

# Emergency Department Update

Friday, May 12, 2023

Issue # 143

## GENERAL

- All Taxi Vouchers are available through the ED SW, even for boarding admitted patients that are being discharged.
- The bilingual test dates are as follows for June -ZSFG
  - Spanish: 6/7/2023
  - Cantonese/Mandarin: 6/27/2023
  - Tagalog: TBD – please contact nurse manager if you would like to take this test
- All labs being sent to the DPH lab, mainly the Gonorrhea and Chlamydia urine or swabs, need the paper requestion sent with the sample. Additionally, swabs need source location written on the label adhered to the sample container. Some samples have been discarded as they aren't being labeled correctly or are missing a requisition. Lastly, if sending a urine, please ensure the fill level is within the window and between the black lines.
- Please do not discard the red Bio Bags in the dirty laundry Bin. If there are items that are contaminated, please put in the Red Bins that are located in the Soiled utility area.
- If you are the Scribe RN in a 911/900, please order the Standard Procedure (SP) 911/900 Order Panel as soon as the chart is available ideally before the patient arrives. The SP contains the FAST order and allows for the ultrasounds to be saved and transferred to the chart.
- Visitor Policy for the ED is 1 visitor per patient unless they are PEDS which can have two. Our visiting policy is different than the floor which allows multiple visitors.
- Blue Pill cutters are for single patient use. Please do not reuse these for multiple patients. There is the potential for cross contamination of medication.
- Please remember your 5 patient rights when giving meds. Right patient, Right drug, right time, right dose and right route. Also, if you are the verifying RN for a medication that requires a "Dual Signoff" please make sure you **are independently verifying** and signing off on the 5 patient rights of medication as well.
- Please remember to use your Barcode scanning in EPIC prior to giving any medication. This will help reduce any medication errors.

## EQUIPMENT, SUPPLIES, PRODUCTS

- IV start kits: No ETA
- Vial-mate adapter: No ETA
- Suture Ethilon 3: ETA 6/30
- Atomizer 300: ETA 6/12

- Syringe 3ML 22g: ETA 5/15
- Blue tourniquet should be back in stock

## EDUCATIONAL OPPORTUNITIES

### PEM PEARL #1

Dina Wallin, MD, FACEP, FAAP

A dreaded complication of acute otitis media (AOM) is **acute mastoiditis**. Although mastoiditis is rare (complicating 0.004% of AOM cases), we don't want to miss the diagnosis, as it can lead to intracranial abscess, venous thrombosis, and other badness. **CT** is our gold standard (ideally with contrast, although noncon is also helpful) for diagnosis, and a [recent study](#) compared clinical features, labs (WBC and CRP), and CT for accuracy in diagnosis of mastoiditis.

Interestingly, **clinical features showed the best odds ratios for diagnosis, followed by CT**. Lab values were not significantly useful.

- **Protrusion of the auricle**: OR 8.42
- **Otalgia**: OR 5.01
  - *I find this one a bit challenging, because AOM will have otalgia too...*
- **Hyperemia** of skin overlying mastoid: OR 4.07
- **CT**: OR 3.09

So, I don't think we're yet in a place where we would fully include or exclude the diagnosis without a CT with moderate-high suspicion, BUT this study was helpful. If a kid has protrusion of the auricle and/or hyperemia of the mastoid, along with otalgia, one may consider calling ENT prior to obtaining imaging. Likewise, if a patient has neither protrusion nor otalgia nor hyperemia, their odds of mastoiditis are quite low and we may be able to avoid a CT with clear return precautions and close follow-up.

(FYI: If mastoiditis is diagnosed, [UCSF IDMP](#) recommends **ampicillin-sulbactam** and **ENT consult**.)

### PEM PEARL #2

Hot off the presses-- something exciting is coming to SFGH! Soon, we'll have a workflow for **intranasal dexmedetomidine (Precedex)** for **pediatric procedural anxiety**. Although intranasal midazolam (0.2-0.4 mg/kg) does work *very* well, it really burns the nose in ~50% of kids, children with neurodevelopmental divergence may have paradoxical agitation to benzos, AND one recent study has suggested superior performance of dexmedetomidine compared with intranasal midazolam. Plus, it's always nice to have extra tools in the ole toolbox! 😊

Dexmedetomidine is already being used at Children's Oakland, with an initial dose of **2 mcg/kg** (max 100 mcg), followed by a subsequent dose of **1 mcg/kg** PRN. This month's *Annals of Emergency Medicine* (ever heard of it?) published a [dose-ranging study](#), and found that **3-4 mcg/kg** was the optimal dose, with only ONE adverse event in the entire study (desat requiring head repositioning in the 4 mcg/kg group). We'll keep you posted as we continue to develop our own workflow at SFGH! 😊

## ENPC COURSES 2023

- September 14-15 To register go to <https://Sept2023ENPC.eventbrite.com>
- November 2-3 To register go to <https://Nov2023ENPC.eventbrite.com>

## **CELEBRATIONS/ANNOUNCEMENTS**

### **CELEBRATIONS**

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

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**Kim Bagby, RN; Sarah Gherini, RN; Noelle Wheeler, RN; Tiffany Livingston, RN;** and another nurse who I have not worked with before (please forgive me) who enlisted the help of the BERT team were [all] amazing and super supportive which went a long way today for me.  
~ **Nisa Atigpramoj, MD**

Celebrating **Matthew Talmadge, Nurse Manager** who was the recipient of the O'Connell Society Award during this year's Nurses Week. Congratulations Matthew! The award is presented to nurse leaders who lead with professionalism and humility, advance change and improvement using data. Promote the development of their peers and staff through mentorship and coaching, and that foster interdisciplinary collaboration. ~**Dave Staconis, Nursing Director**

**Congratulations to Erin Thomas, newly appointed facilitator for ZSFG's Relationship Centered Communication (RCC) for Equity program!**



*The brilliant group of trainers pictured above from left to right:*

*Denise Davis, Erin Thomas, Jane Caporiccio, Andrea Wilson, Sonja Garrett, Liseli Mulala, and Bilal Chaney*

Earlier this year, **Erin Thomas, MEA** was one of only six ZSFG staff to be selected to become a facilitator for a communication course focused on advancing equity and inclusion for our staff and patients at ZSFG. This initiative is supported by the hospital's Director of Diversity, Equity and Inclusion and Equity Council, and the first cohort has representation from multiple departments and disciplines across our campus. Erin just completed an intensive training program as a communication workshop facilitator and is joining the Relationship Centered Communication team at ZSFG (that also includes the ED's Mary Mercer) to offer continuing education workshops at ZSFG's Department of Education and Training (DET).

In reflecting on RCC skills they have learned and apply in daily interactions, both Erin and Mary have shared that the RCC skills practiced and reinforced through the workshops have helped them to become more intentional and effective in communications within their teams in the ED, with patients and their families, and even at home! As we emerge from the pandemic, these workshops have also been a great way to connect with colleagues around what truly matters.

If you are interested in signing up for a course, you can visit the [DET Website](#). Or, if you want to learn more about the course, reach out to Erin or Mary.

Congratulations, Erin, on your well-deserved accomplishment!



Happy Mother's Day to all the moms in our department!



And one last Happy Nurses Week!

SFDPH Occupational Safety and Health presents...

# BEE SAFE MONTHLY BUZZ



## BACK TO BACK SAFETY A 'BEE SAFE' LIMITED SERIES!

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Body mechanics-related injuries and blood and body fluid exposures are the highest occurring OSHA-recordable injuries among SFDPH staff. The Bee Safe Monthly Buzz offers education and prevention tips each month to help keep our workers safe from these hazards.

[CLICK HERE FOR OUR ENTIRE BUZZ LIBRARY](#)

CUT! It's time for the second issue of our BEE Safe 'Back to BACK SAFETY' limited series! Did you know that lifting was associated with **half** of the back injuries at SFDPH last year? Ouch! One tip for preventing back injuries is making sure our **employees never lift more than 35 pounds**. AND 35 pounds may even be too heavy for some, so be sure to always listen to your body!

THE PLOT THICKENS: Lifting less than 35 pounds is only one part of the equation. To avoid injury, we want to emphasize that **lifting equipment should be the primary means of lifting**. By **using equipment first**, we can minimize the need for manual lifting and reduce the risk of injury.

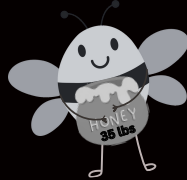
Let's show those back injuries who's the director here, and make sure our employees are the stars of the show by practicing safe lifting techniques and keeping our backs in the limelight.

TO BE CONTINUED...

EPISODE  
02:

*Lighten Up:  
Never Lift  
More than  
35lbs*

**Bee-ware, folks!** Lifting heavy objects can put a tremendous strain on our bodies, especially our backs. That's why it's crucial to follow the golden rule of lifting: **never lift more than 35 pounds**.



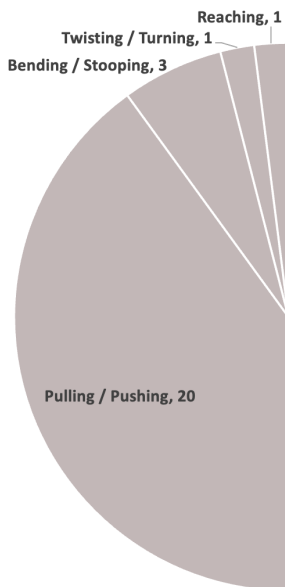
**1. Know the limit:** Understand that the safe weight limit for lifting is max 35 pounds.  
**2. Plan Ahead:** Check the weight of the load before lifting.

**3. Seek help and/or use lift equipment:** If the weight is too heavy, ask for assistance and use lift equipment.  
**4. Use proper body mechanics:** Check our Buzz Library for tips!

**5. Listen to your body:** Pay attention to any signs of discomfort or pain, and stop immediately if you feel strain or discomfort while lifting.

**OUCHY STORIES**

### NOW SHOWING: OSHA Reported SFDPH Back Injuries 2022 by Movement Type



**THAT'S GOTTA HURT!**  
25 lifting-related back injuries in 2022 associated with 1872 missed or modified work days

SFDPH OSHA 300 Claims Log, 2022

### BEST BEE GETTING ASSISTANCE:

"I hurt my lower back while lifting a heavy patient onto the CT table."

"I was transporting supplies and a lot of box lifting and suddenly my back started hurting."

"I was trying to pull up a 230-pound pt in the bed for breakfast and injured my lower back."

"I was lifting a fallen patient from the floor and suddenly felt lower back pain."

Contact Us at [Monthly.Buzz@sfdph.org](mailto:Monthly.Buzz@sfdph.org)