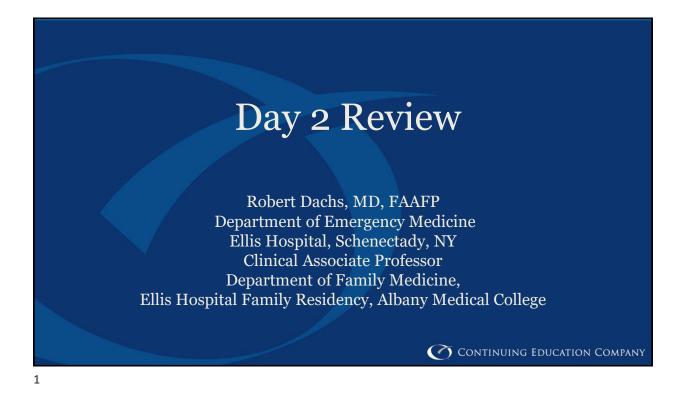
9<sup>th</sup> Annual Primary Care Update on Urgent Care and Emergency Medicine Conference



### Mastering Pediatric Respiratory Emergencies: Dr. Rose

- Croup
- Epiglotitis
- Bronchiolitis
- Asthma

## The Patient with <u>Asymptomatic</u> 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



# 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

### Pearls and Pitfalls of Pediatric Rashes: Dr. Rose

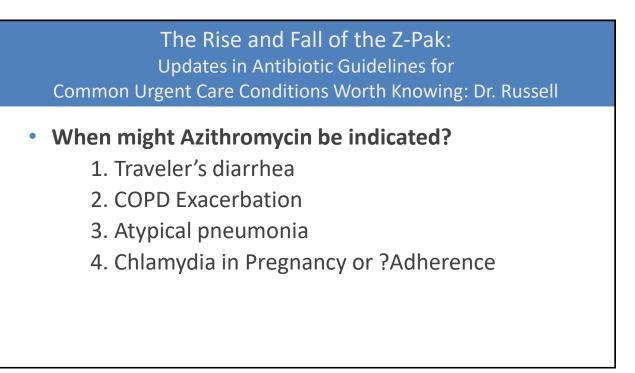
- Enteroviruses (Coxsackie)
  - herpangina
  - Hand-foot-mouth
- Fungal:
  - Diaper dermatitis
  - tinea corporis
  - tinea capitus
- Scabies:

- 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





# 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...

# 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).

## 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!

### Literature Review II : Faculty

- **PEARL:** Nebulized TXA for post-tonsillectomy hemorrhage
- 1<sup>st</sup> 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!

### 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

### 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

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