

Emergency Department Update

Friday, August 4, 2023

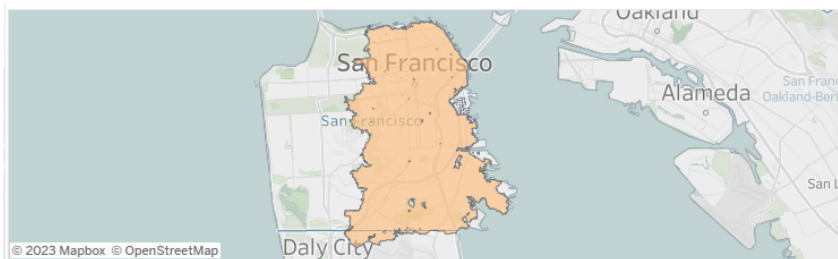
Issue # 150

GENERAL

COVID

- A reminder that COVID is still around
- There is an area of the hospital experiencing an outbreak—12 positive employees
- Mask are still required by SF DPH Health Order
- Wastewater concentration data shows cases are on the rise

San Francisco (Southeast)



SARS-CoV-2 Concentrations - San Francisco (Southeast)

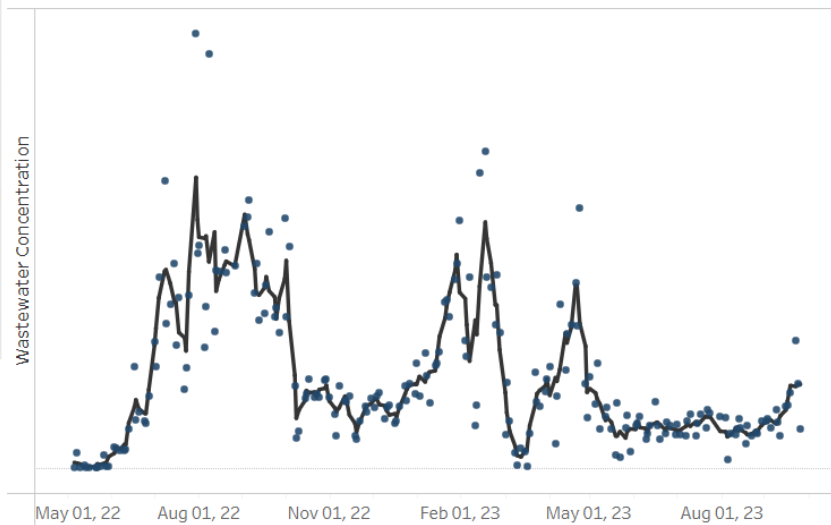
Concentration Unit: SARS-CoV-2/L

Data Source: CDPH Drinking Water and Radiation Lab

Change Sample Date

Dec 16, 20

Aug 01, 23



EQUIPMENT, SUPPLIES, PRODUCTS

ON BACK ORDER

- 3 ml syringes w/ 22g—there is a substitute 23g syringe that is out on the floor
- A substitute blood product administration tubing is coming
- MAD nasal atomizer—ETA 8/23

EQUIPMENT

- A few Bair Huggers and Hotline Fluid Warmers have been moved to the back of Pod A



MEDICATION SUPPLY ISSUES (Limited or out of stock)

- Viscous Lido jelly—No ETA

EDUCATIONAL OPPORTUNITIES

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

A recent [review article](#) explored the use of **ketamine for refractory pediatric asthma exacerbations**, and it seems like a pretty cool option when one is hitting that last-ditch effort to stave off intubation. Included studies used a **0.2-2 mg/kg bolus followed by continuous infusion** (most common bolus was 1 mg/kg). The included studies tested different outcomes, but overall showed **significant improvement** with ketamine. Side effects were minimal, and included **hallucinations** (responsive to midazolam), **increased secretions, hypertension, and tachycardia** (both of which children can handle well).

While clearly ketamine isn't our first line agent for an asthma exacerbation, it *does* appear helpful when we're in the "kitchen sink" scenario. I'm going to keep it in my back pocket for sure! As a reminder, the BCH pediatric asthma algorithm is available [here](#). My personal approach (and there are MANY styles out there-- this is just one) is to **score the kid** using M-PASS or pediatric asthma score, then:

- **Dexamethasone** 0.6 mg/kg (max 16 mg) for almost everyone, except the mildest of cases
- **Albuterol** 5 mg for mild
- **Albuterol** 10-15 mg with **ipratropium** 0.5-1 mg for moderate-severe (please note the very high dosing-- go big and go home! I find this can move even sicker kids toward discharge)
 - Repeat x 1 PRN
- If no improvement with this x 2, then I place an IV, administer **magnesium and IVF**, and initiate **continuous nebs** at 10-15 mg/h
 - Consider **non-invasive positive pressure ventilation** or some **high flow nasal cannula** for pressure support
- If *still* minimal improvement, this is where I consider **epi**, and now I'll also consider **ketamine**

If you ever end up giving ketamine in this case, or have done it previously, please LMK how it worked! 😊

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) that you would like included in the ED Updates and I will share them here.

Worked with **Katie Aschero, RN** in Pod B today. She helped with a patient who was very nervous about needles. She used verbal encouragement and verbal hugs to get the patient through the needle

aspiration and he was eventually admitted and very thankful for her help. It was pretty darn neat to witness. Love you Katie, good job! ~**Andrea Torre, RN**

We had a patient come in through ambulatory triage with complaints of chest pain and left arm numbness. Triage was completed at 19:46. EKG was completed at 19:53. STEMI activation was at 19:59. Patient arrived at the cath lab at 20:46. The patient ended up have a 100% occlusion. Total time from encounter creation/pt arrival to cath lab was 75mins. I'd like to celebrate the entire treatment team involved in this patient's care. **Triage RN Jennie Clyne, Primary RN Adi Chandan, Circulating RNs Mike Van Tuinen & Pete Trachy; MEAs Martina Amon & Jessica Seivane; MDs Foster & Lopes. ~Pat Lavin, Charge Nurse**

I wanted to celebrate **Ana Paniagua, RN**. She has the most positive attitude, she is extremely hard working, very kind to all of our patients and really kept Pod C moving today. She really is a great asset to our team :) ~**Annie Chocas, RN**