists, Musicians, Physicians, and the Community.

**HOW TO UN-BAKE
A CAKE**

An Emergency Medicine Remix - Science Gallery Atlanta
Live Event

Menu

- Health Justice Event
- Physicians, Musicians, and Artists
- Live Performances and Original Artwork
- Narrative Medicine -"Our Stories"
- A Celebration of Hip Hop & The Culture
- Games and Prizes
- Sweet Treats to Eat

Free to the Public. Free Parking

October 28, 2023, 6:00-8:00 PM
The Emory Performing Arts Studio
1804 N Decatur Rd, Atlanta, GA 30322

- Dr. Emily Kiernan presented advanced Hazmat Life Support for Radiological Incidents & Terrorism at Temple University
- Dr. Bryan McNally received a three-year grant from the Helmsley Trust to help the Cardiac Arrest Registry enhance survival and expand into 8 rural states. The grant will be focused on improving coordination, data sharing, and emergency response. You can read more about it in the Emory News Center [here](#).

International Highlights

- Dr. Ziad Kazzi taught preparation for and receiving victims contaminated with chemicals at SQH Salalah, Oman. Drs. Alaina Steck and Joe Carpenter taught an Addiction Medicine Course to the Oman Medical Specialty Board. For the Regional CDC Field Epidemiology Training Program, they presented instruction on recognizing and thinking through chemical or radiological exposures in outbreak investigations
- Dr. Michael Carr presented TeleEMS work at the Vietnamese Society of EM Conference in Vietnam
- Dr. Michael Carr and Dr. Katrina Gipson spoke at the Mediterranean Emergency Medicine Congress with AAEM in Greece. Dr. Carr addressed Tele-EMS and Dr. Gipson spoke on achieving health equity

Publications

- A palliative care class that Dr. Tammie Quest was influential in starting in 2019 is now being used for the nationwide Undergraduate Palliative Education program (UP Ed). The U.S. Air Force Academy recently offered a class titled “Death, Dying, and finding Meaning” that was created, developed, and taught at Emory. Read more in the Emory Wheel [here](#).
- Dr. Katrina Gipson is a fellow with the OpEd Project and has published several op-eds in the past couple of months including in The Hill and in the SAEM Pulse
- Dr. Bryan McNally and the CARES team were featured in the summer 2023 edition of the [Emory Health Digest](#) for Save a Life with CPR. The article discussed the October 27, 2022 study in the New England Journal of Medicine that used CARES data for the findings. Dr. Bryan McNally was one of the authors for the The New England Journal of Medicine article on “Racial and Ethnic Differences in Bystander CPR for Witnessed Cardiac Arrest.” The authors noted that “In witnessed out-of-hospital cardiac arrest, Black and Hispanic persons were less likely than White persons to receive potentially lifesaving bystander CPR at home and in public locations, regardless of the racial or ethnic makeup or income level of the neighborhood where the cardiac arrest occurred.”
<https://www.nejm.org/doi/full/10.1056/NEJMoa2200798>
- Dr. Ziad Kazzi spoke to Environmental Health News on lead poisonings related to spices. <https://www.ehn.org/lead-in-spices-2664250280.html> and <https://www.ehn.org/lead-exposure-global-burden-of-disease-2664251169.html>

Emory EM and the Southern Regional Disaster Response System (SRDRS)

The Emory-based site is the fourth site designated by ASPR to develop a regional healthcare response approach to disasters. Emory University is leading a team of collaborators from the Georgia Department of Public Health, Augusta University, and the University of Georgia for the RDHRS. The RDHRS aims to improve medical surge and clinical specialty care – including trauma, burn, communicable diseases, radiation injury and other specialty care – during a national emergency, improve statewide and regional situational awareness, and develop metrics for the region’s capabilities in order to save more lives.

The Emory EM team has the following open positions as part of national searches:

Medical Director – Grady ECC - [Emory Careers](#) | [Medical Director, Grady Emergency Care Center in Atlanta, Georgia](#) | [Careers at Grady Hospital \(icims.com\)](#).

Vice Chair of Research – [Emory Careers](#) | [Vice Chair for Innovation and Discovery in the Acute and Emergent Sciences in Atlanta, Georgia](#) | [Careers at Steiner Building Grady Campus \(icims.com\)](#).

Wishing everyone a safe and happy fall!

Toxicology Case of the Month:**Increased NAC and Fomepizole in Massive Acetaminophen Overdose**

Fatma AL Balushi MD and Brent Morgan MD FACEP

Case:

A 21-year-old female presented to emergency department 18 hours after a massive overdose of acetaminophen tablets. She was lethargic and complaining of nausea and vomiting. Her initial vital signs were T 97.5, HR 79, RR 12, BP 138/66 Sat 100%. Her initial labs showed APAP level of 113.0 mcg/ml, lactate 13.0 mMol/L and elevated AST (712.0 units/L), ALT (667.0 units/L) and T-Bili (1.8 mg/dL). She was started on standard dose N-acetylcystine (NAC) with loading dose of 150 mg/kg over 60 minutes to be followed by maintenance infusions: second bag of 50 mg/kg over 4 hrs (12.5 mg/kg/hr) and third bag 100 mg/kg over 16 hrs (6.25 mg/kg/hr). The Georgia Poison Center was contacted and advised to increase the dose of her third bag of NAC and to administer a dose of fomepizole 15mg/kg.

After 24 hours, she was intubated for airway protection. Her brain CT showed cerebral edema. Repeat labs showed worsening of liver parameter tests: AST=8608.0 units/L, ALT=> 5000.0 units/L and INR=12.42 (N/A). Her blood gas showed severe metabolic acidosis with PH of 7.0 and HCO₃ of 6. After the initial 20 hours infusion, NAC therapy was continued throughout her hospitalization at a rate of 25mg/kg/hr. She developed acute renal failure and was started on renal replacement therapy (CCRT).

What is the toxic dose of Acetaminophen and when is it considered a massive ingestion?

Toxic dose of acetaminophen is a single dose more than 10 g or 150 to 200 mg/kg. There is no clear definition of massive ingestion. In the medical literature its definition include ingested doses of >50g , >40g, >30g , or >30g with co-administered opioid or antimuscarinic agent. Others defined it by high acetaminophen serum concentration >250 mcg/mL or >500 mcg/mL at 4 hours post ingestion [1].

Why should we treat massive acetaminophen overdoses differently than standard NAC protocol?

There have been several cases of massive acetaminophen ingestion started on standard dose of IV NAC within 8 hours of ingestion who progressed to liver failure [2,3]. In addition, there is an incremental increase in the risk of elevation of aminotransferases (hepatic injury) or aminotransferase elevation over 1000 IU/L (hepatotoxicity) associated with higher acetaminophen concentrations even after treatment with IV NAC early after ingestion [4]. This suggested that the standard NAC dosing is inadequate.

When to consider increasing the dose of NAC?

Standard dose NAC therapy is indicated when serum acetaminophen concentration exceeds the "150" line on the Rumack-Matthew nomogram (i.e., the line passing through the 150 µg/mL point at 4 hours following ingestion). Most institutions administer standard dose N-acetylcysteine (NAC) with a three-bag approach. The first bag is a loading dose of 150 mg/kg over 60 minutes. This is followed by a second bag infusion of 50 mg/kg over 4 hrs (12.5 mg/kg/hr) then a third bag of 100 mg/kg over 16 hrs (6.25 mg/kg/hr). The data shows that the acetaminophen concentrations above the 300-line and 450-line increase the incident of hepatotoxicity and liver failure. That suggests the need for higher doses of NAC at these thresholds.

An observational study on the effect of increased acetylcysteine dose [5] showed no patients with APAP concentrations between the 300- and 450-lines developed hepatotoxicity when receiving the 12.5 mg/kg/h "double NAC dose". All patients who developed hepatotoxicity while receiving NAC infusions at 12.5 mg/kg/h had APAP concentrations above the 450-line and were treated >7 h after ingestion. This suggests the need for an even higher NAC infusion rate above the 450-line [6].

Patients with massive ingestion and significantly elevated acetaminophen concentrations should be treated with the standard first and second bags over 4–5 h. The APAP concentration will determine the final NAC infusion rate [Third Bag]. In massive acetaminophen overdose Hendrickson recommends the following third bag dose of NAC [6]:

Acetaminophen level at 4-hour line	NAC third bag dose
➤ 150 but < 300 ug/cc	Standard NAC dose 6.25 mg/kg/hr
➤ 300 but < 450 ug/cc	12.5 mg/kg/hr
➤ 450 but < 600 ug/cc	18.75 mg/kg/hr
➤ 600 ug/cc	25 mg/kg/hr

It is important to note that currently, evidence for improved outcomes with higher NAC dosing is limited.

Additional considerations in massive acetaminophen overdoses

Cases of massive acetaminophen overdose may require additional therapies beyond increasing the NAC dose. Fomepizole is a known inhibitor of alcohol dehydrogenase and is FDA approved for the treatment of methanol and ethylene glycol poisoning [7]. Fomepizole is also a potent CYP2E1 inhibitor and been shown to reduce conversion of APAP to NAPQI via this mechanism [8]. There are no controlled clinical trials studying the efficacy of fomepizole in APAP overdose. A 2021 prospective case series concluded that fomepizole should be considered in massive APAP overdose as an adjunct [9]. In situations where there is already evidence of hepatic injury, as measured by an elevated ALT in initial measurement (or subsequent measurement within 24 hour of last ingestion), the ALT (IU/L) x APAP level ($\mu\text{g/mL}$) should be calculated. If the ALTxAPAP value exceeds 10,000, fomepizole 15mg/kg once IV should be considered to impede further cytochrome production of the toxic metabolites of acetaminophen while NAC can be administered.

Patient Outcome

Unfortunately, despite continuous NAC infusion, CRRT and aggressive supportive care the patient developed vasoplegic syndrome that was resistant to five vasopressors. She died on hospital day #10.

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- 3- Wang GS, Monte A, Bagdure D, et al. Hepatic failure despite early acetylcysteine following large acetaminophen-diphenhydramine overdose. *Pediatrics*. 2011;127:e1077–e1080.
- 4- Cairney DG, Beckwith HKS, Al-Hourani K, et al. Plasma paracetamol concentration at hospital presentation has a dose-dependent relationship with liver injury despite prompt treatment with intravenous acetylcysteine. *Clin Toxicol*. 2016;54:405–410.
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- 9- Link SL, Rampon G, Osmon S, Scalzo AJ, Rumack BH. Fomepizole as an adjunct in acetylcysteine treated acetaminophen overdose patients: a case series. *Clin Toxicol (Phila)*. 2022 Apr;60(4):472–477.

William T. Warnock, MD

A 49-year-old male with history of hypertension was brought in after police arrest for medical clearance. During arrest, he was holding an unknown object in his mouth which he would not spit out. He then became lethargic and was brought in by EMS. On arrival to the ED he began having seizures. Bags of white material were found in his oropharynx and were removed. Initial vitals were notable for tachycardia and hypertension. The patient stopped seizing and was subsequently found to be in cardiac arrest. Initial rhythm was wide complex with concern for sodium channel blockade from cocaine ingestion and thus an amp of sodium bicarbonate was administered. At first pulse check, the patient had achieved ROSC but soon was found pulseless again, this time in PEA. Epinephrine, calcium gluconate and a second amp of sodium bicarbonate were administered with ROSC achieved at pulse check. While the patient was in arrest, intubation was attempted. The airway was obscured with blood and white particulate matter. The vocal cords were visualized but edematous and an ET tube was unable to be passed orotracheally. A cricothyroidotomy was performed with successful placement of a 6-0 ET tube. Post-ROSC, the patient was initially hypotensive and started on a norepinephrine drip. Post-ROSC, an EKG was completed which demonstrated a narrow QRS interval of 106 ms. UDS resulted positive for cocaine. The patient was admitted to the MICU. His cricothyroidotomy was converted to a tracheostomy later in the day. MICU course was complicated by MRSA and Klebsiella pneumonia and ARDS. The patient improved with antibiotic therapy and was eventually transferred to medical floor and had his tracheostomy decannulated. He made a full neurologic recovery and was discharged home four weeks after admission.

In this case, oropharyngeal ingestion of cocaine caused arrhythmia and cardiac arrest which occurred concomitantly with upper airway obstruction. The favorable outcome for this patient was made possible by rapid management of the patient's wide-complex cardiac arrest and establishment of a surgical airway. While both aspects of this case are interesting, we will focus our literature review on management of massive cocaine ingestion. Cocaine is thought to precipitate arrhythmia through a combination of catecholamine excess, sodium and potassium channel blockade, calcium channel effects and ischemia. Sodium channel blockade from cocaine can produce a wide complex tachyarrhythmia that will resemble arrhythmia associated with other sodium blocking agents (TCA, for example). As in our case, this is managed with hypertonic sodium bicarbonate. Potassium blockade would manifest as QTc prolongation and torsades de pointes. Although this did not occur in our patient, his QTc was markedly prolonged on his post-ROSC EKG. Potassium channel effects of cocaine should be managed by avoiding hypokalemia, hypomagnesemia and QTc prolonging agents in the case of isolated QTc prolongation and by defibrillation in the case of torsades or ventricular fibrillation.

Fall GCEP MCG Update

Our residents welcomed the cool weather of Fall with our annual Wilderness Day led by Dr. Taylor Haston who is our Fellowship Director for our Wilderness Medicine Fellowship. We had a large turnout of both faculty and residents on a land and water based kayaking race on the Savannah River to test both navigation and Wilderness Medicine knowledge. We thank our chair Dr. Schwartz for offering up his river side access at his home for this event.

We have recently amended our residency curriculum to include a Neuro ICU/stroke experience for our residents to further fortify their learning intern year treating neurologic emergencies. We look forward to our new partnership with our neurology colleagues.

Overall, our residents are thriving as our interns are acclimating to their new roles as physicians and our seniors are starting to learn where their post residency careers will start.

MCG Highlights

Dr. Maya Alexandri is highlighted as having been awarded the Orr Post-Graduate Writing Award and lecturing on: "Hospitals as 'sensitive places' post-*Bruen*: a call for immediate action," American College of Legal Medicine 62nd Annual Conference, Orlando, FL and M. J of Legal Med. Dr. Alexandri also recently received IRB approval for "Mixing-and-matching pulse oximeter sensors and calibration curves: a comparison of SpO2 measurements in patients on continuous SpO2 monitoring in the Emergency Department."

Dr. Nick Tannenbaum won a Best Speaker Award at the Joint Services Symposium in San Antonio for giving a talk titled "The Use of Case Based Learning to Teach Medics."

We are proud to have had a large faculty and resident showing at the ACEP Academic Assembly. Dr. Barrett presented a compelling report on Residency Director Wellness and Burnout. Dr. McCollum presented two lectures: "New Updates in Wound Care: What's Best" and "Botched Botox and Bad Fillers." We also successfully fielded two EMRA MedWAR teams to participate.



An initiative of the ABIM Foundation

American Academy of Pediatrics –
Section on Emergency Medicine and the
Canadian Association of Emergency Physicians

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Five Things Physicians and Patients Should Question

1

Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing.

Respiratory illnesses are among the most common reasons for pediatric emergency department (ED) visits, with wheezing being a frequently encountered clinical finding. For children presenting with first-time wheezing or with typical findings of asthma, bronchiolitis, or croup, radiographs rarely yield important positive findings and expose patients to radiation, increased cost of care, and prolonged ED length of stay. National and international guidelines emphasize the value of the history and physical examination in making an accurate diagnosis and excluding serious underlying pathology. Radiography performed in the absence of significant findings has been shown to be associated with overuse of antibiotics. Radiographs should not be routinely obtained in these situations unless findings such as significant hypoxia, focal abnormalities, prolonged course of illness, or severe distress are present. If wheezing is occurring without a clear atopic etiology or without upper respiratory tract infection symptoms (eg, rhinorrhea, nasal congestion, and/or fever), appropriate diagnostic imaging should be considered on a case-by-case basis.

2

Do not obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated.

The incidence of mental health problems in children has increased in the last two decades, with suicide surpassing homicide as the second leading cause of death in teenagers. Most children with acute mental health issues do not have underlying medical etiologies for these symptoms. A large body of evidence, in both adults and children, has shown that routine laboratory testing without clinical indication is unnecessary and adds to health care costs. Any diagnostic testing should be based on a thorough history and physical examination. Universal requirements for routine testing should be abandoned.

3

Do not order laboratory testing or a CT scan of the head for a patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status.

Children presenting with unprovoked, generalized seizures or simple febrile seizures who return to their baseline mental status rarely have blood test or CT scan findings that change acute management. CT scans are associated with radiation-related risk of cancer, increased cost of care, and added risk if sedation is required to complete the scan. A head CT scan may be indicated in patients with a new focal seizure, new focal neurologic findings, or high-risk medical history (such as neoplasm, stroke, coagulopathy, sickle cell disease, age <6 months).

4

Do not obtain abdominal radiographs for suspected constipation.

Functional constipation and nonspecific, generalized abdominal pain are common presenting complaints for children in emergency departments. Constipation is a clinical diagnosis and does not require testing, yet many of these children receive an abdominal radiograph. However, subjectivity and lack of standardization result in poor sensitivity and specificity of abdominal radiographs to diagnose constipation. Use of abdominal radiographs to diagnose constipation has been associated with increased diagnostic error. Clinical guidelines recommend against obtaining routine abdominal radiographs in patients with clinical diagnosis of functional constipation. The diagnosis of constipation or fecal impaction should be made primarily by history and physical examination, augmented by a digital rectal examination when indicated.

5

Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses.

Viral infections occur frequently in children and are a common reason to seek medical care. The diagnosis of a viral illness is made clinically and usually does not require confirmatory testing. Additionally, there is a lack of consistent evidence to demonstrate the impact of comprehensive viral panel (i.e., panels simultaneously testing for 8–20+ viruses) results on clinical outcomes or management, especially in emergency department settings. Hence, most national and international clinical practice guidelines do not recommend their routine use. Additionally, some viral tests are quite expensive, and obtaining nasopharyngeal swab specimens can be uncomfortable for children. Comprehensive viral panel testing can be considered in high-risk patients (eg, immunocompromised) or in situations in which the results will directly influence treatment decisions such as the need for antibiotics, performance of additional tests, or hospitalization. Testing for specific viruses might be indicated if the results of the testing may alter treatment plans (e.g., antivirals for influenza) or public health recommendations (e.g., isolation for SARS-CoV-2). For more specific recommendations related to diagnosis and management of SARS-CoV-2, please see www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/.

How This List Was Created

The American Academy of Pediatrics Section on Emergency Medicine (AAP SOEM) Committee on Quality Transformation (COQT) assembled a task force to oversee the creation of a Pediatric Emergency Medicine *Choosing Wisely* list. The task force first collected suggested recommendations from a diverse group of ED providers (physicians, nurses, and advanced practice providers) from six academic pediatric EDs to gather an initial list of frequently overused and/or avoidable tests and interventions. Task force members independently scored these items on an anchored rating scale based on each item's frequency of overuse in a typical ED shift, the evidence for lack of efficacy, and the potential harm associated with overuse. The scores were discussed, and consensus was reached for the top 25 ranked items. Next, this list of 25 proposed items was sent to all COQT members in a survey format. The COQT member survey respondents selected which 10 items they believed should be included in the *Choosing Wisely* list. The task force then ranked the selected items based on the frequency of selection by COQT members. The five top-ranked items that were not duplicative of items on other subspecialty *Choosing Wisely* lists were submitted and approved by AAP SOEM leadership. The list of five final items with summary evidence was subsequently forwarded for peer review to relevant expert AAP Committee, Council, and Section leadership. The AAP Board of Directors and Executive Committee granted final approval of this list.

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1

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.



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The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. The AAP Section on Emergency Medicine (SOEM), a group of over 1,900 members, was founded in 1981. The SOEM mission is to sustain, develop, and promote the delivery of optimal emergency care for acutely ill and injured infants, children, and adolescents. The Section envisions: equitable access to emergency care for infants, children, and adolescents; delivery of evidence-guided, safe, and cost-effective emergency care; and development of creative and innovative programs that address the needs of our membership.

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Northeast Georgia Updates

GEDS

The GEDS Observation service line continues to have extraordinary success. FY 2023 saw another double digit growth in patient volumes with a 25% volume growth from FY 2022. Observation services continue to expand protocols and streamline patient care out of the emergency departments making an impact on ED boarding. GEDS observation service line continues to innovate patient care protocols and improve patient length of stay times.

EM Residency

We matched our second class of 12 residents this summer. The residents completed their orientation month including their EMS week with Dr. Ball where they did ropes rescue in the mountains, swift water rescue, tearing apart old cars, and lots of other fun activities. This year our residents started rotating with the pediatric hospital in Augusta alongside the MCG residents. In other news, Dr. Jason Konzelmann was appointed the Director of Administration for our department and will be leading administrative education for the residents going forward. Finally, we're back into interview season and excited with all of the applications we're reviewing and ready to match our third class of residents to finally have a full complement!

NE Georgia Ultrasound

The ultrasound team is currently working on implementing an ultrasound workflow and quality assurance process at the newly acquired Habersham campus.

EMS

Successful implementation of regional EMS protocols and drug formulary. Since the protocols were released two months ago two counties have fully implemented the protocols with the rest of the region reportedly to follow pending staff education and new medication supply chain finalization. It's estimated it will take approx. 1 year to fully implement across the region due to regional variances in transport destinations, educational/QA/QI resources, and finances regarding drug formulary changes.

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Jason Konzelmann, MD, FACEP

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<https://www.geds-emergency.com/>

As we enter the recruitment season for the incoming class of 2024, things at Kennestone are incredible. Thanks to the efforts of Dr. Nitzken, our group of rotating audition students this year is both the largest and strongest we have seen to date. Our volume and acuity continue to grow, and we are as busy as we have ever been. The addition of a surgical residency program moves us closer to our eventual goal of ACS level 1 certification and has greatly expanded our trauma care.

Our new interns are now experienced ED docs and are already stepping up to help manage our patient population – I am continually impressed by the growth they demonstrate in such a short time. And our most recent graduates are excelling in their new roles!

A few updates from some of our sections:

Administrative Fellowship:

Congratulations to Dr. Noohani for another successful year in matching fellows! He has recruited two outstanding candidates who will join us next summer:

- Andrew Smith, DO of Wellstar Kennestone EM Residency class of 2024
- Rawan Osaimi, MD Emory University EM Residency class of 2018

Didactics and Simulation:

We have completed our transition to the new state-of-the-art Simulation Center in the 1800 building near the hospital campus. We are now holding our weekly didactics there, and integrating even more high fidelity hands-on training. As a part of this, I am excited to announce the appointment of our new Director of Simulation, Ryan Brandt. Dr. Brandt joined our faculty in July 2022 after completing his EM residency and Education Fellowship at the University of Florida in Jacksonville. He brings a wealth of education knowledge and innovation, and I am excited about our future simulation plans.

Under Dr. Seals' leadership, our Grand Rounds program continues to expand with high-level invited speakers. Some recent and upcoming presenters include:

- Ovais Inamullah, MD – Wellstar Vascular Neurology
- Brett Morgan, MD – Associate Medical Director of the Georgia Poison Center
- Sudave Mendriatta, MD - Chair of Emergency Medicine, Erlanger Health System
- Alaina R. Steck, MD – Medical Director, Grady Medication-Assisted Opioid Treatment clinic

Clinical updates:

ED volumes continue to grow substantially, and we are on pace to top 140,000 this year. Our integration with the new orthopedic and surgery services has gone very well, and our residents are now an integral part of the multi-disciplinary trauma response team. As expected, their addition has greatly increased both the scope and volume of trauma and orthopedic patients at Kennestone.

Division of EMS:

The Kennestone EMS section continues to expand educational opportunities for our residents in multiple areas including Helicopter EMS in partnership with AirLife Georgia, Community Paramedicine, and Tactical Medicine through Cobb County Fire and Emergency Services. Additionally, as a new experience, medical students are able to participate in ground EMS during their Emergency Medicine rotation. Over the next year we look forward to introducing an Advanced EMS elective for our residents to foster further interest and training in prehospital and disaster medicine.

Division of Toxicology:

The toxicology section recently saw multiple interesting cases involving classic toxins including: A 55 yo healthy female who presented with severe acidosis, seizures, renal failure and cerebral edema, suspected ethylene glycol toxicity.

A 22 yo M presented with extremity paresthesias and an unsteady wide based gait after inhaling up to a liter of nitrous oxide gas daily, obtained from a CBD shop.

We continue to collect data for research projects, including a retrospect review of characteristics of emergency department patients with alcoholic ketoacidosis.

Division of Ultrasound:

The ultrasound section at the Kennestone Emergency Medicine Residency is buzzing with excitement as they embark on new initiatives. Recently, they launched their annual Kennestone Ultrasound Cup, a unique competition that aims to foster ultrasound skills among residents and healthcare providers. This friendly competition encourages participants to refine their ultrasound techniques, promoting a culture of continuous learning and innovation within the department. The Kennestone Ultrasound Cup promises to be an engaging and educational event that not only enhances the skillset of participants but also bolsters the quality of patient care within the emergency department.

In addition to the Ultrasound Cup, the Kennestone Emergency Medicine Residency is gearing up for another major development. Starting on November 1st, they will roll out a system-wide regional anesthesia program. This initiative is set to further enhance the department's capabilities, offering patients improved pain management solutions. By providing residents and medical practitioners with training and expertise in regional anesthesia, Kennestone is taking a significant step toward optimizing pain control and patient comfort across their entire healthcare network. This forward-looking approach demonstrates their commitment to delivering high-quality care and highlights the dedication of the Kennestone Emergency Medicine Residency to staying at the forefront of medical advancements.

That's all from Marietta for now, back to reading ERAS applications....

Ted Stettner, MD

Emergency Medicine Program Director

Kennestone Regional Medical Center

Associate Professor, Augusta University



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