



## Upcoming ED Meetings

- **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 Resident
- **AFED: 1st Monday 1-2.**  
Lead: Rachel

## Check out The ED Web

The ED Web is the new and regularly updated ZSFG Emergency Department Website where we will host important information, such as: Things to Know Now, We Won Wednesdays, ED Newsletters, Clinical pathways, BCMA records, and much much more!



[Click Here!](#)

## CPI Training

CPI training will be coming soon. The department's CPI instructors are currently working on the curriculum as well as locating acceptable rooms for the training. This will be a hands-on mandatory class for all clinical staff in the emergency department. More information coming soon.



## Weapons Scanner

Weapons scanner in Building 5 has gone live. As a reminder, all Staff and Visitors will need to be screened. To exit Building 5, you will either need to exit near PES or go to the 2<sup>nd</sup> floor to return to building 25.



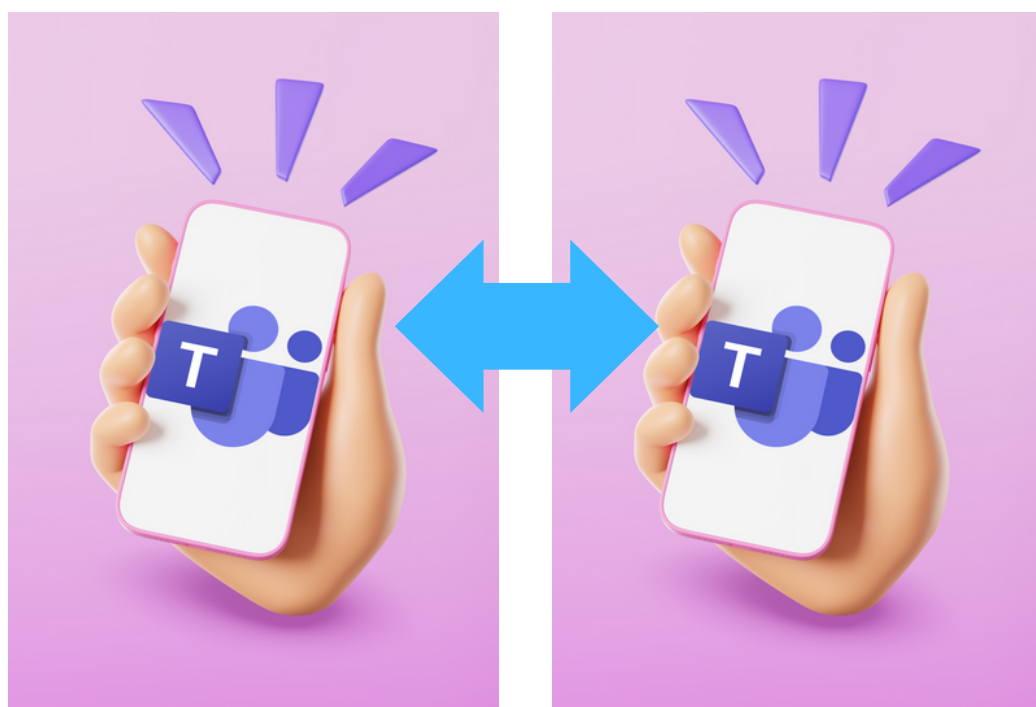


## Annual Education

ZSFG Annual Education is now live. Lots to complete by the end of the year, **some even due by the end of September**. Check your SF Learning Portal to see what education modules you will need to complete and when they are due. Reach out to management if you have questions regarding how to be paid to complete the modules. [Link to My Learning](#).



## Teams - It's Live



It was recently announced in Staff Meeting that the department will be utilizing Microsoft Teams as a means to communicate about Shift Giveaway or Shift Swaps. By using teams, discussions regarding shift swapping can occur easier between staff when not at work, decrease inbox email fatigue, and through teams staff can submit their shift swap request directly - saving time. [Feel free to take a look at this video on how to set up teams.](#)

## Stroke Activation Change

Suspected strokes at UCC will no longer be activated at the clinic. Instead of activating at UCC, patients will be transported to the ED (after a call to the CN) and activated after evaluation at the ED. We hope this will streamline the process and improve outcomes

## What would you like to see?

We would really like to make this newsletter something that is helpful, informative, and fun. Please let us know what you would like to see here and we would be happy to consider it. Thanks very much for reading and your feedback is much appreciated.

[Feedback Link](#)



### PEM Pearls

IA 5-year-old is brought in by ambulance as a SHOCK TRAUMA after falling off a rooftop and landing with her abdomen on a metal railing. She is hypotensive and tachycardic for age and has a GCS of 7. She has a distended, bruised abdomen that is full of blood on FAST. As the team prepares to intubate, they express concerns that she's under-resuscitated and will likely need the massive transfusion protocol.

OMG, do we even HAVE a pediatric massive transfusion protocol?

Why yes, yes we do. Our pediatric MTP protocol is available [here](#) on E\*Drive, and essentially matches the adult one, just with adjusted volumes. In addition to blood products, the protocol recommends tranexamic acid (TXA) in specific circumstances. How effective is TXA in kids? A brand-new [systematic review and meta-analysis](#) suggests that TXA does significantly reduce mortality in kids, though no benefit was seen for other outcomes. TXA also appears to be safe, without an increase in thrombo-embolic events. Consistent with prior literature, there was a slight higher incidence of seizures with TXA.

Super interesting! Definitely something to bring up in the resuscitation bay, especially if the patient's TEG shows evidence of fibrinolysis.

- Dina Wallin, MD



### Staff Shout Outs!



"I was really impressed with everyone providing care on Tuesday, starting with the EMTs, and on through all the doctors, nurses, and technicians at SF General. Things went as well as they could, given that I was hit by a car."

"The nurses are phenomenal. Everyone was so kind and capable."

"Hi. I thank all the workers there. It was wonderful. I would like to say keep up the good work because y'all took very good care of me, each and every last one of y'all, including the ambulance people. Y'all really looked over me and got me back. I'm not on my feet good, but you got me back better. And for that, I thank you. And God bless each and every one of you."

"My husband Tim was treated so well and with many doctors, staff and team to assist him and provide wonderful care. This was our first visit and we were so impressed by all whom we encountered and attended to him. Ah-mazing experience! Thank you all!"

-Compliments from patient survey





Staff Shout Outs!

Continued



Today during a very challenging day with the language line we were able to use staff. Big shout out to **Christina Zhou** who was scheduled for pod B but walked through resus when she got here and we were able to grab her for translation with a STEMI patient.

Also the same thing happened to **Juan Casteneda**, who was scheduled for pod A but walked through resus and we were able to grab him for translation in a pediatric burn patient. Juan went the extra mile, and took over the patient even discharging them writing out instructions in both English and Spanish for St Francis to know why patient is being sent there and walked patient out to the taxi to send them to St Francis.

So - Thank you to Juan and Christina for their flexibility and commitment to ZSFGH patients  
- Kim Bagby

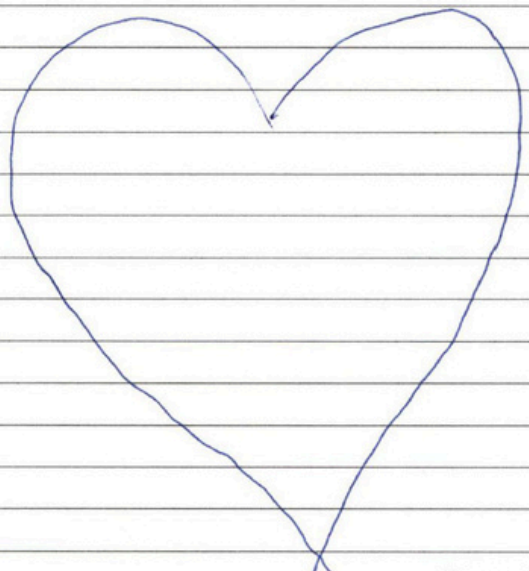
PART II. STATEMENT (This form is for Grievances and Compliments)

Date of Occurrence: 5/28/25

Time of Occurrence: MID-DAY

Location(s)/ department(s) involved: San Francisco

SUMMARY OF WHAT HAPPENED: Please include names and/or position of staff involved, if known: Auto accident - car totaled - minor injuries. Zuckerberg staff provided comfort + compassion in the wake of my a traumatic auto accident to myself and my daughter. In a hospital like yours where the staff experiences intense challenges daily, everyone provided a significant emotional cushion in our time of distress. The sense of calm as each individual attended to us was largely important. Thank you!!



Please add more pages as needed

Transcribed from written compliment

Auto accident - car totaled - minor injuries. Zuckerberg staff provided comfort and compassion in the wake of a traumatic auto accident to myself and my daughter. In a hospital like yours where the staff experiences intense challenges daily, everyone provided a significant emotional cushion at our time of distress. The sense of calm as each individual attended to us was largely important. Thank you!!

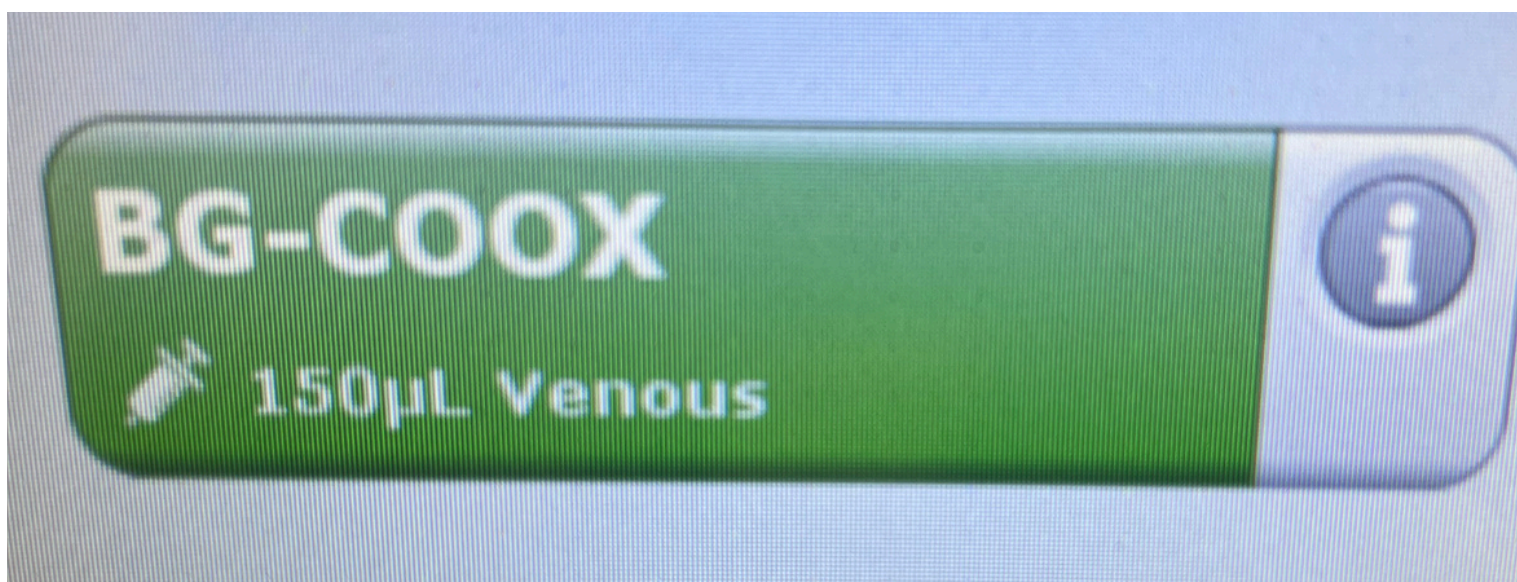




## Grateful Dead and Poppers



If you didn't know, The Grateful Dead are coming to San Francisco this weekend. That will bring thousands of people and potentially lots of illicit substances - including **Poppers**. Poppers, sold as many things such as solvents or nail polish removers, are made of **Amyl Nitrate**. Consumption of Amyl Nitrates can cause a medical condition called **Methemoglobinemia (MetHb)**. MetHb can be life threatening as the body's red-blood cells become saturated and converts hemoglobin to methemoglobin, resulting in a reduced ability to release oxygen to tissues and thereby hypoxia. Patients can present with decreased SpO<sub>2</sub>, cyanosis, distress, pallor, and darkened blood.



MetHb can be tested on the VBG machine by running a simple Co-oximetry. If the MetHb levels are above 1%, treatment can be considered. Treatment is supplemental oxygen and an IV infusion of **methylene blue** which restores the iron in the hemoglobin and allows the oxygen molecules to unbind as needed. Often times the patient condition will improve rapidly and they may even be discharge without an admission. Yay!



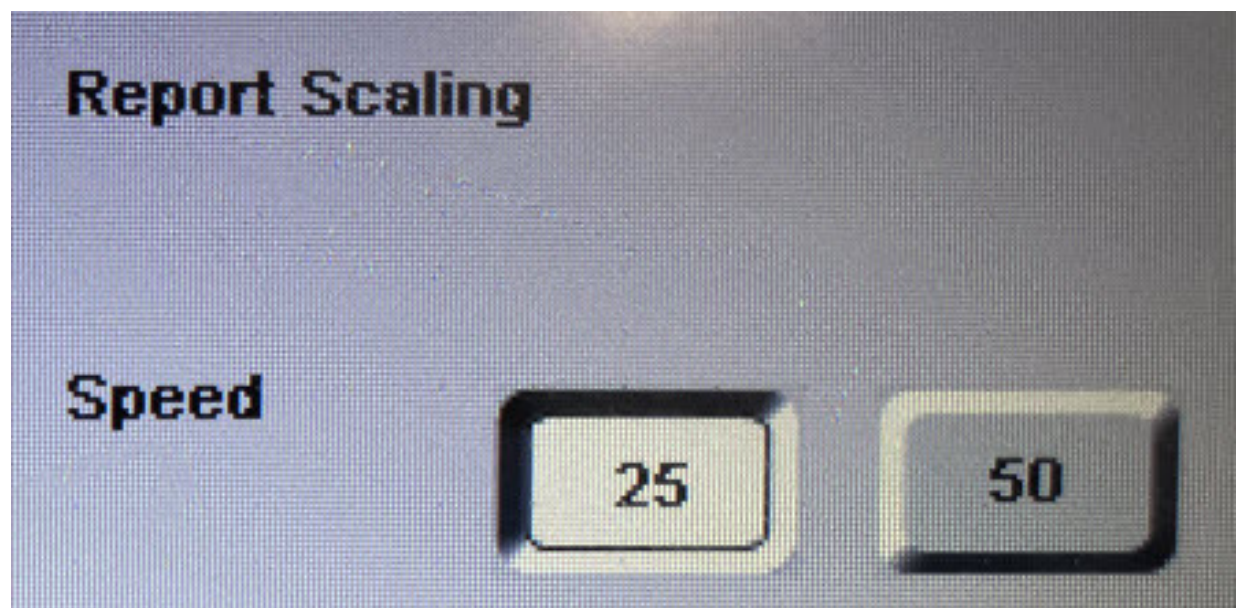
# Techno Tidbit - Make it Bigger AGAIN!

Ever had an EKG on a patient that was really hard to make out. Are those P waves buried in those T waves? Everything is so small! How can I make it bigger? Well, it's easier than you think.



Too Small! Can't see anything. Where is that P, how tight is the QRS - I want to make it bigger!

Well - if you go into the settings for the 12 lead, you can change the speed from 25mm/sec to 50mm/sec to better see all the components of the strip.



Much better! Look at those P, QRS, and T waves! So much easier to read! NOTE: Print a standard 12 lead at 25 mm/sec to provider to the physicians





### Fun and Games

#### Joke of the Newsletter

Don't mess with a pediatric nurse, they have very *little* patients.



Have you ever wondered what something in the ED costs? We use a lot of equipment, medications, and products to keep our patients healthy and comfortable. One of the ZSFG's true north goals is Financial Stewardship. Part of being good stewards is awareness. What might you think the item pictured costs? Answer is below.

