



ACEP16 Daily News

MANDALAY BAY • LAS VEGAS, NV • OCTOBER 16-19, 2016 • WWW.ACEP.ORG/ACEP16

MONDAY ISSUE



Paul Kivela Chosen as ACEP President-Elect

LAS VEGAS—Paul Kivela, MD, MBA, FACEP, was elected as President-elect of ACEP at the ACEP16 Council meeting on Saturday, Oct. 15. Dr. Kivela will serve as President-Elect for 2016-17 and will assume the Presidency at next year's meeting in Washington, D.C.

Dr. Kivela, managing partner of Napa Valley Emergency Medical Group and medical director of Medic Ambulance in Vallejo, California, asserts that this is a time of challenge in emergency medicine.

CONTINUED ON PAGE 2

LISTEN UP! SESSION FEATURES DETAILS ABOUT WHAT CEDR OFFERS

Interested in learning more about ACEP's Clinical Emergency Data Registry (CEDR)? Please join us for an information session. Learn about the benefits of CEDR, the penalties for failing to report PQRS, how QCDRs fit into MACRA, and more about onboarding, security, and features of CEDR. There will be a Q&A with CEDR leadership and one-on-one with the CEDR Technical Team. No registration required!

Monday, Oct. 17
10:30-11:30 a.m.

South Pacific Ballroom E

Tuesday, Oct. 18
1:30-2:30 p.m.

Commanders Ballroom



OPENING SESSION

Two-Dollar Bill Symbolizes Grit and Triumph of Famed Swim from Cuba to US

BY RICHARD QUINN

LAS VEGAS—THE FIGHT TO NEVER GIVE UP continues for Diana Nyad, the famed distance swimmer and motivational speaker.

So it was fitting three years ago, the night before a 64-year-old Ms. Nyad swam 110 miles from Cuba to Florida—the first confirmed person to do it without a shark tank—that she was in a CVS drugstore talking to a Cuban man who recognized her. The man emptied his wallet to show off the symbol of his fight—a \$2 bill he'd carried since he was a little boy. His grandmother had given him the faded green slip so many years before as a totem to carry with him on their family's treacherous sail from Havana to America.

And he gave his grandmother's emblem to Ms. Nyad. For luck in her fight.

CONTINUED ON PAGE 3



DARNELL SCOTT

MILLS LECTURE

Beware of Burnout

*Recognizing and avoiding
burnout is key for emergency
physicians*

by RICHARD QUINN

"THERE'S A HIDDEN DANGER OF THE BURNOUT phenomenon in what we do," according to Thom Mayer, MD, FACEP, FAAP, executive vice president of EmCare, founder and chief executive officer of BestPractices, Inc., the medical director for the NFL Players Association, and a clinical professor of emergency medicine at George Washington University, in Washington,

CONTINUED ON PAGE 2

VISIT OCEANSIDE EXHIBITS, WIN PRIZES

Win one of 10 ACEP17 registrations, one of 10 Virtual ACEP16 packages, or one of 10 PEER IX subscriptions! ACEP's 10-10-10 giveaway is exclusively in the Oceanside Exhibit Hall—scan your badge in the Bookstore at the ACEP

Resource Center from 9:30 a.m. to 3:30 p.m. Monday and Tuesday.

And be sure to visit the Oceanside exhibitors all day—a CASH BAR will roll out in the afternoon, along with food for convenient purchase!



DARNELL SCOTT

GET ANSWERS FAST WITH THE ACEP16 TWITTER HELPDESK



Are you far away from the ACEP booths and need a question answered—FAST? Hit us up on the ACEP-staffed ACEP16 Twitter HelpDesk and we'll respond ASAP. **Tweet @acepvegas16 and we'll get back to you with answers.**

AUTHOR SIGNING TODAY!



Stop by the ACEP Bookstore in the Exhibit Hall to get your copy of *Diversity and Inclusion in Quality Patient Care*. Two of the co-editors, **Marcus L. Martin, MD, FACEP**, and **Sheryl L. Heron, MD, MPH, FACEP**, will be in the bookstore from 2:30-3:00 p.m.

PAUL KIVELA | CONTINUED FROM PAGE 1

"The only thing that is sure is that the practice of emergency medicine will look different in the future," said Dr. Kivela. "To meet the challenges, ACEP needs a strong leader who understands business models, the practice challenges, the political environment and has the ability to advocate, consensus build, and communicate the value of emergency medicine."

Dr. Kivela has enjoyed a long career with ACEP, having been actively involved with national ACEP service for more than 20 years. Dr. Kivela worked with the Reimbursement Committee on fair payment issues, and has served as a councilor or alternate since 1994. He has also served as Chair of ACEP's State Legislation and Regulatory Committee and has served as President of the California Chapter of ACEP.

Dr. Kivela earned his medical degree at the University of Illinois College of Medicine and completed his internship

"To meet the challenges, ACEP needs a strong leader who understands business models, the practice challenges, the political environment and has the ability to advocate, consensus build, and communicate the value of emergency medicine."

—Dr. Kivela

and residency at the Los Angeles County-Harbor-UCLA Medical Center. He received his MBA at the University of Tennessee. ☺



PHOTO COURTESY THE PHOTO GROUP

Council Elects Members of the ACEP Board of Directors

At its meeting Saturday, the ACEP Council re-elected incumbents James J. Augustine, MD FACEP (left) and Debra G. Perina, MD, FACEP, and also elected new Board members Kevin M. Klauer, DO, EJD, FACEP and Gillian Schmitz, MD, FACEP.

MILLS LECTURE | CONTINUED FROM PAGE 1

D.C., and University of Virginia Schools of Medicine, in Charlottesville, Virginia. "And the curious thing is the better you do it, the more passionately you do your job, the more you're at risk for burnout."

In this year's James D. Mills Jr. Memorial Lecture, Dr. Mayer tells emergency physicians they need to recognize what burnout looks like, be it physical exhaustion, professional cynicism leading to detachment or depersonalization, or what Dr. Mayer calls "passion disconnect." He will then encourage attendees to proactively deal with burnout with three simple ideas.

"Burnout is the silent epidemic that's stealing our passion, and we've got to stop that silence," Dr. Mayer said. ☺



Dr. Mayer

James D. Mills Jr. Memorial Lecture

LOVING THE JOB YOU HAVE WHILE CREATING THE JOB YOU LOVE

**Monday, Oct. 17
1:30-2:20 p.m.
South Seas Ballroom E**

RICHARD QUINN is a freelance writer in New Jersey.

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OPENING SESSION | CONTINUED FROM PAGE 1

"I swam across the ocean with that \$2 bill," Ms. Nyad solemnly told the assembled crowd at ACEP16's opening general session Sunday.

The tale, like so much of Ms. Nyad's life story, is about the power of symbols and never giving up. The boy's family fought adversity upon a decrepit lifeboat and crossed what Ms. Nyad calls the Cuban graveyard that separates Havana from the Florida Keys.

Similarly, Ms. Nyad never gave up on her dream to swim that perilous pathway. It took her four failures—and a 30-year break from swimming—but in 2013, she and her team accomplished a goal that Ms. Nyad first nurtured as a young swimmer growing up in Fort Lauderdale.

"All these opportunities, all these accolades, I tell you, it's been a tsunami these three years since the stumble up on that beach," Ms. Nyad said. But "they haven't come because I made it. They've come because I refused to give up on it."

It's a message she said she believes resonates with emergency physicians.

"I know I'm standing in front of a group and preaching to the choir here," Ms. Nyad said. "I'm honored to be standing in front of you and I don't say that to every group."

Ms. Nyad recalled a swimming teammate once told her that the difference between winning an Olympic trial can be as thin as the half-moon edge of a pinky fingernail. Ms. Nyad realized that fighting for an extra thousandth of a thousandth of a second could be the story of her life.

"Succeed or fail...every single day of your life, do it so you can't do it a fingernail better," she said. "You'll never have a regret."

By the way, Ms. Nyad doesn't have that \$2 bill anymore. Three weeks ago, she gave it to Marc Buoniconti, a quadriplegic for 31 years and president of the Miami Project to Cure Paralysis, on his 50th birthday.



PHOTO COURTESY THE PHOTO GROUP

"I know I'm standing in front of a group and preaching to the choir here. I'm honored to be standing in front of you and I don't say that to every group."

—Ms. Nyad

A woman who never gives up paid it forward for a man who does the same. And in that way, Ms. Nyad keeps up her fight. ☺

RICHARD QUINN is a freelance writer in New Jersey.

emCareers.org LIVE is BACK at ACEP16

BACK BY POPULAR DEMAND! COME BY ACEP ALLEY IN OCEANSIDE FOYER MONDAY AND TUESDAY 9:30 A.M.–5:00 P.M. TO ACCESS GREAT CAREER RESOURCES.

Be sure to sign up for a free CV consultation. Receive personal, expert advice on how to make your CV shine, learn what employers are looking for, and craft a CV that highlights all of your skills and expertise.

Visit the official job bank of ACEP and EMRA, emCareers.org, and:

- Find nearly 1,000 EM openings.
- Register for job alerts to take control of your job search. *Be sure to register on site for a chance to win one of three \$100 American Express Gift Cards.*
- Search career development resources.

emCareers.org
WHERE DO YOU WANT TO BE?



**MONDAY, 7:00–10:00 P.M.
SOUTH PACIFIC BALLROOM F**

Enjoy music, poetry, acting, and maybe even a little magic at ACEP's annual Open Mic Night. This entertaining event is sponsored by the Section of Medical Humanities, and anyone is welcome to attend.

Supported in part by HBI – Hagan Barron Intermediaries

DON'T BE CAMERA SHY—COME ON BY!

STUDIO ACEP OPENS MONDAY AT 9:30 A.M. IN ACEP ALLEY, OCEANSIDE FOYER, AND DOESN'T SHUT DOWN UNTIL THE CAMERA CALLS IT QUITS AT 5:00 P.M.



Get your picture taken by a professional photographer and we'll send you the finished digital headshot after the convention, absolutely free. Use it

for your LinkedIn page, Facebook profile, or however you'd like. While you're there, please help ACEP with some promotional images. If you've seen some of your colleagues in our advertisements or conference promotions throughout the year, it's because they stopped by the studio and spent a couple of minutes with our marketing team.

While you're there, please give us a video testimonial as well. What's on your mind? What's your favorite ACEP member benefit? What do you love about emergency medicine? Say it for the camera. We very much appreciate the help!

ACEP Council Reviews Public Policy and Various Resolutions at Annual Meeting

LAS VEGAS—THE 2016 ACEP COUNCIL considered several resolutions during its annual meeting this week, including issues related to public policy, clinical issues, and emergency medicine practice trends.

This year's 392-member Council represents all 53 chapters, 33 ACEP sections of membership, the Emergency Medicine Residents' Association (EMRA), the Association of Aca-

demie Chairs in Emergency Medicine, the Council of Emergency Medicine Residency Directors, and the Society of Academic Emergency Medicine.

The resolutions adopted by the Council do not become College policy until they are reviewed and approved by the ACEP Board of Directors on Wednesday.

On Saturday, the Council considered, but

ultimately did not adopt, a resolution to support the establishment of a full-voting young physician position on the ACEP Board of Directors.

The Council was divided on this issue, with those in favor saying a designated position would bring generational diversity and a different energy, while engaging younger physicians. Those opposed stated that a particular

demographic should not be singled out and that efforts could be made to get younger physicians on the slate of candidates.

The Council also considered a resolution to oppose "required high stakes secured examination(s) for Maintenance of Certification." After spirited discussion on both sides of the resolution, the Council decided to refer it to the Board of Directors.

The Council adopted resolutions related to:

- Accreditation standards for freestanding emergency centers
- Assuring safe and effective care for patients by senior/late career physicians
- Best practices for harm reduction strategies
- Boating and overcrowding is a public health emergency
- Centers of Medicare & Medicaid Services (CMS) recognition of independently licensed freestanding emergency centers
- Court-ordered forensic evidence collection in the ED
- Development and application of dashboard quality clinical data related to the management of behavioral health patients in EDs
- Diversity in emergency medicine leadership
- Enactment of narrow networks requirements
- Freestanding emergency centers as a care model for maintaining access to emergency care in underserved and rural areas of the US
- Health care financing task force
- Legacy fellows (bylaws housekeeping)
- Medication-assisted therapy for patients with substance use disorders in the emergency department
- Mental health boarding solutions
- Military medics integration into civilian EMS
- Opposing the development of sublingual sufentanil
- Opposition of exclusive imaging contracts limiting clinical ultrasound use and billing by emergency physicians
- Opposition to CMS mandating treatment expectations
- Pediatric surgery centers
- Reimbursement for opioid counseling
- Support and advocacy for 24/7 hyperbaric medicine availability
- The opioid epidemic—a leadership role for ACEP

These items were referred to Board for additional consideration:

- Collaboration with non-medical entities on quality and standards
- Criminal justice reform—national decriminalization of possession of small amounts of marijuana for personal use
- Insurance collection of beneficiary deductibles
- Treatment of marijuana intoxication in the emergency department

Next year's Council meeting will take place Oct. 28–29 in Washington, D.C. ➔

You are invited to a Lunch Product Theater Presentation at the **American College of Emergency Physicians Annual Scientific Assembly 2016**

THROMBOSIS: DVT/PE

AN EXPLORATION IN RISK REDUCTION

SUNDAY, OCTOBER 16, 2016

10:30 AM – 11:15 AM

Mandalay Bay

Mandalay Bay Ballroom I
Las Vegas, Nevada

Gregory Fermann, MD, FACEP

Professor and Executive Vice Chairman
Director, Clinical Trials Center
Department of Emergency Medicine
University of Cincinnati College of Medicine
Cincinnati, Ohio

PROGRAM DESCRIPTION

This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism and how they can reduce the risk of recurrent thrombotic events.

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs.

For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal, or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity, that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

Please note that the company prohibits the offering of gifts, gratuities, or meals to federal government employees/officials. Thank you for your cooperation.

This symposium is not a part of the official Scientific Assembly educational program as planned by ACEP's Educational Meetings Committee.

This promotional educational activity is not accredited. The program content is developed by Janssen Pharmaceuticals, Inc. Speakers present on behalf of the company and are required to present information in compliance with FDA requirements for communications about its medicines.

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ACEP HONORS GROUPS IN THE 100% CLUB

ACEP’s Group Recognition Program is a great way to show your employees that you care about their continued success. This year there are 127 groups in ACEP’s 100% Club. If your group is interested in participating in ACEP’s Group Recognition Program, please visit the ACEP16 registration area or the Resource Center inside the Exhibit Hall.

ACEP PROUDLY RECOGNIZES THESE GROUPS THAT HAVE ALL ELIGIBLE
EMERGENCY PHYSICIANS ENROLLED AS MEMBERS:



Albany Medical Center Emergency Physicians
All Children’s Emergency Center Physicians
APEX Emergency Group
Asheboro Emergency Physicians PA
Athens-Clarke Emergency Specialists
Augusta Emergency Physicians
Augusta University
BlueWater Emergency Partners
Carson Tahoe Emergency Physicians
Cascade Emergency Associates
Cascade Emergency Physicians Inc.
Catawba Valley Emergency Physicians-Wake Forest
Central Coast Emergency Physicians
Centre Emergency Medical Associates
Children’s Hospital at Oklahoma University Medical Center, Section of Pediatric Emergency Medicine
Comprehensive Emergency Solutions, SC
Concord Emergency Medical Associates
Covenant HealthCare
Doctors For Emergency Services Delaware
East Carolina University
Eastside Emergency Physicians PLLC
Elkhart Emergency Physicians Inc.
EM Medical PC
Emergency Associates of Yakima
Emergency Care Consultants PC
Emergency Care Specialists Incorporated
Emergency Medical Associates PLLC
Emergency Medical Associates, SW Washington Medical Center
Emergency Medical Professionals, PA
Emergency Medical Specialists, Colorado Springs
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Emergency Medicine Associates LTD
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Emergency Medicine of Idaho
Emergency Medicine Specialists of Orange County
Emergency Physicians & Consultants
Emergency Physicians of Central Florida LLP
Emergency Physicians of Indianapolis
Emergency Physicians of Tidewater
Emergency Professional Services PC
Emergency Resource Management Inc.

Emergency Service Associates
Emergent Medical Associates
EmergiNet
Emerson Emergency Physicians, LLC
Emory University Department of Emergency Medicine
EPIC, LLC
First Contact Medical Specialists
Flagstaff Emergency Physicians
Florida Emergency Physicians Kang & Associates
Florida Regional Emergency Associates
FrontLine Emergency Care Specialist
Georgia Emergency Medicine Specialist
Georgia Emergency Physician Specialists LLC
Glens Falls Hospital ED Physicians
Grand River Emergency Medical Group PLC
Green Country Emergency Physicians
Hawaii Emergency Physicians Associated Inc.
Idaho Emergency Physicians PA
Indiana University Health Physicians
Johns Hopkins Medical Institute Faculty
Lehigh Valley Physician Group
LIJ Forest Hills Northwell Emergency Physicians
Long Island Emergency Medical Care PC
Long Island Jewish Emergency Physicians
Long Island Jewish Valley Stream
Maine Medical Center Emergency Physicians
Medical Center Emergency Services
Medical Services of Prescott
Mercy Hospital Emergency Physicians
Mercy Medical Center Emergency Medicine Physicians
Merrimack Valley Emergency Associates
Mid-Atlantic Emergency Medical Associates
Midland Emergency Room Corporation PC
Napa Valley Emergency Medical Group
New York Methodist Hospital Emergency Physicians
Newport Emergency Medical Group Inc.
Newport Emergency Physicians Inc.
North Memorial Emergency Physicians
North Shore Plainview Hospital
North Shore University Hospital Glen Cove
North Sound Emergency Medicine
Northeast Emergency Medicine Specialists
Northside Emergency Associates

Northwell Huntington Hospital
Northwell LIJ Lennox Hill HealthPlex
Northwell Southside Hospital
Northwell University Hospital at Syosset
Northwell University Hospital EM Physicians of Manhasset
Northwest Iowa Emergency Physicians
Orion Emergency Services
Pacific Emergency Providers APC
Pediatric Emergency Medicine Faculty at University of Louisville
Peninsula Emergency Physicians Inc.
Physician Services of Kansas University
Preston, MD & McMillin, MD PC
Professional Emergency Physicians Inc.
Puget Sound Physicians
Questcare Medical Services
Raleigh Emergency Medicine Associates
Rapid City Emergency Services PA
Rutgers Robert Wood Johnson Medical School Physicians
Sandhills Emergency Physicians
Sanford Emergency Department
Scottsdale Emergency Associates
Southwest Florida Emergency Physicians
St. Joseph Hospital, Bangor, Maine
Sturdy Memorial Emergency Physicians
Tacoma Emergency Care Physicians
Tampa Bay Emergency Physicians
Texas Tech HSC Faculty EM Physicians
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Unity Emergency Physicians PA
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University of Mississippi Medical Center Emergency Medicine
University of Puerto Rico
University of Virginia Department of Emergency Medicine
Wake Emergency Physicians PA
Washington University-Missouri
Wenatchee Emergency Physicians PC
Westfield Emergency Physicians

DON’T MISS THESE EMF EVENTS

The Emergency Medicine Foundation (EMF) is the charity of emergency physicians. Founded in 1972 by visionary leaders of ACEP, EMF invests its funds to further emergency medicine research and education. To date, EMF has awarded more than \$12 million in research grants to advance emergency medicine, science, and health policy. EMF’s mission is to promote education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Thanks to its generous donors, EMF awards more than \$600,000 in emergency medicine grants each year.

Research Forum/EMF Reception
Monday, 5:30–7:00 p.m.
South Seas Ballroom B
(By Invitation Only)

Meet other EMF research grantees who have benefited from EMF funding and hear their stories on how their research is making a difference in emergency medicine.

EMF Major Donor Lounge
Monday–Tuesday,
7:30 a.m.–4:00 p.m.
Surf D
(By Invitation Only)

EMF donors who have given \$500 or more since January 1, 2016, and Wiegenstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks, a computer, a printer, and charging stations. **Did you miss your chance to buy a brick for Pave the Way? No worries—you can pick one up here.**

EMF Silent Auction
Monday–Tuesday,
7:30 a.m.–5:30 p.m.
ACEP Alley, Oceanside Foyer

This popular favorite souvenir shop returns to ACEP16! Stop by the EMF Silent Auction for a chance to bid on hundreds of items, with proceeds benefiting EMF. Items include sports, music, and celebrity memorabilia, jewelry, artwork, vacation getaway packages donated by members, and more! *Managed by All Star Enterprises.*





Hot Sessions

Focus on Better Management for Cardiac Arrest

by VANESSA CACERES

Looking for a soup to nuts discussion of cardiac arrest management? Then don't miss today's "Code Talkers: A Point-Counterpoint Dialogue of Cardiac Arrest Management and What They Don't Teach in ACLS," led by William J. Brady, MD, FACEP, professor of emergency medicine and medical director, Emergency Management, University of Virginia, Charlottesville, Virginia; and Corey M. Slovis, MD, FACEP, professor and chairman, Department of Emergency Medicine, Vanderbilt University Medical Center, Nashville.

In an interactive and entertaining presentation, Dr. Brady and Dr. Slovis will focus on four main areas: the care patients receive before the emergency department or hospital, medication management in cardiac arrest, airway management, and the care involved when measuring targeted temperature management and PCI.

One area that Dr. Brady and Dr. Slovis will address that may cause confusion among emergency physicians is invasive airways. "In certain patients at certain times, airway is important," Dr. Brady said. "But it's not the most important intervention in all patients at all times. The situation is defined by medical events and the time at which the intervention is occurring."

Another area they will discuss is ventricular fibrillation and anti-arrhythmic therapy—and whether the current Advanced Cardiac Life Support (ACLS) recommendations are the state of the art, Dr. Slovis said. There's new evidence that amiodarone and lidocaine have about the same efficacy in this patient group. "It's much easier to give a push of lidocaine," Dr. Slovis said. They will also look at other management strategies for ventricular fibrillation, such as pad placement and the use of beta blockers—two things not part of the ACLS recommendations, Dr. Slovis said. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Brady



Dr. Slovis

CODE TALKERS: A POINT-COUNTERPOINT DIALOGUE OF CARDIAC ARREST MANAGEMENT AND WHAT THEY DON'T TEACH IN ACLS

**Monday, Oct. 17
10:00–10:50 a.m.
South Seas Ballroom E**

Update Your Knowledge on Heart Failure Assessment and Treatment

by VANESSA CACERES

Heart failure is one of the most common causes of hospitalization in the U.S., particularly in patients over the age of 70. Some of these patients are critically ill, while others simply need minor medication adjustments before being discharged.

The situation of individual patients can be complicated to assess, said Matthew Strehlow, MD, FACEP, clinical associate professor, emergency medicine, Stanford University, Stanford, California. So in his session "Acute Decompensated Heart Failure: Time Critical Interventions," Dr. Strehlow will review the assessment of heart failure and several treatments for it. The session will cover treatments that have an impact on survival in heart failure patients. For example, research has found that noninvasive positive pressure ventilation is beneficial in heart failure patients. "It can save patients from being intubated, and it can save their lives," he said.

Another treatment that will be discussed is the need for preload reduction, including the use of vasodilators to reduce stress and strain on the heart.

"It can save patients from being intubated, and it can save their lives."

—Dr. Strehlow

Dr. Strehlow plans to address some areas where heart failure care in the emergency department can improve, including:

- The use of bedside ultrasound to determine if a patient has heart failure (Tip: "The take-home is that you should be looking for B-lines in the patient's lungs and focusing on what the heart looks like," Dr. Strehlow said.)
- Assessing volume overload—"You classically think of patients being volume overloaded, but that's incorrect in 25 to 50 percent of cases," he said. "Sometimes, a patient may actually be volume down, and it's just a matter of shifting volume to a different part of the body." ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Strehlow

ACUTE DECOMPENSATED HEART FAILURE: TIME CRITICAL INTERVENTIONS

**Monday, Oct. 17
10:00–10:50 a.m.
Mandalay Bay Ballroom F**

Learn the Ins and Outs of Diagnosing Pediatric Rashes

by RICHARD QUINN

Emily Rose, MD, FACEP, FAAP, wants emergency physicians to trust their instincts when it comes to pediatric rashes, because most of the time a common rash is just that.

"What I'm specifically wanting to focus on is the atypical presentations of very common things," said Dr. Rose, assistant professor of clinical emergency medicine at Keck School of Medicine of the University of Southern California and the Keck Medical Center of USC, both in Los Angeles. "In all my years of practice, what I consistently see people getting thrown off by is basically a rash that's pretty common, but isn't recognized as a common rash. Physicians often think it's something much more rare or a sign of something that's concerning."

"In all my years of practice, what I consistently see people getting thrown off by is basically a rash that's pretty common, but isn't recognized as a common rash. Physicians often think it's something much more rare or a sign of something that's concerning."

—Dr. Rose

Dr. Rose, who has completed a pediatric fellowship, said that children can intimidate some emergency physicians, even though rarely a shift goes by without a rash presenting in the emergency department. "They think, 'Oh, I'm not as comfortable, I'm not as familiar, I don't know what this is,' when the truth is, they really do," she said. "They're very well-trained, they're very good at what they do." What Rose hopes that emergency physicians will take home is the tools that will allow them to recognize when a rash is just a rash or something more atypical. ☺

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Rose

CLASSIC PEDIATRIC RASHES

**Monday, Oct. 17
1:30–2:20 p.m.
Mandalay Bay Ballroom F**

Learn About the Latest Clinical Studies

by RICHARD QUINN

In emergency medicine, it seems the only constant is change—that and the "Clinical Pearls from the Recent Medical Literature" session. The analysis is a long-standing staple of the Annual Meeting and always well attended.

"There is just so much out there, and people need help to process it all," said co-presenter Jerome Hoffman, MD, FACEP, professor emeritus of medicine/emergency medicine at the UCLA School of Medicine, Los Angeles. "We can't all have the training or spend the time to be specialists at everything, and it's asking a lot of in-the-trenches clinicians, who spend most of their career providing clinical care, also to be expert at critically reading and interpreting the massive amounts of new literature that we're supposed to know."

That part is the job of Dr. Hoffman and his longtime co-presenter W. Richard Bukata, MD, editor of Emergency Medical Abstracts and a professor of emergency medicine at the University of Southern California, Los Angeles. The pair has led this session for as long as most can remember, and use the opportunity both to highlight the newest research and to "reflect upon the fact that what we do as emergency physicians is a privilege and an honor and a joy," Dr. Hoffman said.

"I hope that our audience will not only learn new facts, or even new approaches to clinical problems," he said, "but also that they'll be encouraged to think critically and to be appropriately skeptical about received wisdom in medicine ... as so much of it turns out to be wrong." ☺

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Bukata



Dr. Hoffman

CLINICAL PEARLS FROM THE RECENT MEDICAL LITERATURE: PART 1

**Monday, Oct. 17
9:00–9:50 p.m.
Mandalay Bay Ballroom F**

Sift Through the Most Important Critical Care Literature, Including Intracerebral Hemorrhage

by VANESSA CACERES

The crucial hours of an illness often take place when a patient is in the emergency department. It's during this time that lives can be saved—or lost. This is especially true as the amount of critical care delivered to emergency department patients continues to rise, said Michael E. Winters, MD, FACEP, associate professor of emergency medicine, University of Maryland School of Medicine, Baltimore.

To help emergency physicians manage the large amount of literature-based information available about critical care, Winter's session "Cruising the Literature: Top Articles in Critical Care" will address select articles from the previous year that pertain to the care of critical topics commonly encountered in the emergency department.

Some common topics include intracerebral hemorrhage, fluid resuscitation, sepsis, and cardiac arrest. The presentation also will cover recent literature reports related to sepsis and cardiac arrest care. One area addressed in the literature recently and that will be covered during the presentation is intracerebral hemorrhage, Dr. Winters said. Two key articles—ATCH-

2 and PATCH—have provided further information on blood pressure management and the transfusion of platelets for patients taking an antiplatelet medication. The recently published literature shows that in terms of fluid resuscitation, almost 50 percent of critically ill patients don't increase their cardiac output with additional fluid administration. "In these patients, additional fluids result in organ congestion and organ dysfunction," Dr. Winters said. "Therefore, it's imperative to be able to determine which patients need more fluid therapy."

Dr. Winters' talk also will address the utility of the passive leg raise test to assess fluid responsiveness, including how to perform the test, the pitfalls in interpretation, and the latest meta-analysis on passive leg raise recently published in *Critical Care Medicine*. ☛

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Winters

CRUISING THE LITERATURE: TOP ARTICLES IN CRITICAL CARE

**Monday, Oct. 17
3:30–4:20 p.m.
South Seas Ballroom E**

When Is a Pediatric Fever Something More?

by RICHARD QUINN

Al Sacchetti, MD, FACEP, has seen it countless times: A child presents with a fever. Is it the first sign of some rare and dangerous disease that if untreated will result in a parent's worst fears?

Or is it just a fever?

"By taking them through the same way they'll do it in the ED themselves, hopefully we'll be able to either reinforce what they're already doing or make little tweaks to pull them in line with what's going on in 2016."

—Dr. Sacchetti

Find out at his rapid-fire session "Staying Cool with Pediatric Fever."

"It's kind of a microcosm of emergency medicine," Dr. Sacchetti said. "It's a very common pediatric presentation that has the potential to mix extremely critically ill

children with an entire sea of really well children. The main take-home is that the vast majority of children you'll see with fevers are going to be relatively well with benign diseases. But it's important to emphasize that, despite that, you still have to have a high index of suspicion."

Dr. Sacchetti said that best practices for treating pediatric fever have remained steady in recent years. But he believes that reinforcing those practices is always worthwhile, particularly as he'll give his talk through the prism of how to handle actual presentations.

"By taking them through the same way they'll do it in the ED themselves," he said, "hopefully we'll be able to either reinforce what they're already doing or make little tweaks to pull them in line with what's going on in 2016." ☛

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Sacchetti

STAYING COOL WITH PEDIATRIC FEVER

**Monday, Oct. 17
4:30–4:55 p.m.
Mandalay Bay Ballroom D**

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Save These Dates

ACEP's Upcoming 2016 - 2017 Educational Meetings

November 14-18, 2016

Emergency Department Directors Academy - Phase I
Omni Park West - Dallas, TX
acep.org/edda

SOLD OUT



February 6-10, 2017

Emergency Department Directors Academy - Phase I
Omni Park West - Dallas, TX
acep.org/edda



February 20-24, 2017

Reimbursement & Coding 2017
The Westin Mission Hills Golf Resort & Spa - Palm Springs, CA
acep.org/rc



March 12-15, 2017

Leadership & Advocacy Conference
Grand Hyatt - Washington, DC
acep.org/lac



April 6-8, 2017

Emergency Medicine Academy - Critical Decisions with Master Clinicians
Sheraton Phoenix Downtown - Phoenix, AZ
acep.org/EMacademy



April 25-27, 2017

Advanced Pediatric Emergency Medicine Assembly
Paris Las Vegas - Las Vegas, NV
acep.org/pem



May 1-5, 2017

Emergency Department Directors Academy - Phase II
Omni Park West - Dallas, TX
acep.org/edda



October 30 - November 2, 2017

ACEP17 Scientific Assembly
Washington, DC
acep.org/acep17



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ACN_OSE_0916

Merge Science with Education at the Research Forum

THIS YEAR'S THREE-DAY ELECTRONIC showcase is larger than ever—emergency medicine's premier research event has been integrated like never before throughout the ACEP Annual Meeting.

New this year! Research Forum abstracts will be available to view near the course rooms and arranged by subject matter to enhance your learning experience. View and discuss original research that will impact your daily practice on the topics and issues that matter most to you and your patients. You can also learn from a panel of experts during "Prime Time Practice-Change: Highlights of the 2016 Research Forum" and interact with researchers during the Wine and Cheese Networking Socials at the world's largest gathering of researchers, teachers, and practitioners of emergency medicine.

Supported by the Emergency Medicine Foundation and The Medicines Company



MONDAY SCHEDULE

For a full listing of Research Forum presentations, see the ACEP16 Mobile App or pages 41-63 in the onsite program.

Electronic Abstract Session I

8:00-9:00 a.m.

- **Health Services Research**
Location: Breakers D
- **Informatics**
Location: Breakers J
- **EMS**
Location: Banyan D
- **Trauma/Injury**
Location: Banyan E
- **International/Global**
Location: Banyan F

Electronic Abstract Session II

9:00-10:00 a.m.

- **Health Services Research**
Location: Breakers D
- **Informatics**
Location: Breakers J
- **Emergency Medical Services**
Location: Banyan D
- **Pediatrics**
Location: Banyan E
- **International/Global**
Location: Banyan F

State-of-the Art: Outpatient Treatment of Venous Thromboembolism with Direct Oral Anticoagulants

10:00-10:30 a.m.

Location: Lagoon I

Jeffry Kline, MD, FACEP, moderator

Electronic Abstract Session III

10:30-11:30 a.m.

- **Health Services Research**
Location: Breakers D
- **Pain Management**
Location: Breakers J
- **Teaching Fellowship**
Location: Banyan D

- **Pediatrics**
Location: Banyan E
- **Psychiatry/Wellness**
Location: Banyan F

Research Forum EMF Showcase Luncheon

11:30 a.m.-1:00 p.m.

Location: South Seas Ballroom B
(By invitation only)

Electronic Abstract Session IV

1:00-2:00 p.m.

- **Health Services Research**
Location: Breakers D
- **Pain Management**
Location: Breakers J
- **Teaching Fellowship**
Location: Banyan D
- **Pediatrics**
Location: Banyan E
- **Psychiatry/Wellness**
Location: Banyan F

Plenary Session II

2:00-3:00 p.m.

Location: Lagoon I

Electronic Abstract Session V

3:00-4:00 p.m.

- **Health Services Research**
Location: Breakers D
- **Pain Management**
Location: Breakers J
- **Quality and Patient Safety**
Location: Banyan D
- **Neurology**
Location: Banyan E
- **Trauma**
Location: Banyan F

Day 2 Wrapup

4:00-4:30 p.m.

Location: Lagoon I

Research Forum/EMF Reception

5:30-7 p.m.

Location: South Seas Ballroom B

DON'T MISS THESE innovatED EVENTS

innovatED OFFERS AN UNPRECEDENTED LOOK AT NEW TECHNOLOGY, PRODUCTS, AND SERVICES available to emergency medicine practitioners. Don't miss out on these exciting events:



DARNELL SCOTT

MONDAY

Emergent Suffering: Palliative Approaches to Common ED Cases
10:30–10:50 a.m.
Location: Palliative Care/Comfort Room

The mHealth Toolbox
11 a.m.–12:15 p.m.
Location: Workshop Room

Emergency Physicians and the Optimal Work Environment
11:10–11:20 am
Location: ED Talk Theater
Presented by Ricardo Martinez, MD, FACEP, Adeptus Health chief medical officer; and Richard Zane, MD, UHealth chair and professor of emergency medicine
Sponsored by Adeptus Health

MCI Immersive Response: Active Shooter
11:20–11:50 a.m.
Location: Trauma Bay 3

Workflow Solutions for Your Institution
11:50 a.m.–12 p.m.
Location: ED Talk Theater
Presented by Ashtosh Dhar, director of medical informatics and mobility products
Sponsored by FUJIFILM SonoSite

Emergent Suffering: Palliative Approaches to Common ED Cases
12–12:20 p.m.
Location: Palliative Care/Comfort Room

Emergency Ultrasound Beyond the Hospital Room
12:10–12:20 p.m.
Location: ED Talk Theater
Presented by Geoff Sanz, MD, FRCPC, ultrasound director, Kelowna General Hospital Department of Emergency Medicine
Sponsored by Clarius Mobile Health

Emergent Suffering: Palliative Approaches to Common ED Cases
2:30–2:50 p.m.
Location: Palliative Care/Comfort Room

Optimizing Patient Care at Innovative Freestanding ERs
2:40–2:50 p.m.
Location: Ed Talk Theater
Presented by James Muzzarelli, MD, Adeptus Health executive medical director; and Joseph Guarisco, MD, system chief of emergency services, Ochsner Health System
Sponsored by Adeptus Health

FEATURED EVENT

Code Black: A Disaster Response
2:50–3:10 p.m.
Location: Trauma Bay 3
Last chance to catch this event! Engage in the live experience of a response to a simulated earthquake disaster. This mass casualty incident will be managed with the latest in know-how and innovative technology. Brought to you by a multi-section team including the ACEP Disaster, EMS, Event Medicine, Pediatric EM, Sports Medicine, and Ultrasound sections.

Forward Triage: How to Manage Patient Care in Non-Traditional Environments
3:15–3:25 p.m.
Location: ED Talk Theater
Presented by Gary Schindele, FF/EMT-P, president, Paladin Healthcare LLC
Sponsored by Paladin Healthcare LLC



DARNELL SCOTT

Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

“As the medical field continues to change—new technologies, new research—that’s always increasing the breadth of knowledge. So it’s really important for me on a professional and a personal level to keep up to date on what’s going on...and for selfish reasons, it’s nice to actually dress up in a professional manner and not wear PJs and clogs.”

—Sara Lary, DO, emergency physician at Swedish Medical Center, Edmonds, Washington

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ACEP gratefully acknowledges the following commercial supporters for their support of the ACEP16 Scientific Assembly. These corporations make a significant impact on your cost and the features of ACEP16 and other ACEP meetings. Thanks to their contributions, the College is able to continue to offer the best educational program at the most affordable cost.

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DARNELL SCOTT

Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

“ER is still a small field...there are a few names that you all recognize. It’s nice to have that. People that have been doing this a while, people that you know of, people that you see on the computer. It’s nice to see them live, ask questions.”

—Morombaye Mbaidjol, MD, emergency physician at Brookdale University Medical Center, Brooklyn, New York

AV Dissociation is a Symptom, Not a Diagnosis

And other tips for reading ECGs

by RICHARD QUINN

LAS VEGAS—Anders Osthus, DO, is going to need a few days to process all of the clinical pearls on Q waves, atrio-ventricular (AV) dissociation, and acute and chronic cor pulmonale presented in a rapid-fire session titled “Mastering Three Problems that can Kill in Emergency Electrocardiography: An Advanced Approach.”

He’s not the only one, either. The session proved so popular that a line snaked down a hallway of Mandalay Bay and pushed the start time back.

“That was really high-level, expert EKG interpretation,” said Dr. Osthus, an emergency physician at Essentia Health in Duluth, Minn. “I look at, I don’t know, 10 to 20 EKGs a shift? Those [pearls] will obviously pop into my mind at some point... the little individual things may bring up something you haven’t thought of when you’re looking at your next EKG.”

And that’s exactly the kind of reaction session presenter Jerry Jones, MD, FACEP, founder of Houston-based Medicus, wanted to hear. Dr. Jones has said he chose to focus on the three issues because they tend to be difficult for many emergency physicians to interpret.



“In electrocardiography, when we’re concerned whether or not a patient is having an acute myocardial infarction, of course we’re more concerned with repolarization changes, ST segment changes, Q wave changes. But we should also still be concerned about the presence of Q waves already on the ECG.”

—Dr. Jones

“You can see changes there that confuse them, that sometimes worry them and they’re not sure what they mean,” he said.

For example, Dr. Jones, has noted that abnormalities in Lead III results—be they Q waves or negative complexes—are not

necessarily difficult to find, but that’s only if people are looking for the nuances they can present.

“In electrocardiography, when we’re concerned whether or not a patient is having an acute myocardial infarction, of course we’re more concerned with repolarization changes, ST segment changes, Q wave changes,” Dr. Jones added. “But we should also still be concerned about the presence of Q waves already on the ECG.”

When it comes to third-degree AV block, Dr. Jones found himself repeating himself to drive home his points, which included a reminder that AV dissociation is like a cough. It’s not a diagnosis. It’s an electrocardiographic symptom. And, third-degree AV block “is a very infrequent cause.”

“You cannot diagnose third-degree AV block based on AV dissociation alone. That is the most important thing to get out of this session,” he said. “Now I want to move on to the second most important thing. You cannot diagnose third-degree AV block based on AV dissociation alone...there are too many other reasons for AV dissociation.”

RICHARD QUINN is a freelance writer in New Jersey.

Help Keep #ACEP16 a Trending Topic

What did @gruntdoc say about that lecture this morning? What does @jeremyfaust look forward to at innovatED? How lost did @srrezaie get in the hotel trying to get to the Exhibit Hall? What are you up to? ACEP’s social media reach skyrocketed last year—so much so that ACEP’s conference hashtag was one of Twitter’s most trending topics. Let’s make #ACEP16 even more popular. Follow @ACEPnow, and remember to check out www.facebook.com/ACEPfan for updates and images from parties and special sessions.

Tweet, Tweet in English y Español at #ACEP16

by JEREMY SAMUEL FAUST, MD, MS, MA



LAS VEGAS—Anyone who thinks what happens here stays here is not on Twitter. With well over 3,000 tweets tagged with the #ACEP16 hashtag on Sunday alone, garnering over 7 million impressions, the emergency medicine world is keeping tabs on us. Dr. Alison Haddock

(@AdvocacyMD) tweeted the news that “more than 7000 ER docs will be coming to #ACEP16 this year - it’s the

can’t-miss conference for our specialty!” She’s right. And thanks to the ever-enthusiastic #FOAMed community that has descended on Las Vegas, no one has to miss this—albeit as attendees, we are the lucky

ones who get both the medical education and the energy and camaraderie that only a Vegas conference can provide.

Here’s a roundup of some influential tweets so far.

While #FOAMed is a global movement, and ACEP is influential the world over, much is lost in translation. That’s why it’s exciting that Dr. Alejandro Moya, the president of Costa Rica Society of Emergency Physicians no less, has been doing some live tweeting from the conference in Spanish. Dr. Moya covered many pearls from Dr. Peter DeBlieux’s talk on the use of vasopressors in the ED including: “Nosotros no utilizamos ‘push dose’ antihipertensivos debido a problemas de seguridad, debemos hacer

lo contrario?” That translates back to English as “We don’t use push-dose antihypertensives due to safety problems, do we need to do the opposite?” Indeed, Dr. DeBlieux is concerned about our reliance on push-dose pressors, despite a paucity of supporting evidence. Translating while live-tweeting, Dr. Moya? That’s a level of multi-tasking that all EM providers can certainly envy. (Thanks to Manrique

Umana, @UmanaMD, for the re-translation.)

Meanwhile, prolific twitter master, Dr. Allen Roberts (@GruntDoc), provided an excellent live feed

from Dr. Anne Daul’s lecture “Emergency Care for the Transgender Patient.” Not surprisingly, our care for transgendered patients has room for improvement. In fact, “20 percent [are] denied care” and an even “bigger percentage delay care due to fear.” While ACEP has many tried-and-true lectures, it’s great to see the conference keeping up so that we can improve our care for this under-recognized patient population.

As always, for the twitter neophytes, don’t be shy! Tweet away, and tag your tweets #ACEP16. 🐦

DR. FAUST is an attending physician at Brigham and Women’s Hospital. He is co-host of FOAMcast and he tweets about emergency medicine and classical music @jeremyfaust.



PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

ACEP is proud to bring you the newly revamped Product and Service Showcases. These educational product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen on the exhibit floor. Show up early—seating is limited to 150 and a boxed meal will be served at each event.

MONDAY

Janssen Pharmaceutical Product Showcase

A Paradigm Shift in the Treatment of Thrombosis

11:30 a.m.–12:15 p.m.

Mandalay Bay Ballroom I

Speaker: James Williams, MD

This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism and to reduce the risk of recurrent thrombotic events.

Shire Product Showcase

A Case of Unexplained Asphyxia

11:30 a.m.–12:15 p.m.

Mandalay Bay Ballroom K

Speaker: William R. Lumry, MD

Participants are invited to test their diagnostic skills and uncover the cause of our patient’s symptoms during the presentation at this medical mystery.

Thermo Fisher Scientific Product Showcase

Emerging U.S. Data on Sepsis-Related Mortality: Can Procalcitonin (PCT) Predict Poor Outcome?

2:30–3:15 p.m.

Mandalay Bay Ballroom I

Speaker: Eric Gluck, MD

This Product Showcase will discuss trending host-response biomarkers during the progression from infection to severe sepsis. We will examine new findings from the Procalcitonin Monitoring Sepsis Study (MOSES) and the potential influence of repeated procalcitonin measurements on decisions regarding adequacy of source control and prediction of mortality in severe sepsis.

Novo Nordisk Product Showcase

True Stories of Bleeding Disorders in the Emergency Department

2:30–3:15 p.m.

Mandalay Bay Ballroom K

Speaker: Jesse Pines, MD, MBA, MSCE

This is a case-based presentation focused on patient presentation, laboratory tests, and diagnostic processes used to diagnose bleeding disorders. This program will highlight the importance of recognizing bleeding disorders as a potential cause of unexplained bleeding in patients in the emergency department.



DARNELL SCOTT

Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

“Continued education, but also catching up with your old colleagues. It’s good to collaborate with other groups and visit different hospitals to see what’s new and what they’re doing. A lot of is collaboration... Modules (at home) you zone out and go into automatic mode. Here it’s more interactive. You’re getting up and moving around to different lectures. And you can pick what’s important to you.”

—Kate Steinberg, DO, emergency physician at University of Colorado Health-Memorial Hospital, Colorado Springs

UNDER PRESSOR!

Utilizing IV pressors in the emergency department

by TERESA MCCALLION

LAS VEGAS—Managing profound hypotension in the critically ill can be complex. Peter M. DeBlieux, MD, FACEP, urged attendees to apply situational awareness—avoiding a “fixed recipe” dogmatic approach to these patients.

Dr. DeBlieux, a Louisiana State University Health Science Center, professor of emergency medicine and professor of pulmonary and critical care medicine in New Orleans, shared his experiences on common treatment plans for cardiogenic, obstructive, septic, and spinal shock. He also noted the surprisingly limited science supporting the complex treatment and management of these patients.

For the patient in cardiogenic shock presenting with primary pump failure, limited cardiac output, reduced coronary perfusion pressure with reduced mean arterial blood pressure (MABP), and increased heart rate corresponding to raised myocardial oxygen demand, the first line of defense is dobutamine, said Dr. DeBlieux.

According to current advanced cardiovascular life support (ACLS) practice, a patient with a systolic blood pressure (SBP) of less than 90 mm Hg should receive dobutamine. If the SBP is less than 80 mm Hg, dopamine is the best choice. Anything less than 70 mm Hg requires levophed. However, Dr. DeBlieux is dismissive of this last recommendation. “It’s based on next to zero evidence,” he said.

A 2006 study recommends using dobutamine with or without norepinephrine for first line therapy and dopamine and epinephrine as second and third line agents.



For the patient in cardiogenic shock presenting with primary pump failure, limited cardiac output, reduced coronary perfusion pressure with reduced mean arterial blood pressure (MABP), and increased heart rate corresponding to raised myocardial oxygen demand, the first line of defense is dobutamine.

—Dr. DeBlieux

He warned that, in these cases, phenylephrine is “not your friend,” stating that it offers pure alpha stimulation that can cause an increased afterload without improving contractility resulting in reflex bradycardia.

He suggested assessing volume status in order to identify the benefit of fluid boluses. Also, consider the patient’s heart rate. If the patient is tachycardic, choose an agent with reduced beta. Finally, keep a drip at a minimum to maintain a blood pressure of 75 mm Hg or more. “Our goal of 65 is not the goal for acute coronary events,” he said.

In the case of pulmonary embolus or shock with acute pulmonary hypertension, Dr. DeBlieux said the best vasoactive agent is norepinephrine. Although there is no human data, limited animal studies support that norepinephrine is associated with improved survival, improved cardiac output and coronary blood flow, and minimal changes in pulmonary vasculature. “Be cautious with fluid application,” he said.

Norepinephrine is also the agent of choice for patients in septic shock, Dr. DeBlieux said—although dobutamine and epinephrine can also be helpful. “Vital signs are not the marker here. Lactate is more important,” he said. Serial lactate measurements should guide ongoing resuscitation efforts.

He also recommends using ultrasound. “We are not expected to be experts in cardiology. The goal is for us to use ultrasound to determine if the patient has a wimpy heart or a strong heart,” he said.

“CVP [central venous pressure] is worthless. The evidence does not support it,” Dr. DeBlieux said. The study is based on 12 horses, not humans, he noted.

For the treatment of spinal shock, Dr. DeBlieux recommends dopamine. “Push those pressors,” he said.

To adequately treat patients in shock, Dr. DeBlieux stressed the need to treat each as a unique case. When administering IV pressor agents use the minimum dose required and evaluate the need for ongoing treatment. Finally, utilize ultrasound early and often. ☛

TERESA MCCALLION is a freelance medical writer based in Washington State.

NEMPAC Contributions Vital During Election Year



PHOTO COURTESY ACEP

Attendees of the fundraising breakfast for Rep. Joe Heck

With the pivotal 2016 elections just weeks away and on the minds of voters nationwide, ACEP16 is the perfect opportunity for emergency physicians to demonstrate their commitment to political and grassroots advocacy on behalf of the specialty. As in years past, ACEP council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs and continues to be a strong, respected voice in Washington, D.C.

Prior to and during the ACEP Council meeting over the weekend, NEMPAC collected nearly \$300,000 from Council members. Combined with thousands of donations this year by ACEP members across the country, NEMPAC is well on its way to exceeding the \$1 million goal set by the ACEP Board of Directors in 2016. Along with more than \$1 million collected from ACEP members last year, NEMPAC was able to contribute \$1.8 million to 26 Senate candidates and 208 House races.

NEMPAC serves a vital role in advancing ACEP's legislative agenda and in broadening ACEP's visibility with Congress. NEMPAC's growth has allowed us to be involved in more congressional races and has expanded our influence on Capitol Hill.

The NEMPAC Board of Trustees, made up of ACEP members, approves a candidate budget for each election cycle. Evaluation criteria is based on the candidate's or member's support of ACEP's legislative priorities. Other factors considered include the member's committee assignment, leadership position, and the difficulty of his/her election campaign. NEMPAC also relies on the input of ACEP state chapter leadership, individual 911 Network members,

and NEMPAC supporters when evaluating open seat and challenger races.

Key issues shaping NEMPAC contribution decisions are support or "co-sponsorship" of ACEP-endorsed legislation, including EMTALA liability relief legislation, EMSC, Standing Orders legislation, support of mental health legislation to end the practice of psychiatric boarding in emergency departments, legislation to address the opioid and synthetic drug crisis, and preserving critical funding for trauma, EMS, graduate medical education, Medicare, Medicaid, and emergency preparedness programs, as well as other issues that merit support. For more information about NEMPAC, please visit the link in the ACEP16 app or visit www.emergency-physicianspac.org

NEMPAC Stats for the 2016 elections

- 744 contributions delivered by ACEP members or staff for candidates in the 2016 elections.
- 250 ACEP members participated in more than 100 campaign events for federal legislators.
- ACEP staff and members met with 45 new candidates for NEMPAC consideration.

NEMPAC is proud to support three emergency physicians running for Congress in 2016 and is hosting events for these candidates during ACEP16.

Rep. Joe Heck (R-NV) for U.S. Senate in Nevada

Rep. Raul Ruiz (D-CA) for re-election to CA-26

Dr. Mark Plaster (R-CA), first-time congressional candidate in MD-03

TAKE ADVANTAGE OF THE NEMPAC DONOR LOUNGE

NEMPAC VIP DONOR LOUNGE
(NEMPAC VIP Access Pass Required)

Sunday–Tuesday

8 a.m.–5 p.m.

Surf B

NEMPAC's highest donors (\$600 and above, \$60 for Residents in 2016) are invited to stop by and relax in the NEMPAC VIP Lounge. Donors will receive access to complimentary breakfast, lunch, laptop/printer usage and professional neck and shoulder massages. Give-A-Shift donors will receive a special thank-you gift from the NEMPAC Board.



FUNDRAISING RECEPTION

Rep. Raul Ruiz, MD, FACEP for US Congress District 36 in California

Monday, Oct. 17

5:30–6:30 p.m.

Surf B

A donation is required for attendance.

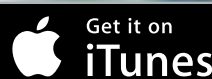


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DARNELL SCOTT

Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

"I'm an owner of a freestanding ER, so there are a lot of changes in terms of what's coming around in emergency medicine, especially in Texas. For me, it's just trying to keep up with all the new things and all the changes that are taking place in our field. Other than the fact I have to take a plane ride here, I think it's the best thing that you can do. Come here and you get all your classes, your lectures, your CME. Hopefully, you get to meet some new friends and old colleagues you haven't seen in a while."

—Rajesh Rao, DO, emergency physician at Advance ER, Dallas



WORK HARD AND PLAY HARD WITH EMRA

THE EMERGENCY MEDICINE RESIDENTS' ASSOCIATION (EMRA) activities at ACEP16 begin today with a hard-core simulation competition, round out with a lecture competition, and finish the day in an epic party. EMRA events come at no charge to residents and medical students. Here's today's lineup:

MONDAY

EMRA Resident SIMWars Competition

9:00 a.m.–3:00 p.m.

Location: South Pacific Ballroom F

In this high-fidelity simulation competition, you help decide the winning team.

20 in 6: EMRA Resident Lecture Competition

4:00–6:00 p.m.

Location: South Pacific Ballroom H

Sponsored by Hippo Education

Watch your fellow residents vie for the title of Best Resident Lecturer as each competitor presents 20 slides in six minutes on any topic.

EMRA Party at LIGHT Nightclub

10:00 p.m.–2:00 a.m.

Location: LIGHT, Mandalay Bay

Sponsored by EMCare

Come join EMRA members for a fantastic evening! In addition to the sponsors listed in Sunday's ACEP16 Daily News, CEP America sponsored the EMRA Resident Lunch Lecture series.

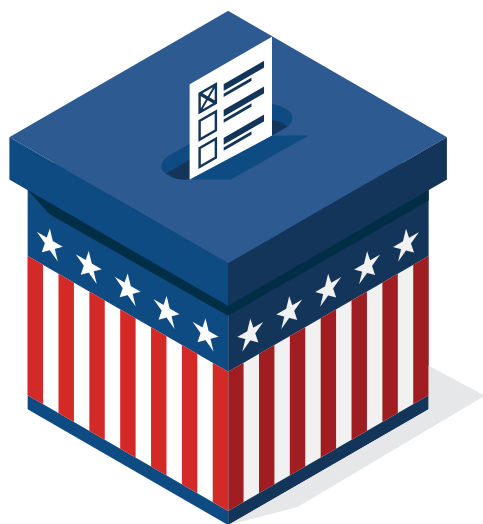


How Will the 2016 Elections Impact Emergency Medicine and Patients?

ATTEND MESSAGING FOR TOMORROW—TOOLS AND TECHNIQUES TO PREPARE FOR A NEW POLITICAL ENVIRONMENT on Monday

from 8:00–8:50 a.m. in Lagoon H to learn from speakers **Gordon B. Wheeler** and **Jeanne Slade** how you can take the lead in educating the new Administration and Congress about key health care issues in 2017.

Leave the course with an action plan for how to develop relationships with your legislators and their staff and how to work with your colleagues on a unified message to advance emergency medicine's advocacy agenda in the 115th Congress.



Get LinkedIn at ACEP16

JOB HUNTING? LOOKING TO NETWORK? Just want to polish up your online presence? Visit the LinkedIn Corner in the Resource Center (Oceanside Exhibit Hall, Monday–Tuesday, 9:30 a.m.–3:30 p.m.).

Through powerful insights, you'll have your understanding of today's LinkedIn platform transformed, discuss profile do's and don'ts, and learn straightforward ways to reposition yourself as an expert and thought leader within your industry. You'll walk away knowing how to:

- Engage your professional network of contacts.
- Build connections that are useful and meaningful.

- Showcase yourself as a desirable, well-rounded professional.
- Share ideas to stand out and be sought out.

Improve interactions, build connections, and increase engagement by uncovering the myths and truths about creating an impactful LinkedIn profile. It's time to get the most out of LinkedIn. And don't leave ACEP16 without a fresh new headshot from Studio ACEP (located in ACEP Alley, Oceanside Foyer).

USE THE ACEP16 MOBILE APP

Maximize your experience! The app is available in the iOS App Store and the Google Play store. Use your login credentials from your ACEP16 registration to get schedules, syllabi, surveys, and the all-new ACEP GO game.



Essentia Health

Here with you

Our Essentia Health Team welcomes your questions about our Emergency Medicine openings!

Dr. Henry, ER Physician and CMO at Essentia Health and Carri Prudhomme, Physician Recruiter at Essentia Health will be on-site and available on Sunday, October 16th from 5p-7p at Mandalay Bay Hotel (table #323). We invite you to come and visit with us!

Essentia Health offers competitive compensation, health and dental benefits, CME allowance, relocation package, and more! We are located throughout three geographical locations and offer all the amenities of a metropolitan area, affordable housing, thriving economies, and great places to start your career and raise a family.

Contact: Carri.Prudhomme@EssentiaHealth.org or call Carri at 218-786-3908

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