

Emergency Department Update

January 17, 2025
Issue # 182

GENERAL

Reminder: Blood Culture Bottles

Due to the ongoing blood culture bottle shortage, the laboratory will begin supplying the ED with *glass anaerobic blood culture bottles* sometime this week. These glass bottles are equivalent substitutes for the standard plastic anaerobic bottles. While they look and feel similar, they are heavier and more fragile and may present challenges, such as breakage, if sent through the pneumatic tube system.

To mitigate this risk, we request that blood culture bottles be sent via messenger instead of through the pneumatic tube.

Masking

Gentle reminder: Please follow the universal masking policy. We are starting to see the beginning of our annual rise in influenza cases. We know some staff are at increased risk of severe illness or complications from both COVID and influenza. Staff can also wear an N95 throughout their shift to eliminate an exposure. Thank you for all your help in preventing transmission between staff and patients.

Boarding in the ED and Meal Carts

It is winter, and our hospital census is surging. With increased patient boarding, more meal carts are being delivered to our units. If meal carts remain in the pods, please contact the Dietary Supervisor on duty at 628-206-0130 for removal. This will help improve our environment of care during the ongoing stroke survey window.

PEM PEARL

As many of you know, one of my academic areas of interest is **blunt torso trauma**. Our [blunt torso trauma pathway](#) incorporates a combination of patient-reported symptoms, exam findings, and tests (labs and imaging) to drive patient evaluation and management, and a [brand new study](#) from University of Arizona looks at just this-- what're the most important predictors of **intra-abdominal injury (IAI)**? (A more meaningful outcome is IAI with intervention, or IAI-I; however, the most conservative outcome is IAI and I think our SFGH trauma surgeons care about IAI almost equally to IAI-I.)

The authors found that **abdominal tenderness on exam**, an **abnormal abdominal XR**, and a **positive FAST** were all predictive of **IAI on CT**. Lab-wise, kids were more likely to have IAI if they had **abnormal AST (> 200)**. Kids were also more likely to have IAI if they **required blood transfusion**.

None of these findings are shocking to me, and there are many interesting points to pull out of this paper:

- Even though the patient population had a moderate injury severity score, **83% had negative CTs**
 - Of the 17% who had IAI on CT, **17% (< 3% of the whole cohort) required intervention**
- The **liver** was the most commonly injured organ
- All patients with IAI who had abnormal lab results also had at least **one more predictor of IAI**
- Along a similar vein-- of all the patients with abnormal labs, only 15.7% had *any* predictors of IAI, and **none** of them had IAI on CT
 - The authors conclude that **isolated abnormal labs are not reliable in predicting IAI**
- **Positive FAST** was the most significant and profound variable

Looking at these results, even our pathway is probably a bit too conservative-- we could probably under-emphasize vomiting, abdominal pain, and other lab values. As research continues to file in, practice will be actively changing throughout the decade. So interesting!

Please hit me up with any questions, comments, cases, anything! I love the topic! 😊

- Dina Wallin, MD

EDUCATIONAL OPPORTUNITIES

ED Specific Meetings and Committees:

Staff meetings: 3rd Thursday 800 or 1700. Lead: Matt Talmadge

Practice Committee: 3rd Thursday 900-1000. Lead: Brian McNally

Violence in the Workplace: 3rd Tuesday 2-3. Lead Matt Talmadge

EDACT: 1st Thursday 1-2. Leads: Rachel or Carolina Chief Res

AFED: Starting Oct- 1st Monday 1-2. Lead: Rachel

ZSFG Learn Courses at DET

How classes are codes in payroll for ED employees

- ENPC- 19 hours paid “j” Time
- TNCC- 19 hours Education Leave Pay
- ACLS/BLS Skills- 8 hours “j” Pay
- PALS- 6.5 hours Education Leave Pay
- ACLS ep- 8 hours “j” Pay

Upcoming Classes

ENPC Feb 6-7 11-1900 both days

ACLS ep Feb 14th 1100-1900

CELEBRATIONS/ANNOUNCEMENTS

CELEBRATIONS

Send me your celebrations (Robert.gnat@sfdph.org) that you would like included in the ED Updates and I will share them here.

NRC comments:

"Overall very impressed by the kindness and attention of all staff members. The space was also surprisingly spacious. I was impressed with the quality of care especially given the focus on underserved populations / medical patients. "

"Everyone was incredible, helpful, compassionate, and wonderful."

"The staff was very helpful"

"As always the best of care,; admitted, nurses, doctors, radiology:)"

"Overall very impressed by the kindness and attention of all staff members. The space was also surprisingly spacious. I was impressed with the quality of care especially given the focus on underserved populations / medical patients. "

Staff Shoutouts

Shout to Brian McNally for taking our department to the next level with digitalizing our resources so all staff can access them conveniently and in real time We are truly grateful for all his work to support our team.

Shout out to Aram for guiding us through bar code scanning and helping us own this important safety measure in the care we deliver.