

# Emergency Department Update

Friday, July 07, 2023

Issue # 148

## GENERAL

### MASKS

- Quick reminder that masking requirements are still in place here on campus. It is fair to acknowledge and recognize that the conditions are quite different out in the community and even at other healthcare institutions. However, our Infection Control and Infectious Disease teams are trying to make recommendations as to what is best for our patient population.
- Here are a few reminders of where we are at with masks at ZSFG:
  - Well-fitted masks (surgical/isolation masks or higher-level protection, e.g. N95, KN95 respirators) continue to be required for staff in all clinical areas (this includes Resus Core and Nursing Stations) and other indoor public areas that patients access. These areas include lobbies, hallways, and elevators.
  - N95 are still recommended for patient contact in the ED
  - Staff are no longer required to wear eye protection (a face shield or goggles) for interactions with asymptomatic patients. Staff may opt to wear during any patient encounter.
  - Eye protection will continue to be worn with patients who have COVID-19 requiring isolation, patients who have symptoms consistent with COVID-19, and whenever aerosol-generating procedures are being performed.
  - Patients and visitors will wear well-fitting masks (surgical/isolation masks or higher-level protection, e.g. N95, KN95 respirators) when in the ED, indoor public spaces, e.g. waiting rooms, elevators and corridors.

### MAIN LOBBY

- If entering the hospital from the main lobby, please ensure that your badge is visible to the security staff.
- They are working to ensure your safety, patient's safety, and visitor's safety
- Please remember to be kind to one another. Support one another. Always be professional and courteous.

### ESSENTIAL DOCUMENTATION

- Let Epic work for you. Use the Essential Documentation notifications on the left side of the ED Narrator
- A quick look will let you know if there is incomplete required documentation in the patient's chart.

**Abby-EDRN ZzTRNED**  
 Female, 37 y.o., 3/8/1986  
 MRN: 1603031  
 Vital Time: 13:46  
 Code: Assume Full (no ACP docs)

Search (Ctrl+Space)

COVID-19 Vaccine: Unknown  
 COVID-19: **Unknown**  
 Infection: None  
 Colonization: None

Jim Urgent, MD  
 Attending

Allergies: **Penicillins**  
 Preferred Language: None  
 Preferred Interpreter: None

**CHIEF COMPLAINT**  
 Cough, Fever

MAP (mmHg)  
 120/91 !

Heart Rate Pulse (SPO2)

**Alerts (1)**  
**Overdue**  
 Reassess Vitals (Active 13h 44m) **Overdue by 11h 44m**  
 + Vitals

**Essential Documentation (10)**  
 Required  
 + Domestic Violence Screening  
 + ED Fall Assessment  
 + Home Medications Review Status  
 + Opioid Screening  
 + Primary Assessment  
 + Sepsis Screening  
 + Travel Screening  
 Suggested  
 + Respiratory  
 + HEENT  
 + Neurological Assessment  
 Previously Filed

**Active Meds & Blood (2)**  
 MAR Note - Click to Create  
 There are no active lines to link

Event Log Patient Summary  
 Refreshed: 14:33:53

Time	Type	Event
1046	Remove	
0056	Orders F	
0051	Assign M	
0051	Assign A	
0050	Patient r	
0049	History F	
0049	Home M Reviewe	
0049	Triage C	
0048	Allergies	
0047	Chief Co Updated	
0047	Emerger	

**EQUIPMENT, SUPPLIES, PRODUCTS**

**OUT OF STOCK**

- ETHILON SUTURE SIZE:3-0: NO ETA
- MAD -Atomizer is still on back order: NO ETA
- Paracentesis trays have been discontinued. Working on a replacement.

**MEDICATION SUPPLY ISSUES (Limited or out of stock)**

- Viscous Lido

**STANDARD ETT**

- The ED is going back to regular ETTs. The NEVAP tubes with the subglottic suctioning have been pulled. If you see any floating around, please advise not to use them.

**PATIENT LIFT**

- We have a patient lift and it now it parked in the decon shower



## EDUCATIONAL OPPORTUNITIES

### PEM PEARL

Dina Wallin, MD, FACEP, FAAP

A [recent study](#) found that **Plasmalyte led to less acute kidney injury (AKI) in pediatric patients with sepsis**, compared with normal saline. While we use Plasmalyte a lot in our adult patients, it's a bit less common in pediatrics. This study supports that we probably should start to adjust our practice with kids! 😊

While we're on the subject, some small points regarding **pediatric fluid resuscitation**:

- The standard bolus is **20 mL/kg**, whether you use normal saline or Plasmalyte.
  - If you're really worried about underlying cardiac dysfunction, acute or chronic, while you're performing your **POCUS** to explore this hypothesis, you can consider a 10 mL/kg bolus instead, with frequent reassessments
- Especially with smaller kids and/or kids in shock, we recommend the [pull-push method](#) of fluid administration.
- Other than for the treatment of symptomatic hypoglycemia, we **do not bolus dextrose-containing fluids** (ie. we'd never write for a 20 mL/kg bolus of D5NS).

## 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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If you ever wondered who decorates the door to the Peds waiting room with clever seasonal displays, it is **Kat Ngo, RN!** Besides being one of the very best nurses in the ED, and a sharp-shooter with ultrasound IVs, she is also creative and artistic and funny. Thank you, Kat, for all you do! ~**Mike Hill, RN**

I want to acknowledge **Aaron Dudum, RN** and **Kendal Marquez, RN** for always being available to assist new ambulances despite having their own assignment, total and absolute teamwork. ~**Kim Bagby, RN**