

**Buck W. Wallace, MD, FACEP  
President**

**[Adriana Alvarez](#)  
Executive Director  
Phone: (855) 568-1546  
Fax: (972) 767-0056**

## **From the President-Elect Carol Wright-Becker, MD**

Not your usual vaginal bleed.

It has been one of those nights. Nothing but vaginal bleeding complaints. After depleting the department supply of speculums, you are down to the last speculum when you get another chief complaint of vaginal bleeding. Immediately you go to the Charge Nurse, whine a lot, and she gently pats you on the head and tells you to go see the patient.

The Triage note states a 23-year old female who presents heavy vaginal bleeding for the last hour. The report states that it started after coitus and that she wanted to get checked out because "it was just too heavy to stay at home". She reports that she has had coitus about two times prior in her lifetime. The patient denies ever having a pelvic exam and denies aggressive sex nor any sexual toys. She is feeling dizzy and lightheaded and the monitor indicates tachycardia but her blood pressure is fine. Her general physical exam is benign.

You get ready to do the pelvic and you notice her pad is completely soaked. You insert the speculum and immediately the vault is filled with blood. It is IMPOSSIBLE to visualize anything. You walk out of the room and immediately tell the Secretary, "Get me whatever OB-GYN you can get the quickest!". You go back in and you notice active venous bleeding from bilateral vaginal walls. The best plan you can come up with is to leave the speculum in to apply pressure. You immediately get a second intravenous line, call the OR, type, and cross her. The patient's pregnancy test returns negative.

The OB-GYN goes in and sees the patient and comes out similarly dumbfounded. She is prepped for the OR and away she goes.

In the OR it is noted that she has two vaginas in the upper 2/3 of the vaginal vault each with their own cervix and uterine horn. The formal name is Uterus Didelphys and is assumed to occur in about 0.1-0.5% of the female population. The lacerations are repaired and it is found that she has non-fusion of her Mullerian ducts. It is assumed that she ripped through the vaginal septum which caused the bleeding. Her post-op course is unremarkable and she is discharged a few days later. The patient failed to show up for any follow up appointments.

---

## Adriana's Corner

Due to your busy work schedules, most of you will probably not be able to attend [ACEP17](#) this year.

However, it does not mean that you cannot be part of important decisions that affect you as an emergency physician and express your opinion on important Resolutions that will be discussed at this year's [Council Meeting](#).

Your Chapter Board will hold a Chapter Board Meeting via conference call at the end of this month to review the Resolutions that will be discussed at this year's [Council Meeting](#). If you'd like to participate in the meeting, send me an [email](#) and I will send you the meeting details.

For those that are attending [ACEP17](#) this year, I look forward to seeing you at the Council Meeting.

In the meantime, if I can be of any assistance, please feel free to send me an [email](#).

---

## ACEP assists DMAT teams as they prepare to respond to Hurricane Harvey

Rick Murray, EMT-P  
Director, Dept of EMS and Disaster Preparedness

ACEP was pleased to furnish classroom space over the weekend of August 26 to DMAT teams from several states that were staged before they deployed. MN Chapter Executive Shari Augustine, who is a member of the MN DMAT, contacted ACEP staff to inquire of the possibility of using the ACEP Board Room for training for the various teams. Space was provided for training for over 240 members for DMAT teams and U. S. Public Health Service personnel. This provided them the opportunity to receive some last-minute training and briefings before they deployed to various areas of the Texas coast that were impacted by Hurricane Harvey.



ACEP has a lot of [resources for the public](#) about preparing for and surviving disasters and they are being promoted to general public audiences.

Also, here are some [general talking points](#) about responding to disasters. They can help in talking with the news media.

## National Disaster and Life Support Foundation

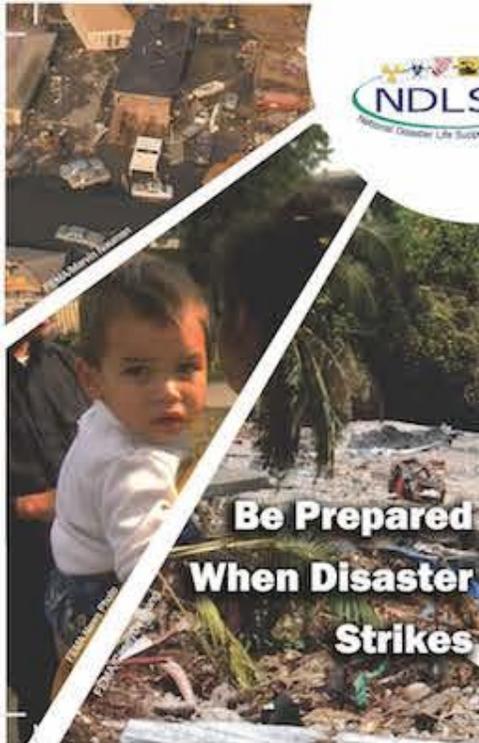
The National Disaster Life Support Foundation is very pleased to have partnered with the American College of Emergency Physicians (ACEP) to provide disaster medicine training and to further develop the NDLS education materials.

The NDLS program began in the late 1990's with a realization that there was a lack of standardized training for medical and nursing providers who may be responding to disasters. Individuals were medically trained within their specialty to the same National Standard, however disaster specific education was not included in the majority of medical and nursing curricula. Examples of the missing material included:

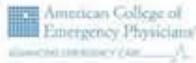
- Scene safety
- Standardized triage methodology
- Incident Management
- Identifying and requesting needed resources
- What constitutes a disaster
- Public Health impact of disasters

The NDLSF established an affiliated membership-based organization for the purpose of overseeing the development and revision of the curriculum. This organization is the National Disaster Life Support Education Consortium (NDLSEC).

**The NDLSEC Annual Meeting will be held in conjunction with ACEP's 2017 Annual Scientific Assembly in Washington, D.C., October 29 – November 1, 2017.**



**National Disaster Life Support™  
Foundation**



**The American College of  
Emergency Physicians**

*Collaborating to offer programs that  
provide essential training for strengthening  
healthcare preparedness and response.*

- Core Disaster Life Support® (CDLS®)
- Basic Disaster Life Support™ (BDLS®)
- Advanced Disaster Life Support™ (ADLS®)



For more information - [www.ndlsf.org](http://www.ndlsf.org)  
email us: [info@ndlsf.org](mailto:info@ndlsf.org)

## White Coat Day on Capitol Hill at ACEP17

Decisions made by Congress influence the practice and the future of emergency medicine on a daily basis. Join your emergency physician colleagues in Washington, DC on November 1 and spread the word to legislators and their staff about the critical role of emergency physicians in our nation's health care delivery system. White Coat Day participants will be asked to attend a special advocacy training session prior to heading to Capitol Hill. Transportation will be provided and all participants will receive a customized schedule and materials to share in the meetings.

There is no fee to participate but advanced registration is required. Participants can sign-up as with their ACEP17 registration or may sign-up separately if not registered for ACEP17. Go to [White Coat Day](#) for more information or contact [Jeanne Slade](#) in the ACEP DC Office.

## Register for White Coat Day at ACEP17!

DON'T MISS THE OPPORTUNITY TO VISIT CAPITOL HILL  
WITH YOUR EM COLLEAGUES WHILE IN WASHINGTON, DC



**Spread the word about the critical role of emergency physicians  
in the health care delivery system**

ACEP staff will schedule your visits in advance. Participants will receive advocacy training prior to the visits. Transport to and from Capitol Hill is provided. Please bring your white coat!

Advanced registration is required. Participants can sign-up with ACEP17 registration or may register separately if not attending ACEP17.

[WWW.ACEP.ORG/ACEP17/HILLDAY](http://WWW.ACEP.ORG/ACEP17/HILLDAY)

### ACEP17 Wellness Activities and Resource Center Giveaways

#### Wellness & ACEP Resource Center

Sunday, October 29 - Tuesday, October 31

Location: Exhibit Hall

Stop by the Wellness Center in the ACEP Resource Center of the exhibit hall and discover tips from the experts to improve your well being daily. [View full list of activities and schedule.](#)

#### Product Giveaways

Held daily in the Resource Center

### Sunday-PEER

- PEER one-year membership
- PEER Print Companion

### Monday-CDEM

- Trauma special edition
- 2- year print
- One-year Residency Education Portal

### Tuesday-ACEP eCME

- My Residency Learning Portal
- Trauma, Stroke, Cardiovascular bundle
- Procedures and skills course
- Featured guest on ACEP Frontline

---

## Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#)

---

## No Emergency Department is Immune from Violence

But you can be better prepared and reduce the risk of harm to your patients, your staff, and yourself. You can implement security measures, changes in your processes and policies, education and training, and attention to design details. Learn how with these new free resources from ACEP, all in one place, easy to find -- [Violence in the Emergency Department: Resources for a Safer Workplace](#)

---

## Welcome New Member!

Ms. Kimberly Ross - Medical Student

**Wyoming ACEP Chapter  
c/o National ACEP  
4950 W. Royal Lane  
Irving, Texas 75063-2524**

Copyright © 2016 Wyoming ACEP.

All rights reserved.

[Unsubscribe →](#)

[Disclaimer →](#)