

Emergency Department Update

Friday, June 10, 2022

Issue # 115

GENERAL

SECURITY

- Last week a patient threw the metal detector as they left the department. Facilities has determined it needs to be replaced
- A new metal detector has been ordered
- In the meantime, cadets will be hand wandering patients and visitors as they enter the department. Visual bag checks will continue as usual
- We are in the initial stages of planning to install an x-ray machine in the ED Lobby entrance. Hospital architects will be submitting permit applications for the work soon
- **CPI Instructors**—as part of the security plan for the hospital CPI classes will be resuming. We need instructors! If you are interested in becoming a certified CPI instructor and training ED staff and other hospital staff in CPI reach out to the nurse managers and let them know.

STAFF CASES

- 22 new DPH staff positive cases yesterday 6/09
- Please wear your mask around other staff and always use minimum PPE required for patient contact (N95 and eye protection)
- Be smart about break times and eating/drinking. There are picnic tables in the ambulance bay and the cafeteria is accessible 24/7 via the badge access door at the back of the dining room.

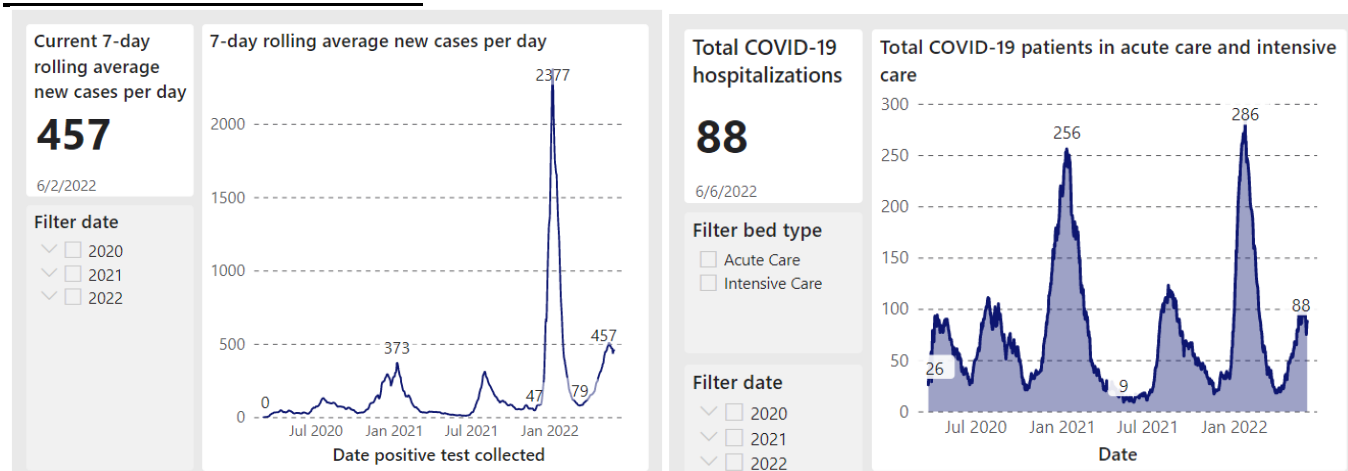
SELF-SCREENING

- There is a new online [form](#) to contact Occupational Health Services (OHS) if employees have had a COVID-19 exposure, are experiencing symptoms, or have tested positive
- The online form is the preferred route to contact OHS due to the call volume they are receiving; however, if you are unable to fill out the online form you may still call the Hotline directly and leave a message and OHS staff will call you back, 628-206-4100.

HOSPITAL SURGE LEVEL

- As of, Friday, June 10, 2022 we have **28** COVID positive hospitalized patients at ZSFG putting us at a Hospital Surge Level of **YELLOW**

COVID-19 CITY WIDE DATA



Last week's number: 475

Last week's number: 98

EQUIPMENT, SUPPLIES, PRODUCTS

BELMONT

- The Belmont is out on the floor and in service
- If you are Resus trained and haven't been in-serviced, please seek out the ED Nurse Educators or Super-Users for in-servicing
- We are down to the last few sets of tubing for the Level-1's. We will continue to obtain additional supply of Level-1 tubing as well, but as of now the manufacturer is not able to provide any

SUPPLIES BACKORDERED

- Hotline tubing
- Light green blood collection tubes
- IV Contrast

RESUS 6 BOOM

- Estimated are being obtained to replace the monitor arm of the boom

PPE

- Most PPE stable—Moldex medium and large are on back order
 - If you use Moldex and are not already fitted for another brand of N95, please get fit tested for alternative N95

MEDICAL EQUIPMENT ISSUES

- A reminder to please red tag and medical equipment that is not

EDUCATIONAL OPPORTUNITIES

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

Huge thanks to one of our Pediatric Champions for bringing up this week's topic-- **high flow nasal cannula oxygen** (HFNC) use in peds. HFNC is an absolute *lifesaver* in pediatrics, where much critical illness/cardiac arrest are from respiratory etiologies. Here are some Pearls I have to share with you:

- The rate is **0.5-2 L/kg/min**, adjusting to the patient's respiratory status.

- To that end, it's important to pre-define your goal(s) with HFNC: decreased work of breathing, respiratory rate, ability to PO, improved oxygenation, improved mental status, etc. For example, in bronchiolitis specifically, you are *unlikely* to significantly decrease visible work of breathing, although the child actually is better overall.
- If *oxygenation* isn't the primary problem (mucus plugging/poor flow is the significant issue in bronchiolitis and many other lower respiratory tract infections), starting **FiO2** may be **0.21-0.3**. If the child is hypoxic or peri-arrest, you may consider initiating at 0.8-1.0.
- Kids will likely *freak out* initially. I ask parents to please give me 15 minutes on HFNC before we say the kid couldn't tolerate and call it quits; **vast majority of children will settle out after 15 minutes** and will not require sedation or discontinuation of HFNC.

I hope this helps! Please feel free to check out [this recent review](#) on pedi HFNC use for more info. As always, hit me up with any questions, comments, cases, or feedback!

ACLS-BLS CERTIFICATION

Please use the QR Code below to sign up on Eventbrite in advance to complete your online exam prior to coming to the skills session.



American
Heart
Association®



Eventbrite ACLS-BLS-PALS
Sign-up

CELEBRATIONS/ANNOUNCEMENTS

CELEBRATIONS

Send me your celebrations (david.staconis@sfdph.org) that you would like included in the ED Updates and I will share them here.

Thanks to **Carmen Urbina, MEA** and **Veronica Pitteard, MEA** for doing a great job cleaning up Pod B. ~**Floyd Frazier, Charge Nurse**

We will have several new faces in the department next week. **Michelle Cardarelli, MEA** is reassigning from the outpatient clinics. We have some new registry MEA and PCAs beginning next week. Please welcome **Africa Bennett, PCA**; **Desiree Brown, PCA**; **Gerald Vallarta Tejada, PCA**; **Hardeep Kaur, MEA**; **Phuong Yen Du, MEA**. We also have three new travel RNs starting with us next week, please welcome **Katie Kafami, RN**; **Kenneth Cortes, RN**; and **Scott Moore, RN** ~**Dave Staconis, Nursing Director**

Shoutout to **Juan Castaneda, RN** for being a great Pod A Team Lead the night of 6/8. Juan is always "let's make it work" kind of person who sees the big picture of the department and yet still connects one on one with the patients. And the rest of Pod A that night, y'all worked hard, good shift! ~**Greg Andrews, RN**

Gabe Westheimer, NP was celebrated by a patient he had seen recently in a glowing letter describing Gabe's excellent care. In part the patient wrote, "Gabe treated my injuries with high professionalism, and minimized the excruciating pain I was experiencing." The patient went on to write, "I have nothing but praise for NP Westheimer, and would suggest that he deserves a promotion, or raise, or special recognition for his stellar medical service." The patient sent the letter to our CEO Dr. Susan Ehrlich and she passed it along to Gabe with a kind inspiring note as well. Nice job Gabe!

I'd like to give a shout-out to night **Selina Senel, RN** for completing Pod A Team Lead training (5/31). She rocked it! She's a natural facilitating flow of the department and being a resource for the rest of the team. ~**Kelley Cain, RN** The accolades don't stop there **Rob Alvernaz, Charge Nurse** on this shift also sent a celebration-Great job **Selina Senel, RN** on your first solo shift as Pod A Team Lead. **Dr. Tabas** also complimented how well you handled difficult situations!

Kudos to **Kathleen Pelletier, RN** for recognizing a rapidly decompensating patient in Pod C!
~**Rob Alvernaz, Charge Nurse**

Laura Grant, RN; Mellissa Phillippe, RN and **Dr Rachel Chen** did an awesome job with the waiting room on 05/22. They started with 38 pts and eventually got us down to only 5 patients waiting. ~**Floyd Frazier, Charge Nurse**