



CME Sponsors: American Medical Seminars, Inc.  
 Activity Title: Pediatric Emergency Medicine: An Evidence-Based Approach  
 Activity Dates: March 18-22, 2019  
 Presenting Faculty: John M. Loiselle, M.D., F.A.A.P.; Rakesh D. Mistry, M.D., M.S.;  
 and Richard J. Scarfone, M.D., F.A.A.P.

### NARRATIVE DESCRIPTION

Following this course, the participant should be able to formulate an appropriate differential diagnosis of the various presenting disorders; apply proper life-stabilizing measures as well as identify the life-threatening emergencies as requiring urgent treatment and/or hospital admission; organize an approach to diagnosis and test ordering and develop a treatment plan based on current evidence as well as providing cost-effective outcomes. 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, with a focus on diagnosis, treatment and when to refer. There is a need to increase competence in the field of Pediatric Emergency Medicine since it affects not only those in EM but even those practicing in clinical settings such as FP, GP and Pediatricians; therefore, this course was designed as a review and update for all practitioners at the level of a practicing physician.

### SPECIFIC OBJECTIVES

#### Day 1

##### Let's Use Our Heads: Head Trauma.

Upon completion of this session, the participant should be able to: <sup>GL, COMP</sup>

1. Apply a decision rule generated from a multi-center study to manage head injured children.
2. Manage children who have sustained concussions and apply guidelines from the International Conference on Concussions and other recent publications.
3. Utilize imaging studies appropriately in the evaluation of head injured children.

##### Visual Diagnosis.

Upon completion of this session, the participant should be able to: <sup>EBM, COMP</sup>

1. Demonstrate the ability to identify diagnoses in children by simple visual inspection.
2. Discriminate among common pediatric diagnoses by asking appropriate historical questions.
3. Employ Evidence Based Medicine and Guideline based management of diseases such as Lyme, Bell's Palsy, DKA, and other commonly seen disorders.

##### Fever and Rash – When to Worry.

Upon completion of this session, the participant should be able to: <sup>COMP, GL</sup>

1. Employ a standardized approach to a febrile child with petechiae.
2. Identify distinguishing characteristics of rashes in the child with fever.
3. Enumerate historical clues that are helpful in evaluating rashes.
4. Apply the AAP policy regarding use of meningococcal vaccinations in children.

##### Pediatric Status Epilepticus and Febrile Seizures.

Upon completion of this session, the participant should be able to: <sup>COMP, GL</sup>

1. Explain the management of Status Epilepticus in the pediatric patient.
2. Define appropriate laboratory and imaging studies in the acute care setting.
3. Choose appropriate anticonvulsant agents for a child in status epilepticus.
4. Educate parents regarding the prognosis of a child with simple febrile seizures.
5. Evaluate the child with a simple febrile seizure according to AAP guidelines.

#### Day 2

##### Clinical Clues to Detecting Child Physical Abuse.

Upon completion of this session, the participant should be able to: <sup>COMP, GL</sup>

1. Identify findings that are characteristic of physical abuse.
2. Distinguish physical findings often confused with physical abuse.
3. Formulate further evaluation based on the most recent AAP guidelines.

##### Managing Animal Bites.

Upon completion of this session, the participant should be able to: <sup>COMP, GL</sup>

1. Identify those bites that are at particular risk of infection.
2. Summarize the arguments for and against the use of prophylactic antibiotics in specific bite wounds.
3. Match specific infecting organisms with the biting animal.
4. Provide animal bite prevention strategies for your patient families.
5. Apply ACIP and AAP guidelines when providing Rabies and Tetanus immunizations to patients who have sustained an animal bite.



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### The Eyes Have It: The Red Hot Eye.

Upon completion of this session, using information from review articles, the participant should be able to: <sup>COMP ^</sup>

1. Demonstrate the six-point eye examination and summarize what clinical conditions may be identified by each step in the examination.
2. Treat eye pathology resulting from infection or trauma and relate examples of when to refer a child to an ophthalmologist.
3. Summarize the differences between sinusitis with inflammatory edema, peri-orbital cellulitis and orbital cellulitis.

### Teaching Pearls You Should Know.

Upon completion of this session, using data and results from clinical trials and referenced EBM, the participant should be able to: <sup>EBM, COMP</sup>

1. Use test characteristics such as positive predictive value to interpret diagnostic test results.
2. Order diagnostic tests appropriately by considering risks and benefits.
3. Apply key teaching points to enhance management of specific diagnostic conditions.

### Day 3

#### Management of Acute Asthma.

Upon completion of this session, using evidence-based guidelines, the participant should be able to: <sup>EBM, GL, COMP</sup>

1. Apply evidence from the Cochrane Database to make decisions about utilizing either nebulizers or metered-dose inhalers with spacers to deliver beta<sub>2</sub>-agonists to appropriate candidates.
2. Summarize the evidence supporting the use of ipratropium bromide and corticosteroids for moderately ill asthmatic children.
3. Develop an organized approach to the initial management of children with severe asthma.

#### Improving Medical Decision Making: Patient Safety and Strategies to Avoid Diagnostic Errors.

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

1. Acknowledge that relying on pattern recognition and memory and making snap judgments may lead to diagnostic errors.
2. Explain the cognitive errors that physicians make most frequently.
3. Develop an approach to medical decision making that will help prevent committing diagnostic errors.

### Approach to the Febrile Young Child.

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

1. Develop appropriate management strategies for febrile young children (2-24 months).
2. Determine which febrile young children are at low-risk for serious infections, using evidence-based guidelines.
3. Assess the role of recent evidence and vaccination programs when evaluating occult infections in febrile young children.

### Ingested and Aspirated Foreign Bodies.

Upon completion of this session, the participant should be able to: <sup>COMP ^</sup>

1. Distinguish the differences in clinical presentation between ingested and aspirated foreign bodies in children.
2. Select appropriate imaging strategies for detection of ingested and aspirated foreign bodies, and subsequent indication for specialty consultation.
3. Relate the most common complications associated with ingested and aspirated foreign bodies.

### Day 4

#### Upper Extremity Fractures in Children.

Upon completion of this session, the participant should be able to: <sup>COMP ^</sup>

1. Develop an age-appropriate evaluation to upper extremity fractures in children.
2. Detect common upper extremity fractures using common diagnostic and radiographic techniques.
3. Evaluate indications for emergent and outpatient orthopedic consultation in children with upper extremity injuries.

#### Urinary Tract Infections in Children.

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

1. Develop an age-based approach to children with urinary tract infections (UTI).
2. Employ evidence-based methods of risk assessment for occult UTI screening in febrile young children.
3. Select the most appropriate urine collection methods and diagnostic tests for children with suspected UTI, as delineated by current evidence.
4. Utilize local bacterial resistance and American Academy of Pediatrics guidelines when forming therapeutic decisions for pediatric UTI.



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### The Febrile Young Infant (Birth – 2 months).

Upon completion of this session, using data from landmark studies, the participant should be able to: <sup>GL, COMP</sup>

1. Evaluate and treat the febrile infant who is less than eight weeks of age.
2. Summarize those serious bacterial infections for which the febrile infant is at risk.
3. Appraise recent data suggesting that a subset of low-risk febrile infants may be managed as outpatients, without CSF analysis, as per Guidelines of managing the well appearing infant.

### Infants Behaving Badly.

Upon completion of this session, using information from review articles, the participant should be able to: <sup>EBM, GL, COMP</sup>

1. Develop a complete differential diagnosis for critically ill infants.
2. Summarize the key management strategies in actual cases of infants presenting to a pediatric emergency department as per the referenced EBM and Guidelines.
3. Administer appropriate diagnostic studies in the evaluation and management of infants with interesting and uncommon diagnoses.

### Day 5

#### Pain Management in the Office and ED.

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

1. Employ the American Society of Anesthesiologists, American Academy of Pediatrics, and American College of Emergency Physicians fasting guidelines for procedural sedation.
2. Manage the pain associated with specific illnesses or injuries commonly seen in an office setting.
3. Manage the pain and sedation needs of children with specific illnesses or injuries commonly seen in an ED.

#### No Time to Waste – Surgical Emergencies.

Upon completion of this session, using information from review articles, the participant should be able to: <sup>EBM, COMP</sup>

1. Based on a child's presenting signs and symptoms suggestive of a surgical emergency, make rapid management decisions based upon referenced Evidence Based Medicine and validated clinical prediction rules.
2. Administer appropriate diagnostic studies in the evaluation of children with surgical emergencies.
3. Avoid activities that will result in a delayed diagnosis for children with surgical emergencies.

#### Skin and Soft Tissue Infections in the Era of Community-Associated Methicillin Resistant *Staphylococcus aureus* (CA-MRSA): An Evidence-Based Approach.

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

1. Detect common skin and soft tissue infections potentially caused by CA-MRSA in children.
2. Construct a diagnostic approach to common CA-MRSA infections using the most recent pediatric evidence and national guidelines.
3. Use recent evidence to develop appropriate management strategies for CA-MRSA infections.
4. Construct an informed approach to antibiotic therapy for skin and soft tissue infections.

#### Evaluation and Management of Dehydration in Children.

Upon completion of this session, the participant should be able to: <sup>EBM, COMP</sup>

1. Determine the degree of dehydration in children using common clinical findings.
2. Relate appropriate indications for laboratory evaluation and intravenous fluid therapy for dehydrated children.
3. Describe the various methods of rehydration for children.
4. Utilize current evidence to understand the role of anti-emetics and oral rehydration therapy in treatment of children with dehydration.