Day 2 Review

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Continuing Education Company

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Mastering Pediatric Respiratory Emergencies: Dr. Rose

- **Croup**
- **Epiglotitis**
- **Bronchiolitis**
- **Asthma**

2

The Patient with Asymptomatic Elevated Blood Pressure: Dr. Dachs

- Abandon the term "hypertensive URGENCY"
- R/O **"emergency"** with **"BARKH"**
- **Nothing good happens if you aggressively treat!**
- STEPS to take:
  - **Get an accurate BP**
  - **Review all meds (including OTC)**
  - ***"Don't just do something, stand there"***
  - **Long- acting antihypertensive if needed**

3

Pearls and Pitfalls of Pediatric Rashes: Dr. Rose

- Eczema… and specifics subtypes
  - eczema herpeticum
  - eczema molluscum
  - eczema coxsackium
- Viral exanthems…. and specific viruses
  - ParvoB19
  - roseola
  - measles
  - chickenpox
  - herpetic whitlow

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Pearls and Pitfalls of Pediatric Rashes: Dr. Rose

- Enteroviruses (Coxsackie)
  - herpangina
  - Hand-foot-mouth
- Fungal:
  - Diaper dermatitis
  - tinea corporis
  - tinea capitus
- Scabies:
- Staph/strep infections
  - Impetigo
  - Staph scalded skin
  - Omphalitis
  - Necrotizing fasciitis
- Henoch Schonlein Purpura
- Stevens Johnson Syndrome/TEN
- Kawasaki
- Anaphylaxis (1/5 no skin rash)

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The Rise and Fall of the Z-Pak: Updates in Antibiotic Guidelines for Common Urgent Care Conditions Worth Knowing: Dr. Russell

- Pneumococci efficiently develop resistance
- Know when (and when not) to use antibiotic (in particular, Z-pak)
  - Acute sinusitis: IDSA needs 10 days of symptoms
  - CAP – azithromycin only in communities with < 25% resistance
  - Bronchitis: “is just a bad chest cold”
  - Avoid in strep throat and AOM
- De-label PCN allergy when able

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The Rise and Fall of the Z-Pak:
Updates in Antibiotic Guidelines for Common Urgent Care Conditions Worth Knowing: Dr. Russell

- **When might Azithromycin be indicated?**
    1. Traveler's diarrhea
    2. COPD Exacerbation
    3. Atypical pneumonia
    4. Chlamydia in Pregnancy or ?Adherence

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Navigating Difficult Parental Interactions: Dr. Rose

Take Home Messages:

- **Assume Parents Are Doing the Best They Can**
- **VALIDATION** Is De-escalation
- Having a **positive regard** for the patient….

is *more effective* than *any* method/tool/formula…

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10 Domains of Verbal De-escalation

1. Respect **personal space**
2. Do not be **provocative**
3. Establish verbal contact
4. Be concise and keep it **simple**
5. Identify wants and feelings
6. Listen to the patient and **give acknowledgement**
7. Agree or agree to disagree
8. Lay down the law and set **clear limits**
9. Offer **choices** and optimism
10. **Debrief** the patient and staff

Richmond JS, Berlin JS, Fishkind AB, Holloman GH Jr, Zeller SL, Wilson MP, Rifai MA, Ng AT. Verbal de-escalation of the agitated patient:consensus statement of the American Association for Emergency Psychiatry Project BETA de-escalation workgroup. *West J Emerg Med.* 2012;13(1):17-25. Originally published in: Fishkind A. Calming agitation with words, not drugs: 10 commandments for safety. *Current Psych.* 2002;1(4).

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Literature Review II : Faculty

- Use your Gestalt in potential sepsis cases *(and Chest pain and….)*
- Same goes for lactate…. is not as "prognostic" as we thought
- Blood culture Stewardship is important
- CTA of the head and neck- have a good reason
- Radiation risk for future malignancy is real!

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Literature Review II : Faculty

- **PEARL:** Nebulized TXA for post-tonsillectomy hemorrhage
- 1st trimester bleeding/pelvic pain: get the US
  (no matter what the hCG value is)
- Topical anesthetics for corneal abrasion… follow the (new) rules
- The Heat is coming… and the patients will be in our ER!

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ECG Clues that Really Matter:
STEMI and STEMI Equivalents: Dr. Higgins

- STEMI review: Anterior, Lateral, Inferior (+/- Right ventricular infarct)
- And the EKG's that are not "classic" but are REAL DANGER
  - Don't forget aVR
  - Wellens Syndrome
  - DeWinter Syndrome
  - Posterior MI
- LBBB/paced rhythms and Scarbossa criteria

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Acute Exacerbation of COPD: Going Beyond Antibiotics and Steroids: Dr. Dachs

- Consider using a **"illness script"** with the wheezing patient
- Ask yourself: what triggered this?
  Infection, cardiac ischemia, PE, anemia, environmental, non-compliance….
- The work-up: ***"Don't use a shotgun, be a sniper"***
- Going home? Think about the Ottawa COPD risk score
- CRP may help you decide if antibiotics are useful
- Thinking of steroids…. Take a look at eosinophil counts
- Severe AECOPD=➔ ***Decrease the work of breathing…..BiPAP***