CME Sponsors: American Medical Seminars, Inc.
Activity Title: Emergency Medicine: Practicing According to the Evidence
Activity Dates: January 14-18, 2019
Presenting Faculty: Michael A. Gibbs, M.D., F.A.C.E.P.; Andrew D. Perron, M.D., F.A.C.E.P., F.A.C.S.M.; and Michael E. Winters, M.D., F.A.A.E.M., F.A.C.E.P.

NARRATIVE DESCRIPTION

Following this course, the participant should be able to appraise the epidemiology, demographics and common clinical presentations for the diseases and disorders discussed; construct an appropriate history, physical exam and laboratory evaluation to develop cost-effective and accurate diagnosis; manage as well as employ appropriate follow-up and/or specialty referral for the diseases and disorders presented. This activity is expected to result in improved competence in making appropriate diagnosis and providing effective treatment and referral or follow-up care with the overall goal of improving patient outcomes.

The emphasis will be on aligning physician behavior with current guidelines and evidence-based medicine, as indicated within each topic's specific objectives. Emergency Medicine is a specialty that has a high rate of utilization and change in standards of care. It is often the point of entry for medical care; therefore, this course was designed to be of value to all practitioners at the level of a practicing physician in an effort to keep them abreast of current clinical practices in Emergency Medicine.

SPECIFIC OBJECTIVES

Day 1

Acute Coronary Syndrome in the ED: So Many Drugs and So Little Time.

Upon completion of this session, the participant should be able to: EBM, GL, COMP

1. Analyze the scope of the problem of ACS in the ED.
2. Integrate the evidence-based treatment of ACS based on the latest applicable literature.
3. Relate the areas of controversy in the treatment of this disease entity.
4. Assess emerging therapies that may prove useful for the treatment of ACS in the ED.
5. Apply and integrate the updated ACC/AHA guidelines for the management of patients with unstable angina and non ST-segment elevation myocardial infarction.

Pericarditis and Myocarditis: How Can 2 Diseases Sound So Similar and Act So Differently?

Upon completion of this session, the participant should be able to: EBM, COMP

1. Illustrate the pathophysiology and clinical presentation of these two entities.
2. Differentiate the potential pitfalls in the diagnosis and management of these diseases.
3. Analyze the commonalities and differences of these closely related diseases.
4. Recommend evidence-based work-up and treatment options for pericarditis and myocarditis.

Post-Arrest Care.

Upon completion of this session, the participant should be able to: COMP

1. Develop goals for oxygenation and ventilation in the patient with return of spontaneous circulation following cardiac arrest.
2. Identify the optimal mean arterial blood pressure in post-arrest patients.
3. Employ appropriate use of targeted temperature management in post-arrest patients.
4. Determine which post-arrest patients should be sent for emergent cardiac catheterization.

Deadly Allergies and Anaphylaxis.

Upon completion of this session, the participant should be able to: COMP

1. Determine the clinical criteria for anaphylaxis.
2. Appraise the use of epinephrine in patients with anaphylaxis.
3. Assess the role of second-line medications commonly used in the treatment of anaphylaxis.
4. Specify which patients with anaphylaxis require continued observation or admission.

Day 2

Recent Critical Care Articles You've Got to Know!

Upon completion of this session, the participant should be able to: COMP

1. Appraise key articles from the recent critical care and emergency medicine literature.
2. Plan the integration of recent evidence into the practice of emergency medicine.

Critical Care Quickies.

Upon completion of this session, the participant should be able to: COMP

1. Determine the optimal ventilator settings for intubated emergency department patients.
2. Employ the use of flush rate oxygen for preoxygenation of the crashing patient.
3. Discuss the use of performance enhancing skills in the stressful environment of a resuscitation.
4. Determine the appropriate dose of RSI medications in the critically ill obese patient.

Minor Closed Head Injury: An Evidence-Based Approach.

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Upon completion of this session, the participant should be able to: EBM, GL, COMP

1. Assess and relate the pathophysiology of minor closed head injury.
2. Appraise the literature as it pertains to minor closed head injury and apply ACEP Guidelines as they relate to minor CHI.
3. Recommend diagnostic algorithms appropriate for the evaluation and management of minor CHI in light of best-evidence available.

Low Back Pain in the ED: What We Know, What We Think We Know, and What We Don't Know.

Upon completion of this session, the participant should be able to: EBM, COMP

1. Apply an evidence-based approach to the evaluation of non-traumatic back pain.
2. Differentiate the "red flags" that should heighten the suspicion for serious pathology in the evaluation of back pain.
3. Assess and differentiate both effective as well as disproved therapies in the treatment of back pain using the Cochrane Database.
4. Specify potential pitfalls in the treatment and disposition of low back pain.

Day 3

Turning Error into Opportunity.

Upon completion of this session, the participant should be able to: GL, COMP

1. Specify the elements of the emergency care environment that predisposes the clinician to decision-making errors as per the 2015 Institute of Medicine report.
2. Develop and integrate cognitive strategies that reduce the likelihood of error.
3. Design and implement effective methods for reviewing, discussing and addressing medical errors as per the Institute of Medicine guidelines.

Hypertension – Just the Facts!

Upon completion of this session, the participant should be able to: GL, COMP

1. Determine the emergency department "essentials" for the assessment of the patient with hypertension.
2. Develop a rational framework for the ED treatment of acute hypertension based on specific clinical scenarios.
3. Integrate essentials of the current JNC guidelines.

Pediatric Orthopedic Pearls and Pitfalls.

Pediatric orthopedic injuries are frequently seen in the Emergency Department. This population is at risk for missed or mis-managed orthopedic injuries based on inability to provide a history, presence of growth plates and ossification centers, and the imbalance of stronger ligaments and pliable bone. Upon completion of this session, the participant should be able to: EBM, COMP

1. Determine the presence of, and apply the evidence-based treatment for Salter-Harris injuries.
2. Formulate strategies to avoid the missed diagnosis of pediatric supracondylar humeral fractures.
3. Integrate effective methods to avoid the missed diagnosis of slipped-capital-femoral epiphysis and employ the acute treatment algorithm once it is identified.

Adult Orthopedic Pearls and Pitfalls.

Orthopedic injuries are a frequently seen complaint in the Emergency Department. The vast majority are straightforward to diagnose and manage. There are some injuries, however, that are more subtle in presentation and more complicated to manage. This session will focus on the latter group of injuries. Upon completion of this session, the participant should be able to: EBM, COMP

1. Detect the presentation and diagnostic pitfalls associated with posterior shoulder dislocation.
2. Determine an appropriate work-up of compartment syndrome and distinguish the myriad ways it can present.
3. Appraise those at risk for knee dislocation and relate the time-imperative for reduction.
4. Demonstrate understanding of the work-up and evidence-based treatment for native hip dislocation, as well as occult hip fracture.

Day 4

PE and DVT in the Emergency Department.

Upon completion of this session, the participant should be able to: EBM, GL, COMP

1. Analyze the scope of the problem of thromboembolic disease in the ED.
2. Employ the latest diagnostic algorithms and adjuncts available to aid the clinician in the diagnosis of thromboembolic disease.
3. Appraise the evidence-based treatment of thromboembolic disease based on the latest applicable literature and apply applicable ACEP Guidelines.
4. Assess the limitations of current diagnostic modalities for these diseases.

Thrombolysis for Stroke.

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Upon completion of this session, the participant should be able to: GL, COMP

1. Analyze and integrate the principles and pathophysiology of stroke and stroke treatment.
2. Appraise the applicable medical literature that is available to the clinician along with the latest ASA Guidelines.
3. Debate the performance of thrombolysis for stroke to this point in time.
4. Appraise the controversy in the medical literature regarding this therapy.
5. Determine emerging technologies and therapies that may prove useful for the treatment of stroke in the ED.

Aortic Emergencies.

Upon completion of this session, the participant should be able to: COMP

1. Specify the pathophysiology and clinical presentations, and formulate ED management, of the following:
   a. Abdominal aortic aneurysm,
   b. Traumatic aortic disruption,
   c. Essentials of aortic dissection.

Abdominal Pain Case Studies.

Upon completion of this session, the participant should be able to: EBM, COMP

1. Develop an evidence-based approach to evaluation of the ED patient with abdominal pain.
2. Determine and avoid common pitfalls in the assessment of patients with abdominal pain.
3. Detect and assess high-risk scenarios related to patients with abdominal pain.

Day 5

Early Goal Directed Therapy in Sepsis: Why All the Fuss?

Upon completion of this session, the participant should be able to: GL, COMP

1. Determine the pathophysiology of sepsis and the sepsis syndrome.
2. Evaluate the scope of the problem regarding effective management of sepsis in the ED.
3. Appraise the principles of early goal-directed therapy in the treatment of sepsis.
4. Employ the applicable "surviving sepsis" guidelines.
5. Assess the potential gains that can be realized, as well as the pitfalls to avoid, in the management of sepsis utilizing early goal directed therapy.

Community Acquired Methicillin Resistant *Staphylococcus aureus* (CA-MRSA): An Update.

Upon completion of this session, the participant should be able to: EBM, COMP

1. Assess risk factors for CA-MRSA infection.
2. Specify the best-evidence management of skin and soft-tissue infections in the era of drug resistance.
3. Assess both pharmacologic and non-pharmacologic management strategies for this disease entity.
4. Demonstrate familiarity with the latest treatment recommendations for CA-MRSA as directed by the CDC.

Mastering Local and Regional Anesthesia.

Upon completion of this session, the participant should be able to: GL, COMP

1. Appraise the pharmacology of local anesthetics, to include toxicities as per the American Society of Regional Anesthesia and Pain Management (ASRA).
2. Analyze recent controversies in local anesthetic techniques.
3. Determine and employ regional anesthetic techniques appropriate for the ED as per the ASRA.

Trauma Case Studies.

Upon completion of this session, the participant should be able to: COMP

1. Specify and apply critical issues in the evaluation and management of the injured patient using a case-based format.
2. Identify the essentials of early ED care for the trauma patient using a case-based approach.
3. Discuss the "essentials" of the effective inter-facility trauma transfer.