



2026

# Emergency Department Update

Issue 209 - January 9<sup>th</sup>

## 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
- AFED: 1st Monday 1-2. Lead: Rachel
- Disaster Committee: Last Monday 8-9a. Lead: Amber

## 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!](#)

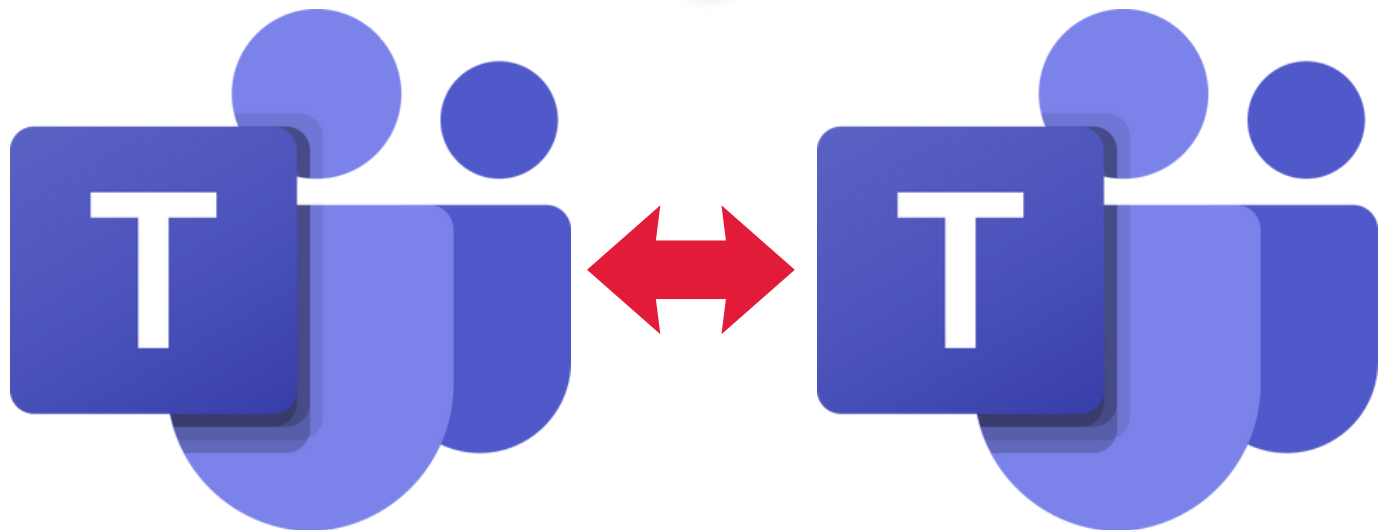
## Be Heard!

They want to hear from you! As many of you know, a tragic event occur on campus only last week. DPH looking for recommendations and suggestions from all staff regarding safety. Please use the email address below and send your recommendations as soon as possible.

[staff.safety@sfdph.org](mailto:staff.safety@sfdph.org)

You may also review the 2 townhall meetings that have occurred [here](#) and [here](#).

## Shift Giveaways and Teams



The ED will be utilizing Microsoft Teams as the main means of communication for shift trades, giveaways, or swaps. By using teams, discussions regarding shift swapping can occur easier between staff, decrease inbox email fatigue, and staff can submit their shift swap request directly through the app - saving time. Teams is available on every desktop computer at ZSFG, via any web browser [here](#), or the Teams App on your personal devices. You can even customize your notifications if you aren't interested in pickup up shifts. [Take a look at the video linked here if you are interested in setting up teams on your personal device.](#)



## CPI Training

CPI training for the ED is here! We have our champions and now we have our training sessions. Please review the Eventbrite link in this newsletter for the current sessions being offered (more to come soon). For all future sessions, in schedule periods not yet finalized, please integrate CPI into your schedule request. **New sessions for 2026 have been posted!**

<https://ZSFGEDCPI.eventbrite.com>



**More dates  
coming soon!**

## Disaster Corner

Code Triage - information has been added to all the TL binders regarding Code Triage, the process for communication during an MCI. Please review this single sheet the next opportunity you have.

Also, there is a new Disaster Cabinet in the ED Radio room that will store disaster supplies, it's also mobile in the event we need to deploy it in the department.



If you thought your last holiday shift was bad, HBO Max's The PITT is here to remind you that yes, it could always be worse—and it will be, for 15 straight hours. This Emmy-winning medical drama returns for Season 2.

Season 1 gave us Labor Day chaos; Season 2 says, "Hold my beer," and drops us into a Fourth of July shift. Fireworks, alcohol poisoning, and the kind of pyrotechnic injuries that make you question the human species' evolutionary progress. Oh, and the hospital's computer system crashes mid-shift, forcing everyone to go full analog. Because nothing screams "modern medicine" like paper charts during a mass casualty surge.

Dr. Robby (Noah Wyle) is back, riding a motorcycle without a helmet because apparently midlife crises are contagious. It's his last shift before sabbatical, so naturally the universe decides to make it hell.

Dr. Langdon returns from rehab after stealing meds last season. Because nothing says "welcome back" like a tense reunion in front of a bleeding patient.

New attending Dr. Al-Hashimi wants to bring AI into the ER. Spoiler: the AI thinks a patient's Ambien is an antipsychotic. Excellent, but not perfect—just like your last IV start.

The show nails the realism of emergency medicine so well that actual doctors have praised it—while simultaneously wondering if they should bill HBO for emotional damages. It's gory, gut-wrenching, and occasionally funny in that "laugh so you don't cry" way. And yes, it tackles real issues: underfunding, insurance nightmares, addiction, and the soul-crushing weight of a broken system. Basically, it's your job, but with better lighting and actors who never complain about the break room snacks.

Grab your popcorn, your emotional support animal, and maybe a Xanax (prescribed, of course).

## Staff Shout Outs!

“Massive shout out to all the staff that assisted in delivering a health and happy baby this week. A patient arrived in the round-about in the late stages of labor and due to the quick thinking and assistance from multiple staff, was delivered without issue. Big thanks and kudos to **Shana, Divina, Jen Len, and Rob Alvernez.** - ED Leadership

“Thank you to **Rachel Perry** for all the work she is doing to get communication of emergent alarms in the ED coordinated and connected. We look forward to better utilizing the systems in place today to connect staff when emergent situations arise! Thanks Rachel! - Anonymous

LabTubeApp

## Techno Tid-Bit

Help me make your life easier! We have built a app to help you figure out what specimen collection container is need for different orders. This is accessible via The ED Web on campus, under Clinical Resources. Take a look and let us know what you think.

If you have suggestions of other samples or orders that would like to see added to this, please let us know. We would hope that this app reduces unnecessary phone calls to laboratory or microbiology.

Tube Color Search

ABO Recheck

Ammonia

APTT

Bacterial Culture, Stool


BMP

ABO Recheck

Pink Top

Important Notes

Cannot be collected at the same time as Type and Screen - must be timed a minimum of 5 min apart





ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

1001 Potrero Avenue  
San Francisco, CA 94110

Phone (628) 206-8000

[ZuckerberSanFranciscoGeneral.org](http://ZuckerberSanFranciscoGeneral.org)

Date: Monday, December 22, 2025

To: All ZSFG and UCSF Staff

From: Matthew Talmadge, MSN, FNP-BC, PHN - Nursing Director, Emergency Department

Organizational Announcement: Stephanie Wertman - Nurse Manager, Emergency Department

I am pleased to announce Stephanie Wertman, as Nurse Manager of the Emergency Department at Zuckerberg San Francisco General Hospital and Trauma Center.

Stephanie is an experienced emergency nurse with over twenty years of clinical and leadership expertise in acute care. She began her healthcare career on the East Coast as an EMT, advancing to paramedic before transitioning into nursing. A decade ago, she relocated to the Bay Area, where she continued to build a distinguished career in Emergency Medicine.

Stephanie has worked as a per diem emergency nurse at the San Francisco General Hospital and has been involved in professional education. She is serving as faculty and instructor for TNCC and ENPC courses as well as American Heart Association (AHA) instructor.

Mostly recent, Stephanie is transferring from Kaiser Permanente, where she served as Interim Director and Nurse Manager providing operational leadership and supporting high-quality patient care. She holds a Masters in Nursing Informatics and multiple specialty certifications, including Certified Emergency Nurse, Trauma Certified Registered Nurse and Certified Pediatrics Emergency Nurse.

On her downtime, Stephanie enjoys exploring local city events with family and friends while also supporting local small businesses.



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



## PEM Pearls

It's been a moment since we discussed ketamine for procedural sedation in the pediatric ED. Ketamine is safe, effective, and easy to use, and is an awesome option for kids needing painful procedures. A recent retrospective analysis of over 38,000 kids (!!!!!) showed an adverse event rate of 0.04%, with intubation being the most common. There were no deaths or permanent adverse events. URI was associated with adverse events in kids who also received dexmedetomidine or benzos, lesser so in kids who also received opioids. A potent analgesic in addition to a dissociative anesthetic, ketamine rarely needs co-administration of other sedative-hypnotic medications, so if a kid's pain is wildly uncontrolled on ketamine, this procedure may be better in the OR.

The starting dose is typically ~1 mg/kg IV, with a max dose of 4 mg/kg. A few pearls to optimize your ketamine sedation:

- As ketamine is a potent emetogenic, consider prophylactic administration of ondansetron
  - A PEM Pearl from early 2024 shares this meta-analysis— prophylactic ondansetron works!
- Though this may seem paradoxical, younger kids need higher mg/kg doses!
  - I usually target ~1.5-2 mg/kg for my starting dose in toddlers and preschoolers, especially for very painful procedures
- For longer procedures, one will typically need multiple doses. To minimize math and potential for error, my personal practice is to:
  - Decide the approximate mg/kg target for my starting dose, taking into account patient age and expected painfulness and duration of the procedure
  - Calculate what that dose is
  - Round that dose up or down to find something that's easily divisible by 2
  - All subsequent doses will be half doses of the starting dose
  - I discuss all of this with the nurse beforehand so we're all on the same page-- when the need for a repeat dose comes up, we just say "time for another dose" and all the math is already done.

So, putting it all together-- a 2-year-old previously healthy kid who weighs 17 kg needs ketamine sedation for closed reduction and casting of a supracondylar fracture.

1. I want to aim for ~1.5 mg/kg starting dose, which would be 25.5 mg. That is not ideal for mental math, and we could round up or round down. Given that this will be a painful procedure requiring manipulation of bones, and the kid is young, I would round UP to 30 mg for my starting dose
2. I would let the nurse know, any repeat doses will be 15 mg (0.9 mg/kg). Our max dose is 4 mg/kg = 68 mg. This will give us 2 repeat doses before we hit our max (with 8mg to spare if we need a little topper at the end for the cast saw).
3. Either immediately before or just after the ketamine is administered, I would also administer 0.15 mg/kg = 2.55 mg IV ondansetron

Happy sedating! Please LMK if you have questions or feedback, and please stay tuned for the pediatric sedation guideline to be posted to E\*Drive soon. 😊

- Dina Wallin, MD

# Nurse Practitioner Corner

**Full Name**

Aditya Chandan

**Preferred Name/Nickname**

Adi

**Where did you attend college (grad/undergrad)?**

Undergrad - Clayton state university, Grad - Walden university.

**Years in Practice as an NP**

3 years

**How long have you worked at The Zuck?**

3.5 years

**What was your career path leading up to becoming an ED Nurse Practitioner?**

Started in Medical supplies sales, then ER tech for 2 years, RN (ED) for 10 years and now Acute Care NP (ED and neuro) for about 3 years.

**Was there someone or something that inspired you to enter this career?**

My mom was battling cancer, and seeing the relationship she had with her home health nurse inspired me.

**What is your favorite part of being an NP?**

Telling nurses what do to.

**What area of healthcare are you most passionate about?**

EM, where every shift is a puzzle

**What's one piece of advice you give to patients?**

If you feel worse, don't Google it, just come back.

**Where did you grow up?**

Born in India, immigrated to Atlanta in 2005, and relocated to California in 2016.

**If you weren't in healthcare, what would you be doing?**

Real estate

**What's your favorite way to unwind or spend your free time?**

Outdoors, hike with my dogs, spend time with my wife and daughter.

**Early bird or night owl?**

Night owl

**Sweet or savory?**

sweet

**Cone or cup?**

cone

**Outdoor or indoor?**

outdoor

**Summer or winter?**

Winter

**Mountains or beach?**

mountains

**Pineapple on pizza?**

Yes, why not live a little?



SFGH ED #7

- ACROSS**

1 Favorite disposition from ED triage

10 Something that can counteract a poison or toxin

11 A quick description of feeling down and stuck and unable to get out

13 CEO, COO, CFO are apart of this group

14 Two charge nurses at ZSFG UCC with same the first name

16 A significant other according to Reddit, in short

17 Notices of concern and/or something nurses can become fatigued to

19 In the eve. or short for Prime Minister

21 "From here \_\_\_\_ there"

22 What two dudes may say to each other as a friendly greeting

25 At Uni., this was the person who would report you to the school board

27 A mistake or deviation from what is expected

28 Short form of Emergency
- 31 "\_\_\_\_ nurse" or "\_\_\_\_ MEA" or "\_\_\_\_ clerk" etc

32 A common "treat-your-self" splurge

34 What you can get at a day spa

**DOWN**

1 Poetic description of laughter directed towards someone or something

2 Flora partner

3 Opposite of going out of a place

4 Resp. Therapy

5 A stroke like presentation that resolves itself STAT

6 Ratio of chances, in common language

7 Luxury brand of European styled Men's clothes with a store in SF

8 Most accurate and inclusive shorthand for CT or CAT scan

9 3 letters emergency nurses can put on their signature line if they pass an exam

12 Comp. may offer this type of mortgage for you to move to a new city

1		2	3	4	5	6	7	8	9
		10							
11	12				13				
14				15		16			
17					18			19	20
21				22		23	24		
		25	26		27				
28	29			30		31			
32					33				
34									

- 15 The larger agencies that 28 down works for and provides pre-hosp. care

18 A friendly first name or what all medical staff are afraid a patient might do

19 An important high-school event

20 An individual's standards for what is right or wrong

23 What this month is all about

24 The part of the body that neurology cares about
- 25 Alternate spelling of 14 across

26 Operatic singing solo or what you feel like doing when your vacation request is approved

28 They drive the ambulances

29 Where medications are charted in the medical record

30 Suffix to chat and when combined is an overused tool these days

33 Emerg. Medicine