

# EPIC

THE MAGAZINE OF THE GEORGIA  
COLLEGE OF EMERGENCY PHYSICIANS

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Dear Colleagues,

After a demanding winter respiratory season, spring offers a welcome opportunity to reflect on the progress GCEP has made and the work still ahead. Your leadership team and Board have had a productive start to the year, and I want to share a few highlights from the past several months.

At the Capitol, our government relations team, Capitol Strategy Group, has continued to represent emergency physicians effectively, building on last summer's much-needed tort reform signed by Governor Kemp. This session has brought several important wins, including mental health parity legislation, automated credentialing through the Georgia Composite Medical Board, limits on the use of AI in prior authorization and coverage denials, and inclusion of ambulance services as a required benefit

for state-regulated insurance plans. Just as important, our advocacy team has worked hard to stop harmful proposals that would undermine evidence-based care and create new burdens on your ability to care for patients efficiently.

Looking ahead, emergency physician engagement in the legislative and regulatory process remains essential. You have worked too hard to let others define the future of our specialty. Our responsibility to patients extends beyond the bedside to the Gold Dome. I understand how limited your time is; I share the same clinical demands. That is exactly why GCEP depends on engaged members to help advocate for our patients and our profession. Your perspective matters. Whether by building relationships with legislators directly or supporting colleagues who are active in advocacy, your engagement makes a difference.

GCEP is fortunate to be led by an active, thoughtful, and diverse Board. Our members come from academic programs, private groups, rural communities, and major metro systems across Georgia. That breadth of experience helps us better understand the needs of emergency physicians in every practice setting.

This year, we are focused on deepening member engagement by drawing on the Board's leadership, expertise, and frontline insight through an expanding committee structure. In April, we will launch the Medical Directors' Consortium, creating a forum for ED leaders to share knowledge, discuss challenges, and learn from one another. Our Education Committee has launched the GCEP Educator Masterclass Series to strengthen teaching skills and support high-quality education across our specialty. Our Finance Committee is working to ensure that your dues are used strategically and responsibly in support of GCEP's mission. Our Reimbursement Committee continues to address bad payer behavior and advocate for appropriate payment for the care you provide. Our Membership Committee is developing a survey to better understand your needs and identify additional ways GCEP can support emergency physicians and their practices across Georgia. Other committees remain actively engaged on issues that affect our patients, our specialty, and the communities we serve.

GCEP is uniquely positioned to bring together emergency physicians across Georgia to address the challenges specific to our state and our specialty. Thank you for your continued support and engagement. Please do not hesitate to reach out with questions, ideas, or suggestions at [president@gcep.org](mailto:president@gcep.org).

Sincerely,  
Shamie Das, MD, MBA, MPH, FACEP  
President



2026

capitol watch

### The End

**Legislative Day 40 has come to an end and that concludes our 2025 - 2026 legislative term in the state of Georgia.**

**The following report includes key healthcare legislation that passed, as well as carried over from the 2025 session to the 2026 legislative session.**

**To continue reading the final legislative update of passed legislation and defeated legislation, click [HERE](#).**

### NEWS

#### **Gov. Kemp: UCB to Invest \$2 Billion in Georgia, Establish First U.S. Manufacturing Facility**

"Governor Brian P. Kemp today announced that global biopharmaceutical giant UCB, Inc. is planning a significant investment of \$2 billion in Georgia to establish its first U.S. pharmaceutical biologics manufacturing facility. The investment will generate 330 new jobs over the next several years at the Rowen Foundation's state-of-the-art, 2,000-acre science and learning campus in Gwinnett County."

"When we met with UCB leadership earlier this year in Belgium, we discussed how the Peach State would be the right partner for their visionary plans in the U.S. that will benefit both patients and hardworking Georgians," said Governor Brian Kemp. "UCB's announcement is also a significant milestone for our life sciences industry, representing one of the largest investments in state history and establishing both the Rowen facility and Georgia as a true hub of innovation in this field."

"A global biopharmaceutical company based in Belgium, UCB's North American headquarters are located in Smyrna and currently support more than 400 jobs. UCB's expertise spans neurology and immunology."

To read the full press release from Governor Kemp's communications office, click [HERE](#).

#### **Speaker Jon Burns Applauds Priority Passage: Insurance Affordability Reform**

"House Speaker Jon Burns (R-Newington) applauded the final passage of a priority for the 2026 Legislative Session, House Bill 1344, the Georgia Insurance Affordability and Claims Integrity Act. HB 1344 was drafted based on the findings and recommendations of the House Blue-Ribbon Study Committee on Insurance Rates appointed by Speaker Jon Burns and chaired by Rep. Matt Reeves (R-Duluth)."

"Georgia's families, homeowners, drivers and businesses depend on their insurers to help them face life's most difficult moments with confidence and security," said House Speaker Jon Burns. "The passage of the Insurance Affordability and Claims Integrity Act is a direct reflection of the Georgia House's unwavering commitment to making life more affordable and insurance more accessible for the citizens of our great state."

To read the full press release from the House Communications Office of Speaker Burns, click [HERE](#).

### **Speaker Jon Burns Praises Final Passage of Georgia Early Literacy Act of 2026**

"House Speaker Jon Burns (R-Newington) celebrated the final passage of House Bill 1193, the Georgia Early Literacy Act of 2026. Addressing Georgia's third-grade literacy rates is a top priority for Speaker Burns this legislative session."

"Today, the Georgia House took historic, decisive action to get Georgia's Children reading. The passage of the Early Literacy Act of 2026 marks the beginning of unprecedented change and a monumental step forward for every child who steps foot in a Georgia classroom," said House Speaker Jon Burns. "This is just the beginning of a success story that I believe will make a generational difference in the lives of children, families, and our entire state by ensuring every child has the chance to learn to read."

To read the full press release from the House Communications Office of Speaker Burns, click [HERE](#).

### **ELECTION CYCLE 2026**

This past week was qualifying week in the state of Georgia.

Tentative count on qualifying - Democrats have a free ride in 42 state House districts and Republicans have 21. In the Senate, Republicans have free rides in 10 districts, whereas Democrats have 9.

#### **Congressional Candidates**

- With the very large list of candidates qualifying, the qualified candidates spreadsheet is linked [HERE](#).

#### **Governor Candidates**

- Lieutenant Governor Burt Jones (R): Running for Governor.
- Senator Jason Esteves (D): Running for Governor.
- Rick Jackson (R): Running for Governor.
- Representative Derrick Jackson (D): Running for Governor.
- Attorney General Chris Carr (R): Running for Governor.
- Former Atlanta Mayor, Keisha Lance Bottoms (D): Running for Governor.
- Former DeKalb County CEO, Michael Thurmond (D): Running for Governor.
- Former Lt. Governor Geoff Duncan (D): Running for Governor.
- Secretary of State, Brad Raffensperger (R): Running for Governor.
- Clark Dean (R): Running for Governor.
- Gregg Kirkpatrick (R): Running for Governor.
- Ken Yasger (R): Running for Governor.
- Thomas Williams (R): Running for Governor.
- Amanda Duffy (D): Running for Governor.
- Olu Brown (D): Running for Governor.

#### **Lt. Governor Candidates**

- Senator John F. Kennedy (R): Running for Lt. Governor.
- Senator Steve Gooch (R): Running for Lt. Governor.
- Senator Blake Tillery (R): Running for Lt. Governor.
- Senator Josh McLaurin (D): Running for Lt. Governor.
- Senator Greg Dolezal (R): Running for Lt. Governor.
- Former Senator Nabilah Parkes (D): Running for Lt. Governor.
- Representative David Clark (R): Running for Lt. Governor.
- Brenda Nelson-Porter (R): Running for Lt. Governor.
- Takosha Swan (R): Running for Lt. Governor.
- Richard Wright (D): Running for Lt. Governor.

**State Senate Candidates**

- With the very large list of candidates qualifying for all 56 districts, the qualified candidates spreadsheet is linked [HERE](#).

**State House Candidates**

- With the very large list of candidates qualifying for all 180 districts, the qualified candidates spreadsheet is linked [HERE](#).

**Attorney General Candidates**

- Senator Bill Cowsert (R): Running for Attorney General.
- Senator Brian Strickland (R): Running for Attorney General.
- Bob Trammell (D): Running for Attorney General.
- Representative Tonya Miller (D): Running for Attorney General.
- Herbert Adams (D): Running for Attorney General.
- Jennifer Jordan (D): Running for Attorney General.

**Secretary of State Candidates**

- Representative Tim Fleming (R): Running for Secretary of State.
- Gabe Sterling (R): Running for Secretary of State.
- Kelvin King (R): Running for Secretary of State.
- Former State Representative, Vernon Jones (D): Running for Secretary of State.
- Ted Metz (R): Running for Secretary of State.
- Adrian Consonery Jr. (D): Running for Secretary of State.
- Penny Reynolds (D): Running for Secretary of State.
- Dana Barrett (D): Running for Secretary of State.
- Cam Ashling (D): Running for Secretary of State.
- Vernon Jones (R): Running for Secretary of State.

**Resigned Legislators**

- Congresswoman Marjorie Taylor Greene (R): Resigned. Effective on 01/05/2026.
- State Representative Marcus Wiedower (R): Resigned. Effective on 10/28/2025.
- State Representative Shelly Hutchinson (D): Resigned. Effective on 09/05/2025.
- State Representative Dexter Sharper (D): Resigned. Effective on 03/09/2026.
- State Senator Nabilah Parkes (D): Resigned. Effective on 03/13/2026.

**Not Seeking Re-election**

- U.S. Representative Barry Loudermilk (R): Announced he will not seek re-election.
- State Senator Elena Parent (D): Announced she will not seek re-election.
- State Representative Jan Jones (R): Announced she will not seek re-election.
- State Representative Lynn Smith (R): Announced she will not seek re-election.
- State Representative Park Cannon (D): Announced she will not seek re-election.
- State Representative Dewey McClain (D): Announced he will not seek re-election.

**GEORGIA HOUSE STUDY COMMITTEE UPDATE**

- Study Committee on **Cancer Care Access** led by Rep. Lee Hawkins has released its final report. Click **HERE** to review.
- Study Committee on the **Costs & Effects of Smoking** led by Rep. Sharon Cooper has released its final report. Click **HERE** to review.
- Study Committee on **Improving Access to Internal Medicine in Underserved Areas** has released its final report. Click **HERE** to review.
- Study Committee on **Evaluating Funding for Public Health** led by Rep. Darlene Taylor has released its final report. Click **HERE** to review.
- Blue-Ribbon Study Committee on **Insurance Rates** led by Rep. Matt Reeves has concluded. The committee conducted a thorough examination of the insurance industry's rate-setting practices, profit margins, claims processing and regulatory compliance to ensure that Georgia's businesses, citizens and consumers are not being subjected to unjustified rate hikes.
- Blue-Ribbon Study Committee on **Georgia's Medical Marijuana and Hemp Policies** led by Rep. Mark Newton has concluded. The committee evaluated Georgia's current laws, policies and procedures surrounding medical marijuana and other cannabis-derived drugs and hemp products to ensure that there is a level playing field that protects Georgia's families and consumers alike.

To find any bill, go to [www.legis.ga.gov](http://www.legis.ga.gov) and use the search box at the top left of the page. There is also an advanced search option that allows you to find bills by keyword or by the name of the sponsor.

For more information, please don't hesitate to contact our office at 770.435.5586 or reach us via our cell phones.

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**Emory University School of Medicine  
Department of Emergency Medicine**

**Residency News**

The Emory EM team is excited to welcome the Class of 2029 to Atlanta in July 🎉. This will be the residency program’s 52<sup>nd</sup> class.



Congratulations to **Dr. Maurice Selby** and the **Mentoring and Uplifting Students in Emergency Medicine (MUSE)** Program’s 4th year medical students.

Learn more about [MUSE here](#).

- Zoee Castro matched with UCSF Fresno EM
- Cory Gaines matched with Emory EM
- Nii Soja Torto matched with Emory EM

## MATCH DAY 2026

**Congratulations to the Emory EM MUSE  
(Mentoring and Uplifting Students in Emergency Medicine)  
Class of 2026!**





**Zoee Castro**  
Medical School: University of Nevada Reno School of Medicine  
Matched: UCSF Fresno Emergency Medicine

**Cory Gaines**  
Medical School: Western University of Health Sciences College of Osteopathic Medicine of the Pacific  
Matched: Emory Emergency Medicine

**Nii Soja Torto**  
Medical School: Stanford University School of Medicine  
Matched: Emory Emergency Medicine



EMORY UNIVERSITY | Department of  
Emergency Medicine



Emory EM's **Chief Residents for academic year 2026** are (pictured from left to right): **Dr. Kinza Ahmed, Dr. Josue Rodriguez, Dr. Carleigh Schley, and Dr. Harriera Siddiq.** The current chiefs (Dr. Sreevidhya Balasubramanian, Dr. Lucas Bouknight, Dr. Rachel Boxer, and Dr. Marcus Gresham) will serve until August 31, 2025.

Congratulations to Emory EM's PGY3s on their Fellowship Matches and Offers!

**Congratulations to Emory EM's Residents  
on their Fellowship Matches and Offers**

 <p><b>Dr. Rachel Boxer</b> Emory University Department of EM Medical Education</p>	 <p><b>Dr. Jessica Kerstetter</b> Children's Hospital of Philadelphia Pediatric Emergency Medicine</p>
 <p><b>Dr. Taylor Giller</b> Emory University Department of EM EMS</p>	 <p><b>Dr. Shea Sparks</b> Emory University Department of Anesthesiology, Critical Care Medicine</p>
 <p><b>Dr. Marcus Gresham</b> Stanford University Critical Care Medicine</p>	 <p><b>Dr. Michelle Stofberg</b> Emory University Department of EM Global Emergency Medicine</p>


**EMORY**  
UNIVERSITY | Department of  
Emergency Medicine

### Fellowship News

The Emory EM Tox Fellowship's recent graduate **Dr. Matthew Dernbach** received the prestigious **2026 Dr. Charles E. Becker Medal for Outstanding Achievement as a Medical Toxicology Fellow** from the American College of Medical Toxicology and the Medical Toxicology Foundation.

**Dr. Yoonsuk (Yoon) Lee** joined the team in March as an **International Tox Fellow**. Dr. Lee completed undergraduate studies at Emory University and went on to medical school in Korea. His residency was at Yonsei University Wonju Severance Christian Hospital, a regional medical center and Level 1 trauma center.

**Emory EM News**

The team welcomed two new Medical Directors in March. **Dr. Namita Jayaprakash** is leading the Emory University Midtown team and **Dr. Adriana Coleska** joined the Grady leadership team.

**Dr. Alex Isakov** was selected to be a member of the **National Academies of Sciences, Engineering, and Medicine's Forum on Medical and Public Health Preparedness for Disasters and Emergencies**. Expert participants advise the nation on matters of science, engineering, and medicine. Learn more about the committee members [here](#). Dr. Isakov is also a **Top Reviewer/Distinguished Senior Reviewer** for his 18 years of expert peer review with the Annals of Emergency Medicine.

**Emory University Hospital received a Commendation for Heroism** from the Dekalb Police Department for their service to Officer David Rose on August 8, 2025.

The **Southern Region Disaster Response System (SRDRS)** and the Emory Serious Communicable Diseases Program have an upcoming **Project ECHO** for the Region 4 Readiness Program on the **Role of Observation Medicine in Disaster Response**. The session is on May 5 from Noon-1 p.m. [Register here](#).

**Register now for the Frontiers in Advanced Emergency Care Conference in Tbilisi, Georgia on July 17-18, 2026. [Register here](#).**

The third annual Frontiers in Advanced Emergency Care Conference is scheduled for July 17–18, 2026, in Tbilisi, Georgia, at the Sheraton Metekhi Palace. The conference will be held jointly with the Mediterranean Academy of Emergency Medicine (MAEM) Biannual Congress.

Anticipating pre-conference educational events on July 15 or July 16 at local hospitals and universities. The conference will be hosted by Ken Walker International University in partnership with the Georgian Emergency Medicine Physician Association and MENATOX. As in prior years, the program will include rich social, cultural, and networking opportunities, with optional side trips to Kazbegi and Kakheti.

They also plan to offer U.S. based ACCME CME. The scientific program for the Center for Advanced Emergency Care is being led by Dr. Brandon Friedman and Dr. Michelle Stofberg. Alexis Granchi is the conference coordinator. Questions? Email [caec@emory.edu](mailto:caec@emory.edu).

**FRONTIERS IN ADVANCED EMERGENCY CARE & THE MEDITERRANEAN ACADEMY OF EMERGENCY MEDICINE JOINT CONGRESS**

**ABOUT THE CONFERENCE**

- Two tracks: Clinical Toxicology and Advanced Emergency Care
- Showcasing cutting-edge developments and crucial advancements in emergency care
- Questions? Email us at [caec@emory.edu](mailto:caec@emory.edu)

**CREDITS**

- AMA PRA Category 1 Credit(s)<sup>™</sup> is Pending

**July 17–18, 2026**

**Sheraton Grand Tbilisi**  
Metekhi Palace  
20 Telavi Street, Tbilisi, Georgia 0103

**Register Now:**

**COLLABORATORS:**

**KWIU** **GEMPA**

**TRACKS**

- Emergency Care Track
- Clinical Toxicology Track
- Special Sessions
  - Including a special session with OPCW; Diagnosing the invisible: Clinical Approach to Biological Toxin Syndromes

*Social programming to be announced*

<http://em.emory.edu/CAEC>

## Volunteer Opportunities

**The Emory Farmworker Project** takes place each June for one week each in Bainbridge and Valdosta, GA, and in the fall for one long weekend in Bainbridge, GA. If you are interested in participating in the Farmworker program, please email Emilia Grill at [emilia.grill@emory.edu](mailto:emilia.grill@emory.edu).

**Valdosta: May 9-15:** first clinic is on the 9th, last clinic on the evening of the 14th, returning home on May 15.

**Bainbridge: June 6-12:** first clinic on the 6th, last clinic on the evening of the 11th, returning home on June 12.

**Peachtree Road Race:** Are you interested in volunteering to assist with providing medical care in the Peachtree Road Race medical tents?

**Where:** Piedmont Park in Midtown Atlanta (10th Street NE, Atlanta, 30306)

**When:** Saturday, July 4, 2026 from 5 AM to 1PM

### **How to Volunteer:**

1. Register at: <https://atlantatrackclub.volunteerlocal.com/volunteer/?id=110344>
2. Enter the password "medical-em" and sign up under physician

## **Volunteer with the Elementary Pediatric Health Curriculum**

If you're interested in teaching elementary students what it takes to build a healthy life, join the **Elementary Pediatric Health Curriculum** group. Please [sign-up here](#).

## Grants and Publications

Emory EM's [Injury Prevention and Injury Center at Emory](#) will be measuring seat belt use and driver distraction rates in Georgia starting in May. The funding from the Georgia Governor's Office of Highway Safety will provide insight into safe driving behaviors across the state. [Read the Emory News story here](#).

### **Applying the Cardiff Model for Violence Prevention in the US—An Opportunity for Action Now.**

Thomas R. Simon, PhD; **Daniel T. Wu, MD**; Stephen W. Hargarten, MD, MPH, Simon TR, Wu DT, Hargarten SW. *JAMA Intern Med.* Published online March 02, 2026. [doi:10.1001/jamainternmed.2025.7630](https://doi.org/10.1001/jamainternmed.2025.7630)

**Dr. Joe Carpenter**, Hawk KF, Herring A, et al. **Investigator- and Site-Level Outcomes of Participation in an ED-Based Clinical Trial.** *JAMA Netw Open.* 2026;9(2):e2555847.

Doi:10.1001/jamanetworkopen.2025.55847.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2844819#250792530>

**Preprint: Nationwide Descriptive Analysis of Blood Lead Levels in Georgian Children: Insights from the State Program 'Early Detection and Screening of Diseases' (2020–2023).** Sophiko Alavidze\*, Lela Sturua, **Ziad Kazzi**, W. Michael Caudle, Tinatin Manjavidze. doi: 10.20944/preprints202601.1720.v1

**Bone Marrow Colony Stimulating Factors (CSF) and Stem Cell Therapy as Medical Countermeasures (MCM) for Treatment of Hematopoietic-Acute Radiation Syndrome: A Systematic Review.** Bogis A, Pulver S, Charp P, Wills E, **Kazzi Z**, Buzzell J, Prasher JM, Chang A.. *Disaster Med Public Health Prep.* 2026 Feb 9. DOI: [10.1017/dmp.2025.10061](https://doi.org/10.1017/dmp.2025.10061)

**Health Care Systems: Responsibilities and Resilience.** Iddins C, **Kazzi Z**, Chang A, Studer NM, Jeng J, Jakubowski A, Ahmed I, Case C Jr, Ervin M, Loelius SG, Ross J, Gill J, Chao N. *Disaster Med Public Health Prep.* 2026 Feb 6;20:e31. DOI: [10.1017/dmp.2025.10052](https://doi.org/10.1017/dmp.2025.10052)

**Grants and Publications (cont'd)**

Hospital CBRN preparedness in Lebanon: a modified Delphi-based assessment tool. Hitti E, El Zahran T, Chamandi G, Kazzi A, Jabbour R, Bazarbachi N, Azar E, **Kazzi Z**. Emerg Med J. 2026 Mar 4:emermed-2025-215417. doi: 10.1136/emermed-2025-215417. PMID: 41781203

Comparing intentional and unintentional poisoning among patients presenting to the emergency department at a tertiary care center in Lebanon: A retrospective descriptive analysis. Barakat A, Salam Y, Oueidat N, Saifi Z, Tamim H, **Kazzi Z**, Hitti E, El Zahran T. PLoS One. 2026 Feb 23;21(2):e0342694. doi: 10.1371/journal.pone.0342694. eCollection 2026. PMID: 41729913

JACEP Open: "Leveraging Observation Units for Disaster Response: Cases of Efficient Care Delivery in Disaster Incident." Here is the link for DCOM protocols. **Iyesatta M. Emeli MD, MPH**, Mallika Singh MD, **Esther Hwang DO, MPH**, **Irfan Husain MD, MPH**, Christopher Caspers MD, MBA, **Alexander Isakov MD, MPH**, **Michael A. Ross MD**.

The Emory EM team hopes everyone has a happy and healthy spring!

## 2026 Spring MCG Update

MCG had an excellent match, and we are very excited to welcome 14 new EM1s to Augusta this summer.



### Honors and Publications

- 2026 has also seen chief resident **Dr. Gabby Weston** inducted into Gold Humanism Honor society.
- 3rd year resident **Dr. Claud Bugheni** and faculty member **Dr. Vijay Reddy** had a case report published in Cureus in December 2025.
- Also publishing work was chief resident **Dr. Gabby Weston** and faculty member **Dr. Brad Golden** with a case report published in Cureus in February 2026.

### Post-Residency Assignments

All 8 Army EM3 residents recently found out their post-residency assignments both nationally and internationally, and all 8 received either their first or second choice. We are sending graduates to Alaska, Germany, and many places in between. The 6 civilian EM3s have all signed contracts for jobs after residency, with 5 of them staying in the state of Georgia - including 2 of the inaugural Peach State scholars going to work in Tifton and Swainsboro.

JR Barrett, MD, FACEP  
Associate Professor, Department of Emergency Medicine  
Program Director, Emergency Medicine Residency  
Wellstar MCG

## Wellstar Kennestone Emergency Medicine Update

### Celebrating Excellence and Innovation

#### SonoGames 2026

Get ready to cheer on our ultrasound team! Wellstar Kennestone will be fielding a team for **SonoGames** at the upcoming SAEM conference in Atlanta. The team is led by our Ultrasound Director, **Dr. Jordan Leumas**, and features representatives from every PGY level:

- **Sumeja Aljic** (PGY-3)
- **Hailey Vietti** (PGY-2)
- **Mandeville Sofer** (PGY-1)
- **Rebecca Harrison** (PGY-1)

#### Leadership in the Spotlight: Upcoming Presentations

We are thrilled to announce that our new program director, Dr. Juron Foreman, will be sharing his expertise at the **Coastal Emergency Medicine Conference** at Kiawah Island. Dr. Foreman is scheduled to deliver a talk on **Thrombocytopenia**, continuing our program's tradition of leadership in clinical education.

Additionally, **Brian Goldstone, DO, NRP** (PGY-2) will be representing the Wellstar Kennestone Emergency Medicine Residency on the national stage. Dr. Goldstone will be delivering a podium presentation at the **Special Operations Medical Association (SOMA) conference** this April.

- **Title:** "Operational Evaluation of a Novel Flowable Hemostatic Adjunct in Prehospital Trauma: A 17 Case Initial Review"
- **Presenter:** Brian Goldstone, DO, NRP, PGY-2
- **Role:** Asst. Medical Director – Marietta Fire Department

We are incredibly proud of Dr. Goldstone's dedication to advancing prehospital trauma care and his commitment to scholarly excellence.

#### Upcoming Resident and Faculty Presentations

Our residents continue to make significant contributions to the field of Emergency Medicine through upcoming regional and national presentations:

- **SAEM26 (Atlanta): Dr. Paige Yeager** will present her abstract, "Prehospital Blood Administration and Early Physiologic Response." A special thank you to **Dr. James Infanzon** for his guidance as her preceptor.
- **UGA Outreach: Dr. J'Lynn Lewis** has been selected to return to her alma mater, the University of Georgia, to present on substance abuse from the perspective of an EM physician. This achievement follows her significant contributions to GCEP this year.

## Recent Scholarly Achievements

We celebrate the recent success of **Dr. J'Lynn Lewis (PGY-2)**, who presented her abstract at the **American College of Medical Toxicology (ACMT) Annual Conference** on March 20.

- **Title:** "Severe Hyperchloremic Metabolic Acidosis Following Ornithine Supplement Ingestion"



## Wellstar Trauma Symposium at Mercedes-Benz Stadium

Our faculty and residents were prominently featured at the **Wellstar Trauma Symposium** held at Mercedes-Benz Stadium on March 23. Key lectures included:

- **Dr. Derrick Ashong:** "The Deadly Diamond of Trauma"
- **Dr. Rich Kleiman:** "Tox and Trauma"

Thank you to all our presenters for their continued leadership and for sharing their expertise with the broader medical community.

## Looking Ahead:

### Welcoming Our Newest Residents

As we celebrate our current achievements, we also look toward the future of our program.

**We are excited to introduce our next intern class, who will be joining the Wellstar Kennestone family starting July 1, 2026!**

**WELLSTAR KENNESTONE GRADUATE MEDICAL EDUCATION**  
**EMERGENCY MEDICINE RESIDENCY PROGRAM**  
 2026 National Resident Matching Program Results

JOINING OUR TEAM!

JULY 2026

			
<b>Bradley Adcock, DO</b> Campbell University Jerry M Wallace School of Osteopathic Medicine	<b>Mariah Blanks, DO, MS</b> Philadelphia College of Osteopathic Medicine	<b>Linley Dunn, DO, MMS</b> Lincoln Memorial University DeBusk College of Osteopathic Medicine	<b>James Gardner, MD, MPH</b> Medical College of Georgia at Augusta University
			
<b>Troy Henley, DO, BS</b> Kansas City University College of Osteopathic Medicine	<b>James Jonathan MD, BA/BS</b> University of Tennessee Health Science Center College of Medicine	<b>James McClellan, MD, BS</b> Medical College of Georgia at Augusta University	<b>Stacy Nguyen, DO, BS</b> Edward Via College of Osteopathic Medicine-Carolinas Campus
			
<b>Neel Patel, DO, BS</b> Michigan State University College of Osteopathic Medicine	<b>Lauren Segal, DO, BA/BS</b> Philadelphia College of Osteopathic Medicine	<b>Douglas Taylor, DO, BS</b> Philadelphia College of Osteopathic Medicine	<b>De'ja Tufan, DO, BA/BS</b> AT Still University Knoxville College of Osteopathic Medicine




## The Rise of “Gas Station Drugs” in the Emergency Department

Sahar Almansoori MD, Jessica Sheno MD, Emily Kiernan DO  
Emory University School of Medicine Medical Toxicology  
Georgia Poison Center

Emergency physicians are increasingly encountering patients who use unregulated psychoactive substances purchased from gas stations, smoke shops, and online retailers. These products are frequently marketed as dietary supplements, mood enhancers, energy boosters, or pain relievers. However, many of these agents have significant abuse potential and clinically important withdrawal syndromes that mimic well-known toxicologic or psychiatric conditions.

Because these substances are not consistently regulated, their labels are often misleading, contents variable, and risks underrecognized by both patients and clinicians. This creates a diagnostic challenge in the emergency department (ED), where patients may present with severe physiologic dependence on agents that they do not perceive as “drugs.”

### Case Presentation

A 48-year-old woman presents to the ED with three days of worsening diffuse muscle pain, spasms, diarrhea, vomiting, and anxiety. She reports long-term use of an “unknown pain medication” purchased from gas stations and online vendors over the past seven years. She stopped abruptly several days ago after running out of the product.

Her vital signs are HR 112, BP 131/85 mmHg, RR 15, and spO<sub>2</sub> 99% on room air. Physical examination shows a diaphoretic female who appears anxious and uncomfortable with an active tremor. Her laboratory workup is unremarkable.

What agent could she have been taking?

### Substance #1 - Tianeptine (AKA “Gas Station Heroin”)

**What is it:** Tianeptine is an atypical antidepressant that is increasingly being sold as a supplement under names like ZaZa, Tianna Red, Pegasus, Red Dawn, TD Rd, or Neptune’s Fix. It is often marketed as a “research chemical” or “nootropic agent” and is sold in gas stations, convenience stores, vape shops, and online. Although it has been marketed as a prescription antidepressant drug in Europe, Latin America, and Asia, with trade names such as Coaxil, Stablon, Tatilon, it is not FDA-approved in the US and is often used recreationally (1).



**Recent Trends:** Poison center (PC) data has shown an increase in calls related to tianeptine use. To put this into perspective, from 2000 to 2013, PCs received 11 calls related to tianeptine compared to 151 calls in the year 2020 alone. Despite statements released by U.S. Food and Drug Administration (FDA) in November 2023 warning consumers about purchasing tianeptine-containing products, they are still widely available, remain unregulated, and often perceived by the public to be “supplements” (2).

**Mechanism of Action:** Tianeptine's mechanism of action was previously thought to be due to its ability to enhance the concentration of serotonin in the synapse due to its structural similarity to tricyclic antidepressants. However, more recent literature suggests glutamate modulation as its antidepressant effects. Tianeptine is thought to exert opposing effects on N-methyl-D-aspartate (NMDA) and aminomethylphosphonic acid (AMPA) receptors by stabilizing glutamatergic signaling. Interestingly, it also has full mu-opioid agonist properties as well as weak delta-opioid agonist properties. This alternate mechanism also triggers downstream glutamatergic signaling, which enhances Tianeptine's effects. Additionally, at high doses, dopamine is released, triggering an opioid-like euphoric effect (1).

**Dose and Toxicokinetics:** In countries where tianeptine is used therapeutically, doses range from 25 to 50 mg/day. In the United States (US), recreational use is reported at doses 100 times higher (up to 4000 mg/day). The most common route of ingestion is oral but intravenous and inhalational routes have been reported. It has high oral absorption and is highly protein bound, making it non-dialyzable. It undergoes hepatic metabolism to produce 2 metabolites MC3 and MC5, the latter of which is an active metabolite equivalent to the parent drug. Tianeptine is cleared renally and has a half-life of about 2.5 hours (1)(3).

**Range of Toxicity:** Tianeptine's produces opioid-like toxic effects. It is often taken in conjunction with other agents to temper the effect of the other substances. In acute toxicity, CNS and respiratory depression, similar to opioids, is observed. Tianeptine withdrawal presents similarly to opioid withdrawal. Symptoms include diaphoresis, chills, muscle aches, rhinorrhea, lacrimation, nausea, vomiting, diarrhea, abdominal cramping, anxiety, agitation, mood changes, cravings, tachycardia, and hypertension. Many patients use tianeptine to self-medicate for opioid use disorder, transitioning their dependence to tianeptine (1)(2).

**Management:** Current evidence is based on case reports and poison center data so evidence-based strategies have not been established.

- Overdose:
  - Treatment is similar to opioid overdose, focusing on oxygen and ventilation support.
  - Naloxone may help with respiratory depression, however, some patients had no response.
- Withdrawal:
  - Treatment is similar to opioid withdrawal
    - Supportive care: fluids, antiemetics, benzodiazepines, clonidine, non-opioid analgesics.
  - Tianeptine use disorder has been treated with methadone or buprenorphine.

Patients often clinically improve within 24-48 hours although there have been rare reports of death in overdoses (1).

## **Substance #2 - Kratom (Mitragnya speciosa)**

**What is it:** Kratom (*Mitragnya speciosa*) is a tropical evergreen tree, native to Southeast Asia, used for centuries for its psychoactive and medicinal properties. In the US, kratom products have become a rapidly growing commercial market of powders, pills, gummies, and energy shots that can be sold in gas stations, smoke shops, and online. Unlike traditional low concentration preparations, these new commercial products are often available in high concentration products or products that are "enriched with kratom alkaloid isolates," particularly **7-hydroxymitragynine (7-OH)**, which are distinct from their natural leaf preparations. Kratom has become the new kid on the block as a readily available gas station drug with significant misuse and dependence potential (4)(5).



**Recent Trends:** The Centers for Disease Control and Prevention (CDC) published a report in March 2026 highlighting the significant increase in kratom-related reports to PCs. Based on data analyzed from 2015 to 2025, cases increased 1200% in 2025 compared to 2015. Males accounted for the majority of kratom-associated cases (range of 65-76%). Alarming, 50% of patients required hospitalization, while 60% of cases resulted in serious medical outcomes (4).

**Mechanism of Action:** The primary alkaloid found in kratom leaves is mitragynine, which has partial mu-opioid agonist properties at mu and delta opioid receptors. Mitragynine is metabolized to a far more potent active metabolite, 7-OH. Mitragynine and the other alkaloids present in kratom have variable affinities for opioid, serotonergic, and adrenergic receptors. At low doses (1-5g), it has stimulant-like properties, while in high doses (10-15g) it has more sedative and analgesic properties. Of note, mitragynine appears to interfere with rectifier potassium currents, increasing the risk of cardiac arrhythmias. In the US, there is a recent emergence of synthetic concentrated 7-OH products which are more potent than prior kratom products on the market (6).

**Dose and Toxicokinetics:** There is no standardized or FDA-approved therapeutic dose for kratom or kratom-containing products. Products formulations and concentrations vary, and a clear toxic dose has not been determined. In general, people who use kratom consider > 5 gram as a high dose and >3 doses per day is considered moderate to heavy use. Animal models have shown that mytragynine and 7-OH are rapidly absorbed orally and are moderately protein bound (73%). Mytragynine is thought to mainly undergo hepatic metabolism. Studies have shown that mytragynine is only minimally excreted in urine indicating that renal excretion is not a significant route of excretion (6).

**Range of Toxicity:** Due to kratom's numerous interactions with opioid, serotonergic, and adrenergic receptors, we can expect several clinical effects. As mentioned previously, in low doses (< 5 gram), it produces more stimulant-like effects such as agitation, tachycardia, nausea, and even seizures. In higher doses (>10 grams), it produces opioid-like effects, with CNS and respiratory depression. In chronic kratom use, abrupt discontinuation can result in an opioid withdrawal-like syndrome with irritability, anxiety, myalgias, gastrointestinal symptoms, and insomnia (5)(6).

**Management:** Current evidence is based on case reports and poison center data so evidence-based strategies have not been established.

- Overdose:
  - Treatment is similar to opioid overdose, focusing on oxygen and ventilation support.
  - Naloxone may help with respiratory depression, however, some patients had no response.
  - Benzodiazepines can be used for seizures and agitation.
  - Standard ACLS protocol should be followed for arrhythmias.
- Withdrawal:
  - Treatment is similar to opioid withdrawal
    - Supportive care: fluids, antiemetics, benzodiazepines, clonidine, non-opioid analgesics.
  - Kratom use disorder has been treated with methadone or buprenorphine (6).

### Substance #3 - Volatile Inhalants/Nitrites (“Poppers”)

**What is it:** Nitrites are volatile inhalants that are used recreationally. The most common agent is amyl nitrite, but other volatile agents can be found in household products like air fresheners include butyl and cyclohexyl nitrites, which are esters of nitrous acid. They have many trade names including Rush, Super Rush, Jungle Juice, Locker Room, Sub-Zero, Iron Horse, Pig Black, Quick Silver (7)(8).



**Recent Trends:** In 2024, the National Survey by Substance Abuse and Mental Health Services Administration showed that 0.7% of adults aged 26+ used inhalants but **3.7% of adolescents aged 12-17** reported use. This highlights a significant concern for the younger population, likely due to ease of accessibility (7)(10).

**Mechanism of Action:** Nitrates increase the concentration of nitric oxide in vascular smooth muscle leading to stimulation of guanylyl cyclase, increased cGMP, myosin light chain kinase activation, and smooth muscle relaxation. The clinical effect is vasodilation (9).

**Dose and Pharmacokinetics:** The minimum toxic dose is variable and difficult to determine. Case reports of amyl nitrate ingestion indicate that 10ml has produced methemoglobinemia, while inhalation of 5 to 10 drops caused significant symptoms due to vasodilation. There have been reports of death due to both ingestion and inhalation of these agents. The toxicokinetics of these agents are poorly understood but it is believed that they undergo hepatic metabolism and are partially excreted renally (9).

**Range of Toxicity:** The goal clinical effects is euphoria and smooth muscle relaxation. However, typical symptoms include severe headaches, hypotension, and syncope from rapid vasodilation. In severe cases, nitrates induce methemoglobinemia. A rare finding in inhalant users is “popper’s retinopathy/maculopathy,” presenting with bilateral, symmetrical central field loss with preservation of peripheral vision. No true withdrawal syndrome has been reported (8)(9).

**Management:** Treatment consists of supportive management and hemodynamic support. This may include IV fluids or vasopressor support depending on clinical severity. In case of methemoglobinemia, methylene blue is the first-line treatment (9).

#### **Substance #4 – Phenibut**

Fun space fact! This agent was included in Soviet Cosmonauts’ medical kits.

**What is it:** Phenibut (beta-phenyl-gamma-aminobutyric acid) is a synthetic GABA analog used for anxiolysis and cognitive enhancement. It is not approved by the US FDA. Phenibut was developed in the early 1960s in the Soviet Union as an anxiolytic and nootropic (substances that improve cognitive function). Phenibut is used recreationally or as a dietary supplement in the US (particularly in the bodybuilders). It can be easily purchased from gas stations, retail stores, or online suppliers (11).



**Recent Trends:** CDC published a report in 2020 that showed a sharp increase in cases of phenibut misuse from 2009 and 2019, likely due increased availability of phenibut products in online retailers making it more accessible (11).

**Mechanism of Action:** Phenibut is a GABA-B receptor agonist (similar to baclofen) in the brain, spinal cord, and autonomic nervous system. Due to its structure, it is able to go through the blood-brain barrier. Additionally, phenibut also has actions at GABA-A, dopamine receptors, and calcium channels. Phenibut, gabapentin, and baclofen have similar structures, but phenibut is 30 times less active than baclofen (12)(13).

**Dose and Toxicokinetics:** Although standardized therapeutic doses do not exist, a dose of 250-500 mg, three times a day (maximum daily dose of 2500 mg) have been reported. However, intoxication has been reported in patients who took 1000 mg. Reports of toxicity occurred in doses as low as 3 g/day for four days, and as high as a single 30 g dose. Agitation and delirium have also been reported with acute ingestions of 25-75 g. It minimally undergoes hepatic metabolism and is excreted renally (14).

**Toxicity & Withdrawal:** Phenibut intoxication can present with sedation, decreased consciousness, agitation, confusion, delirium, and psychosis. Severe poisonings can progress to coma and respiratory depression. Intoxication usually resolves within hours to days although it depends on the dose ingested. However, recovery from the sequelae of poisoning may still take weeks or months. Phenibut withdrawal symptoms mimic benzodiazepine withdrawal and can often be severe and potentially life-threatening (15)(16).

**Management:** Current evidence is based on case reports and poison center data so evidence-based strategies have not been established.

Toxicity:

- Treatment should focus on oxygen and ventilation support. Intubation may be required.

Withdrawal:

- The mainstay of treatment includes GABA-B (baclofen) and GABA-A agonism (benzodiazepines, phenobarbital) (15)(16).

*Case Conclusion: What Did This Patient Take?*

Going back to our case, let's highlight some key features of her reported history and exam:

- Substance with chronic daily use potential
- Access via gas station/online sources
- Symptoms present shortly after cessation of substance use
- **Opioid-like withdrawal syndrome**

After considering the substances we explored, you strongly suspect the mystery substance to be either **tianeptine** or **kratom**. You decide to treat the patient's symptoms with supportive care with IV fluids, benzodiazepines, antiemetics, and analgesics. The **Poison Center** agrees with your assessment and advises to watch out for a withdrawal syndrome and discuss this with her when she improves. On reassessment, the patient is feeling much better. She miraculously remembers the name of the substance she was taking and states she has been taking **ZaZa (tianeptine)**. She was admitted to the clinical decision unit in the ED and gradually improved. She was discharged the next day after being provided with education about gas station products and their potential harms.

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## “Getting Smart with MART”

**Thomas Menk, MD**

In 2023, the Global Initiative for Asthma (GINA) recommended a large change in how we manage asthma. The goal being to switch from multiple inhalers to a single maintenance and reliever therapy (MART). But why did they do this?

Well for starters, it works! Studies have shown that MART therapy helps reduce the number of severe exacerbations and ED visits across all levels of asthma severity when compared to previous therapies of a separate inhaled corticosteroid and short acting beta-agonist.<sup>1,2</sup> Add in that MART makes patients' lives easier by reducing the number of inhalers they have and it seems like a no brainer!

Most commonly for MART therapy, patients are prescribed a combined formoterol/budesonide inhaler. But wait, formoterol is a long-acting beta agonist, won't it take a while to kick in? Nope! Not only can formoterol last up to 8 hours longer than albuterol, but its onset of action is also about 3 minutes, ~2 minutes faster than albuterol. So, the formoterol works quickly and provides longer effects, giving time for the budesonide to decrease the inflammation in the lungs.

Ok so we have a medicine that is easier for patients and works faster, longer, and better than our traditional therapies, but how do we prescribe it? The two tables below provide our summarizations of GINA recommendations on how to classify your patient based on symptoms and age (table 1) as well as what to prescribe them (table 2). In this table, we discuss budesonide/formoterol dosing. Please follow this [link](#) for complete GINA recommendations and other medication options.

Table 1. Defining asthma “severity”

GINA Step	Ages 6-11	Ages 12+
Step 1	Symptoms less than twice a month	Symptoms less than 4-5 days a week
Step 2	Symptoms twice a month or more but less than daily	Same as step 1
Step 3	Symptoms most days, or waking with asthma once a week or more	Symptoms most days, or waking with asthma once a week or more
Step 4	Step 3 symptoms AND low lung function	Step 3 symptoms AND low lung function
Step 5	Persistent or uncontrolled symptoms despite Step 4 treatment	Persistent or uncontrolled symptoms despite Step 4 treatment

Table 2. Treatment Recommendations

GINA Step	Ages 6-11 years	Ages 12+
Step 1	Rescue only: Low dose ICS taken whenever SABA taken	Budesonide/formoterol 160/4.5 1 puff PRN**
Step 2	Daily low dose ICS with SABA rescue (same as current therapy)	Same as above
Step 3	Budesonide/formoterol 80/4.5 1 puff daily + PRN*	Budesonide/formoterol 160/4.5 1 or 2 puffs BID + PRN**
Step 4	Budesonide/formoterol 80/4.5 1 puff BID + PRN*	Budesonide/formoterol 160/4.5 2 puffs BID + PRN**
Step 5	Consider specialist evaluation	Consider specialist evaluation

\*8 total daily puffs maximum

\*\*12 total daily puffs maximum

For all exacerbations using budesonide/formoterol, take 1 puff at symptom onset. Can repeat q3min up to 6 puffs at a time. Total puffs not to exceed daily maximum

Abbreviations: ICS = inhaled corticosteroids, SABA = short-acting beta agonist

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