# **Emergency Department Update**

Friday, August 19, 2022 Issue # 122

**GENERAL** 

# **MONKEY POX**

Proper PPE, including N95 respirators, gloves and gowns are the best protection against the virus. If you believe you've had an occupational exposure contact the needlestick hotline as soon as possible at 415-469-4411.

The Monkeypox Vaccine Clinic will be expanding their hours to Monday-Friday 8 AM-4 PM. They will also begin the new intradermal administration route for most patients, which will greatly extend the current supply of the vaccine. They continue to accept walk-in patients during the above hours. The clinic is located in Building 30, 2<sup>nd</sup> Floor, in the DET-Learning Center.

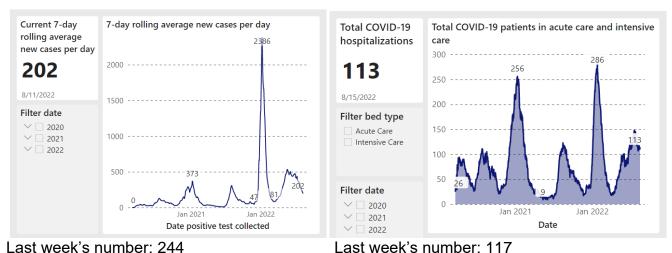
# TROPONIN CARE PATH UPDATES

There is a new blue check mark icon in the Trop column that indicates when there is nothing else to do for the care path because it is either ruled out, ruled in, or indeterminate because something went wrong. Once the blue check mark appears any remaining orders can be cancelled. See Tip Sheets at the end of this ED Update.

#### **HOSPITAL COVID SURGE LEVEL**

As of, Friday, August 19, 2022 we have 26 COVID positive hospitalized patients at ZSFG putting us at a Hospital Surge Level of YELLOW

#### **COVID-19 CITY WIDE DATA**



Last week's number: 244

# **STAFF COVID CASES**

Please wear your mask around other staff and always use minimum PPE required for patient contact (N95 and eye protection)

 Be smart about break times and eating/drinking. There are picnic tables in the ambulance bay and the cafeteria is accessible 24/7 via the badge access door at the back of the dining room.

# **EQUIPMENT, SUPPLIES, PRODUCTS**

# SUPPLIES/MEDICATION BACKORDERED

- Hotline tubing
- IV Contrast
- Ativan
- Paper tape
- 92" IV tubing—substitute is a longer 105" set

# SUBGLOTIC SUCTION ENDOTRACHEALTUBE ("SETT")

Removal of subglottic fluids has been shown to reduce Ventilator Associated Events (VAE), reduce mechanical ventilation time, antibiotic use, and improve patient outcomes. ZSFG Respiratory Care Services trialed and approved the use of the NeVap Aspire Subglottic Suction Endotracheal (ASSETT) Tube. In addition to the standard ETT, these SETTs will be available for all intubations in the ED, ICU, and ORs.

ED RN's ... There is a new Subglottic Suction Endotracheal Tube (SETT) that has arrived in the ED and will replace current ETT stock as it runs out. RT will manage the new SETT use in the ED (more information to follow)

#### **KEY POINTS FOR ED RNs:**

- SETTs should be used with all patients expected to remain intubated >48 hours. Benefits pts in ICU, OR, or in ED for extended period of time.
- 2 vacuum regulators and suction set ups will be needed:
  - subglottic suction (SETT Tube)
  - o oral/in-line suction (OG Tube)
- Respiratory Therapy in charge of set up, maintenance, and trouble shooting in ED
- If in use, cap for transport or per provider order.
- FYI: Subglottic suction port to continuous suction
  - Initiate suction settings at 20 mmHg and increase incrementally as needed based on secretion viscosity
  - o Manufacturer suggested settings: 100-200 mmHg

### **CAUTION:**

- Ensure subglottic suction port of SETT is clearly marked "SETT" by Respiratory Therapy
  - Luer lock syringes are compatible with the subglottic suction port of the SETT and therefore pose a potential safety risk for wrong connections.



#### **EDUCATIONAL OPPORTUNITIES**

#### PEM PEARL

Dina Wallin, MD, FACEP, FAAP

Hot off the presses in this month's *Annals of Emergency Medicine*-- an article describing the prevalence of **invasive bacterial illness (IBI)**, bacteremia and meningitis, in **infants 2-6 months** of age. We know that after introduction of highly effective vaccines against *Strep pneumoniae* and *Haemophilus influenzae* have dramatically decreased rates of IBI, but didn't know how significantly until now.

The authors studied 21,150 (!!!) previously healthy, well-appearing infants aged 2-6 months who presented to the ED with a temperature of ≥ 38C. Their findings:

- Overall IBI rate: **0.48%** (case control-adjusted: 0.32%)
- Of those infants: 88% had bacteremia only, 4% had meningitis only, and 8% had both
- Most common organisms: E. coli, Group B Strep, and Staph aureus
- Contaminants were common in blood cultures, though rare in CSF cultures
- There was wide variability among sites with rates of antibiotic use and hospitalization, despite similar rates of IBI and outcomes

My take-aways from this? 1) Reinforcement of the fact that IBIs are very uncommon in well-appearing older infants, and these kids likely do not need much workup if any. 2) Blood cultures are often contaminated. 3) There is so much variability out there, with minimal impact on outcomes-- institutions may benefit from clinical pathways to streamline evaluation and management.

Our <u>evidence-based guideline</u> for febrile infants only goes up to 90 days, for this exact reason-well-appearing, previously healthy febrile infants older than 90 days (and likely older than 60 days) do not need <u>routine</u> blood cultures, lumbar punctures, empiric antibiotics, or admission.

Hit me up with any questions-- I absolutely love this topic (and 10-25% of pedi ED visits are for fever, so it's super relevant).

### **QUICK TIPS FROM BERT**

## Signs & Symptoms of Dementia

- Aggression & Anger
- Anxiety & Agitation
- Hallucinations
- Memory Loss & Confusion
- Suspicions & Delusions
- Wandering

# Tips for Communicating with a Person with Dementia

- Set a positive mood for interaction
- Get the person's attention
- State your message clearly
- Ask simple, answerable questions
- Break down activities into a series of steps
- When communications seems difficult, distract and redirect
- Avoid asking questions that rely on short term memory
- Try to accommodate the behavior, not control it
- Keep in mind that most behaviors are triggered

# Signs & Symptoms of Mania and Hypomania

- Increased energy
- · Inflated self-esteem or grandiosity
- Pressured speech
- Flight of ideas or racing thoughts
- Easily distracted by unimportant or irrelevant stimuli
- Lack of social inhibitions
- Decreased need for sleep
- May experience psychotic symptoms
- \*Hypomania is characterized as a milder degree of mania with no psychotic symptoms present.

# Attempt the following interventions when safe:

- · Maintain a low level of stimuli
- Keep environment clutter-free and free from dangerous objects
- Intervene at first sign of anxiety, agitation, or verbal aggression
- Maintain a calm demeanor
- Promote sleep by administering as ordered sleep medication and avoid caffeinated drinks at bedtime
- If possible, request finger foods at mealtimes that can be consumed when a patient is hyperactive

### **ACLS-BLS CERTIFICATION**

September

**9/8 & 9/9** ACLS Initial (2-day course) **9/29** PALS Renewal

October

**10/7** ACLS for Experienced Providers

November

11/3 PALS Renewal

11/17 ACLS for Experienced Providers



# Visit ZSFGLEARN.org to Register

#### **CELEBRATIONS/ANNOUNCEMENTS**

## **CELEBRATIONS**

Send me your celebrations (<u>david.staconis@sfdph.org</u>) that you would like included in the ED Updates and I will share them here.

Thank you to all the staff working on 8/12/22. Was an extremely busy night in resus. Everyone chipped in to help. Appreciate you all! **~Rob Alvernaz, Charge Nurse** 

We have a new experienced ED RN starting with us next week, **Adi Chandan, RN.** Please say hi introduce yourself and give a warm welcome to Adi. ~**Dave Staconis, ED Nursing Director** 

A shout-out to **Rob Alvernaz**, **Charge Nurse** for starting Sunday night with a bang after a challenging day shift. Rob was able to prioritize pediatric patients in Pod B, maintaining flexibility and even helping with the kids himself. Rob went above and beyond for our pediatric patients and our PEM Attending **Dina Walin**, **MD** and the kids really appreciated it! Thanks Rob!

Security Services Department

August 19, 2022



# Burglary Incident on Vermont Street, August 18, 2022

On August 18, 2022, at 6:00 PM, while parked on Vermont Street, a hospital employee's vehicle was burglarized while they were seated inside the vehicle.

The employee reported to Sheriff's deputies that they heard the vehicle's rear window shatter, and through the rearview mirror, they observed a black male, slim, approximately 5 feet tall wearing all black and a ski-mask that covered his face.

The individual reached into the rear seat and took the employee's bags, then walked northbound on Vermont Street then westbound on 22nd Street towards Potrero Avenue.

The employee drove to the hospital where they were assisted by deputies. A search for the individual produced negative results.

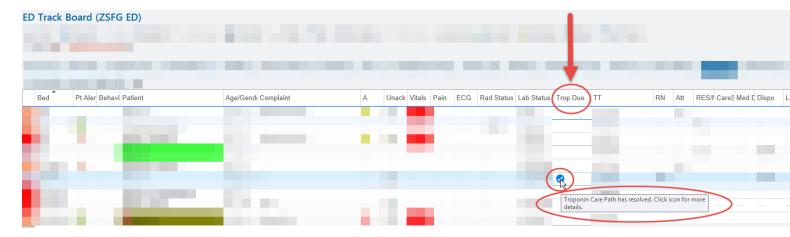
This incident serves as a reminder of the listed safety tips:

# **Safety Tips:**

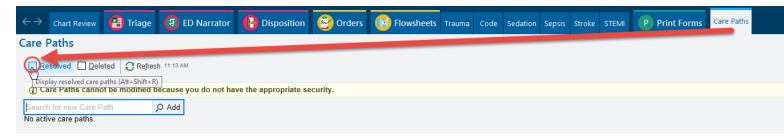
- The Sheriff's Office will provide 24/7 personal safety escorts, within ½-mile radius of the hospital campus, including 24<sup>th</sup> Street BART. To request an escort, call 628-206-8063 (x68063.) Please provide a 20-minute lead time for escort appointments.
- Do Not Leave Valuables in Sight (phones, pagers, purses, wallets, etc., invite theft)
- Once you're inside your vehicle, don't linger. Immediately exit or enter your vehicle, lock your doors, and drive away.
- Stay alert and attuned to people and circumstances around you.
- Call 911 to report a crime being committed or the Sheriff's Operations Center, to report a security emergency - (628) 206-4911 (x64911.)

# ED Troponin Care Path Update - 8/12/2022

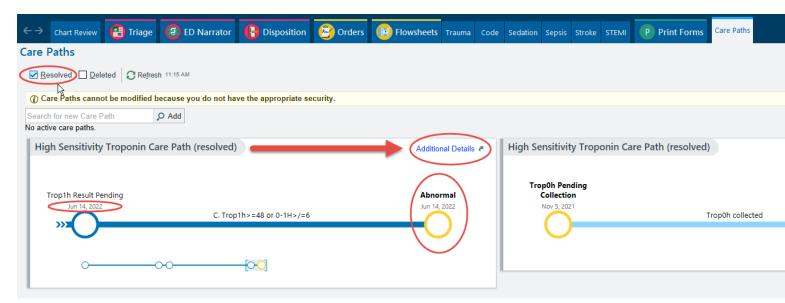
- ➤ New nursing Track Board icon ✓ indicates Care Path completion
- Upon resolution, any remaining troponin orders are not required & may be discontinued



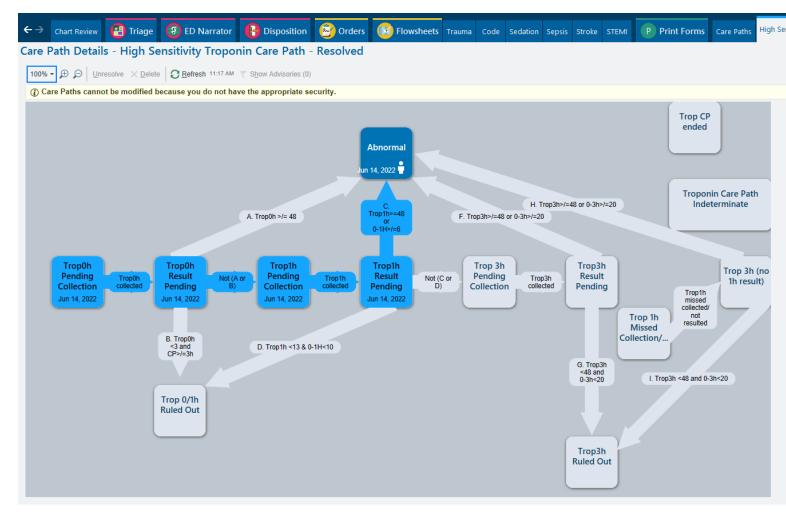
- ➤ Clicking on the icon will open the patient chart to the Care Paths tab
- > Check the box next to Resolved to display completed Care Paths ✓ Resolved



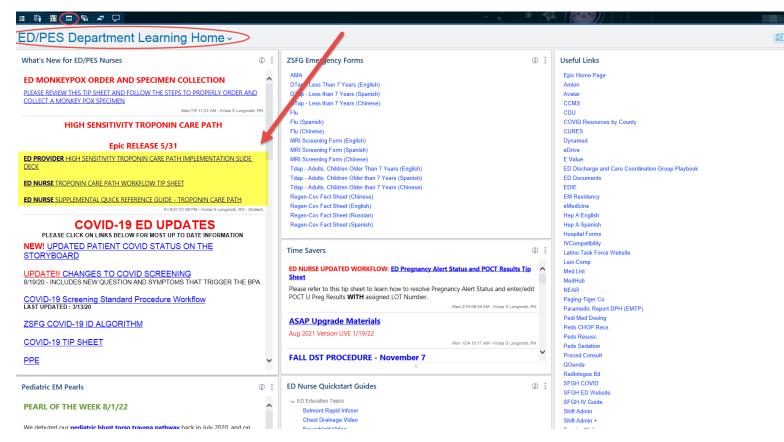
The Care Path determination will be shown here – Abnormal/Indeterminate/Ruled-Out



More detailed pathway information can be found via the Additional Details link



Additional resources can be found on the ED Learning Home dashboard



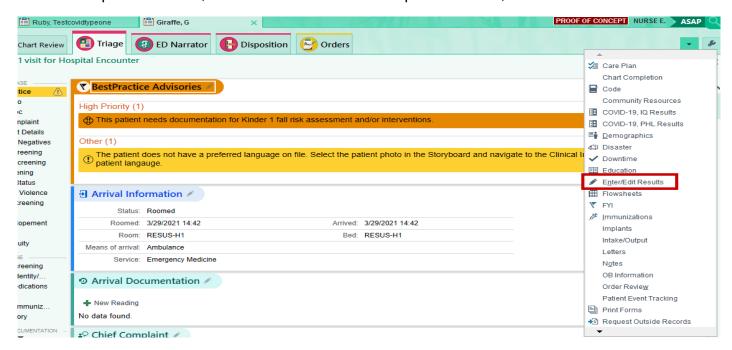


# **Enter/Edit Result: BINAX POCT**

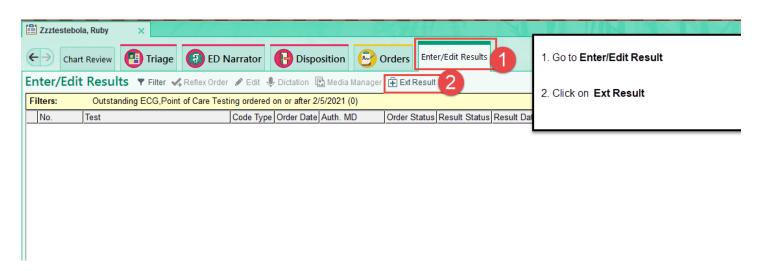
This tip sheet walks through the process of entering the test and result of the BINAX Covid Test performed by SFFD.

# **Enter Test & Result**

1. In the patient's chart, from the More Activities drop down menu, select Enter/Edit Results

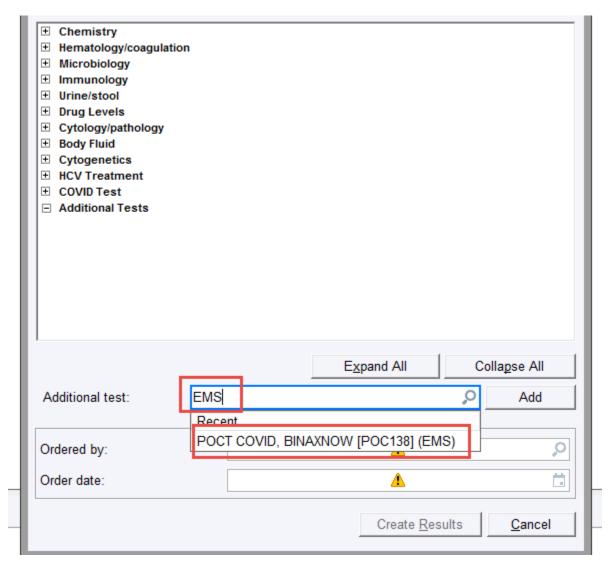


2. From the Enter/Edit Results activity, click on 'Ext Result' from the toolbar.

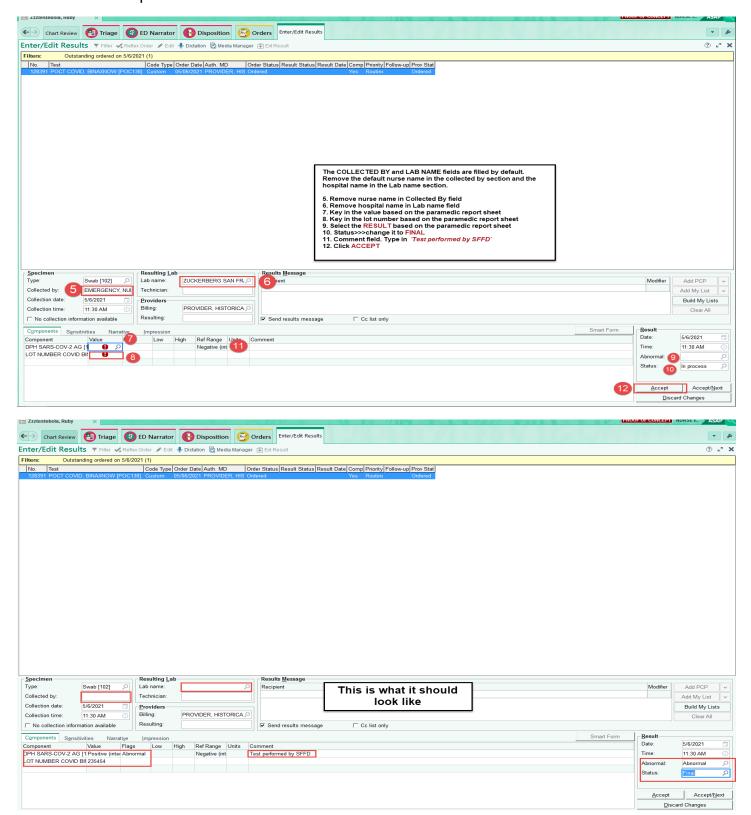




- 3. In the Additional Test field, type in EMS
  - a. The Ordered By and Ordered Date field are *SOFT* stops and do not need information entered.
- 4. Click Create Result



- 5. To enter the result, please enter information into the following fields.
  - a. Remove the default nurse name in the Collected by section (5)
  - b. Remove the hospital name in the Lab Name section (6)
  - c. Key in the **value** based on the Paramedic Report Sheet (7)
  - d. Key in the **lot number** based on the paramedic report sheet (8)
  - e. Select the **result** based on the paramedic report sheet (9)
  - f. Change the status of the result to **Final** (10)
  - g. In the comment field, type in "Test Performed by SFFD"
- 6. Click Accept



# View Binax Result

- 1. To view the Binax result in the patient chart, enter Chart Review
- 2. Select Labs
  - a. The test will be listed as POCT COVID BinaxNOW
- 3. The Patient's Covid-19 status will automatically update the storyboard as well

