A Newsletter for the Members of the Wyoming ACEP Chapter

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From the President
Buck W. Wallace, MD, FACEP

It has been a crazy influenza season and I am sure happy to see the season reach its "j-point". I won't bore you with details of influenza stats that I am sure you already know. However, I did have two interesting cases with the same alternative diagnosis I did not expect.

My first case occurred during the peak of our flu season. I had perhaps seen 20-25 patients with influenza and discharged them, when I evaluated a 32-year old female with chief complaint of influenza. She was otherwise healthy and had tactile fever, cough, and body aches for three days. She had not received a flu immunization. At this point my brain was skiing down a velvety slope and I admit my stethoscope was on auto-pilot. Suddenly, I appreciated markedly decreased breathing sounds on the right without fremitus and with hyperresonance to percussion. Suddenly, I was a doctor again and my ski daydream was over. I discontinued the triage rapid influenza and ordered a stat portable chest to confirm the large right pneumothorax I suspected. Her vitals revealed no hypotension. Chest x-ray confirmed the "complete pneumothorax without shift" and I place a 14 french pigtail under propofol sedation a short-time later and admitted her to the hospital. She was discharged three days later.

Oddly enough, three weeks later I had nearly an identical patient except he was 24-years old. I suspect these were spontaneous pneumo's possibly due to the barotrauma/valsalva of forceful cough.

Why is this important? Well, as I struggle with the increase in less emergent patients (which has fueled my sense of burnout) I am reminded that you never know what's going to walk in the door. I could have easily told this woman she had flu and sent her home only to hear "hey you remember that lady you saw yesterday..." Sometimes I think bedside medicine is a dying art as I see my younger colleagues ordering comprehensive labs and CT scans simply based on the registration clerk's impression. These cases remind me the importance of a good physical exam.

Lastly, as marijuana seems ever more popular I am seeing a lot of Cannabinoid Hyperemesis Syndrome (a form of cyclic vomiting). I use a lot of IV Haldol given that droperidol is gone (even though there had never been Torsades with IM/IV doses less than 2.5 mg). Has anyone used topical Capsaicin Cream to the abdomen? Please **email** your experience.

ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact **Michael Baldyga**, ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid and Rekia Speight!

Help us make **the video** go viral and top last year's that generated nearly 300,000 views on YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using **#FairCoverage** and **#StopAnthemBCBS**.

ACEP 50 YEARS
Making Every Moment Count

Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

- Follow us on **Twitter** and **Facebook** to see our weekly Tues/Thurs 50th Anniversary posts
- Talking 50th Anniversary on social media? Use **EMeverymoment#**
- Show your EM pride with ACEP's **new "Anyone. Anything. Anytime." Facebook profile frame**
- Visit our 50th Anniversary site **here** for year-round updates
- Got something cool to share about the college's history, or your own with EM? **Click here!**

Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the **Reporting MIPS through CEDR** webinar to be held on **March 13, 2018 at 1:00 PM CDT**. After registering, you will receive a confirmation email containing information about joining the webinar.

New ACEP Tool Helps you Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The **ACEP Emergency Ultrasound Tracker** was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the **ACEP Ultrasound Guidelines (PDF)**. We hope you find this tracker tool helpful and useful in your practice.

New ACEP Award

Community Emergency Medicine Excellence Award
We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018**.

The nomination form and additional information can be found **here**.

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.

Babi FE, Oakley E, Dalziel SR, et al.
Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A Prospective Cohort Study.
This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

April MD, Oliver JJ, Davis WT, et al.
Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.
Inhaled isopropyl alcohol as an aroma therapy has been described as effective is treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

e Silva LOJ, Scherber K, Cabrera d, et al.
Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.
This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

White DAE, Giordano TP, Pasalar S, et al.
Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination Tests in 9 U.S. Emergency Departments
This study looked at HIV screening programs in 9 EDs located in 6 different cites over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectible virus but negative antibody) and 85.5%

were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

Axeem S. Seabury SA, Menchine M, et al.
Emergency Department Contribution to the Prescription Opioid Epidemic.
There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

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