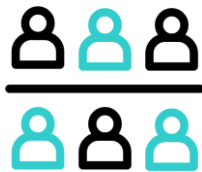


# Emergency Department Update

March 27th, 2026 #213

## Upcoming Meetings and The ED Web



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

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

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

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

**Disaster Committee:** Last Monday 8-9a.  
Lead: Amber



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!

The ED Web is best accessed on campus! via EPIC or web browser. [Click here to access.](#)

[Click here for The ED Web](#)

## CPI Training



[Link to Eventbrite](#)

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!

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## Daisy Award Nominations!

### AI Nomination, March 2025:

Alexis demonstrated outstanding clinical advocacy while caring for a patient with shortness of breath, ESRD on dialysis, and opioid use disorder. After the patient developed severe withdrawal during dialysis, multiple requests for pain management were declined by the admitting team. Alexis independently assessed the patient using COWS, recognized escalating withdrawal, and persistently advocated for appropriate MOUD despite continued hesitation from the team. She escalated concerns to the Addiction Care Team, ensuring the patient finally received evidence-based treatment after hours of unnecessary suffering. Alexis's persistence, compassionate advocacy, and commitment to humane, stigma-free care created a crucial learning moment for the entire team and directly improved patient outcomes.



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## Shout Outs!



"Here are my celebrations for the week:

**Aram:** thanks for making med scanning so much easier!

**Yesenia:** thanks for more transport monitors and the interpreter Ipads. Life changing!

**Anthony M and Rochelle L** were helpful and lovely to work with in Pod A in the past two weeks.

**Bailey Blee:** turned the front of pod A from a jumbled mess of cords to a buffed and polished display shelf"

Thanks,  
Sarah

"I just wanted to give a huge shout out to Alandria Doss, one of your BERT team members. I had a psych patient in A Pod earlier on a legal conservatorship hold that had been medically cleared and discharged to PES. The patient became very upset when he found out he was going to PES. He started escalating verbally and was adamantly refusing to cooperate with the discharge. The resident MD and I spent over 20 minutes attempting to calm and redirect him, but nothing was effective - in spite of our best efforts.

Alandria quickly recognized what was happening, immediately offered her assistance, and jumped in to help. She entered the room and, in less than a minute, was able to calm the patient and gain his cooperation. Suddenly, he was agreeable to discharge to PES without difficulty. Alandria was able to do in less than 60 seconds what we could not do for over 20 minutes. Moreover, I was deeply impressed by her calm demeanor, comforting bedside manner, and exceptional skill in de-escalating what could have become a very unfortunate situation. Because of Alandria's intervention, the patient was calmly and safely escorted to PES without the need for IM medications or restraints - and without further injuring his clavicle fracture.

I just wanted to let you know how helpful it was having Alandria in A Pod to help with that situation today, and every day generally. She is always kind, professional and great with patients in emotional and psychiatric distress. Today was just another example of that."

*Sincerely,  
Justin Rabie*

## PEM Pearls



It's a super busy day at SFGH, and we're a bit strained with nursing staffing. A very anxious 5-year-old presents with a **forehead laceration** after running into a table. After applying the [PECARN head injury rule](#), you decide that she doesn't need any head imaging; she will need laceration repair, however. You do NOT have a nurse available for a procedural sedation and decide instead to proceed with anxiolysis with **intranasal midazolam**.

You see on our [Pediatric Pain, Sedation, and Anxiolysis](#) document that the dosing range is 0.2-0.5 mg/kg-- what's best?


A [brand new study](#) asked this exact question, and found that **high dose IN midazolam** (0.5 mg/kg) had significantly less frequent need for additional meds, without any difference in length of stay or adverse events. SO-- probably best to use the 0.4-0.5 mg/kg dosing. Go big, and go home!

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*Dina Wallin, MD*

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## Safety and Security



### The ED Red Badge

- Issued **ONLY** to the following:
  - ED RNs
  - ED MEAs
  - ED PCAs
  - ED assigned BERT
  - ED MDs (Emergency Medicine only)
  - ED NPs
  - ED Clerks
  - ED Social Workers
- If you do not fall into any of these groups and feel you need a badge please follow up with ED Nursing Director Matthew Talmadge ([matthew.talmadge@sfdph.org](mailto:matthew.talmadge@sfdph.org))

**ALL STAFF SHALL ENTER THROUGH WEAPONS DETECTION AT LOBBY ENTRANCE AT THE BEGINNING OF THE SHIFT**

As you may know, red badge buddies are being distributed to multiple services in the ED. These badges will help identify staff that work in the ED and carry out clinical functions. **These badge buddies are not meant to circumvent mandatory weapons screening - they are meant to facilitate easy access through the ED main entrance while completing patient care, such as transferring patients to UCC.** Please be sure to go through weapon screening at the beginning of your shift and for any other non-clinical reasons.

Also, please be kind to our colleagues in safety and security as they are carrying out their responsibilities of screening bags for items.

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## Urgent Care Changes

### Changes This Monday UCC

Effective Monday, March 30th, 2026, Urgent Care RN's will return back to Urgent Care and the lobby in building 5 will be cleared. The following changes will apply for low-acuity patients referred to Urgent Care

1. Calls for transfers (optional) will now go to UCC Charge Nurse at extension x68053.

2. Please direct patients to Urgent Care. We can continue using the language to follow the orange line. Patients may also ask for additional directions at the Information Desk.

## New and Interesting

### Peds Vitals

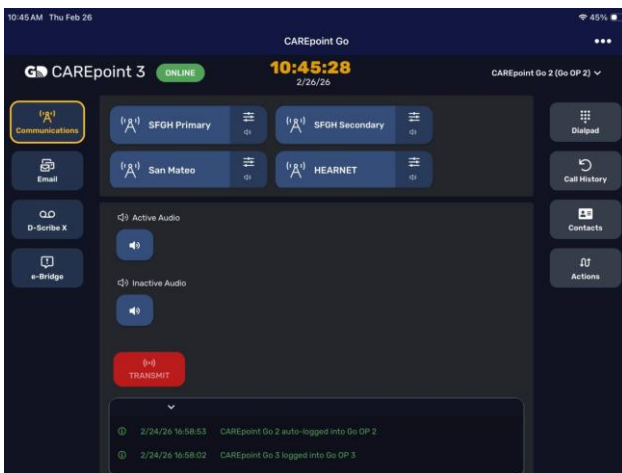
Pediatric vital signs are important. Please continue to get a full set of vitals as soon as possible on all pediatric patients including (but not limited too) - BP, HR, RR, SPo2, temp with source, and weight. Obtaining this as soon as possible in a pediatric patient stay is *vital* to good care.

### New Extension

# 30309

We have a new extension that pages overhead in all areas of the ED - POD A, B, C, Resus, and Triage. Feel free to use this to page internal communications such as trauma activations, code 50, etc. Speed dial buttons on multiple stations have been updated!

## New CAREPoint Radio Stations!



Brand new CAREpoint stations have been deployed in the department, replacing the older stations. You will see 3 new stations in the radio room as well as updated iPads in pod A, B, and EMS. We are working to get materials out to the staff - but the systems operate virtually identically to the older ones

**ONE BIG CHANGE - Press and hold the transmit button for at least 4 seconds until you hear an audible beep.** There is a slightly longer delay than the previous stations. We are working to improve this.

## New Stryker MATS System

We are getting new air assisted patient transfer devices in the ED - the Stryker MATS system. This new product will replace the HoverMatt to bring us in line with the rest of the hospital. This means that when we transport a patient upstairs with a new MATS under them they will be able to use the device upstairs as well!. It's compliant with all current standards to minimize spinal movement in known or suspected spinal cord injury. Also, this is a one patient use device, but now can be re-processed by Stryker lowering its single use cost.

They should be deployed to the floor very soon and Stryker will be providing in servicing at shift huddle as well as roving instruction over the next week.



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## Events



We will be hosting several blood drives at Zuckerberg San Francisco General in loving memory of our dear friend and colleague, Alberto Rangel. In honor of Alberto's generous spirit and his love for life, we invite you to consider donating blood to help keep life flowing for those in need.

Please note that donations are by appointment only and you can book your spot by [clicking here](#).

### Hello healthy people!

There are a fair amount of ED staff signed up to run (jog or walk) a half marathon and/or 5k in Napa on Sunday, April 26th. It's good timing to start a good training program to prepare!

Kelley Cain and Kathleen P. have done it the last few years and can vouch the course is a good one!

Here is the link



[Napa Spring Half Marathon 5K – USTAF Certified Half Marathon Course](#)

Let me know if you sign up, we were thinking matching shirts?!

Kathleen Pelletier  
 (707) 816-2812  
 kathleen.pelletier@sfdph.org

## Here Comes the SUN

### BRIDGE CLINIC SUBSTANCE USE NAVIGATORS



Abbey Rodriguez    Mario Gutierrez    Amanjot Bains    D'Arius Hambrick



### ED Substance Use Disorder Consult Guide Bridge Clinic Substance Use Navigator (SUN) vs. Addiction Care Team (ACT)

Patient arrives to ED with substance use needs

Addiction Care Team (ACT)	Bridge Clinic Substance Use Navigators (SUN)
<b>WHEN TO CALL</b>	
<ul style="list-style-type: none"> <li>Medication dosing/recommendations</li> <li>Withdrawal management</li> <li>Buprenorphine/Long Acting Injectable (LAI) guidance/administration</li> <li>Clinical questions</li> <li><b>ANY patient being admitted</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Medication conversations (readiness, options, education)</b></li> <li>Detox placement</li> <li>Residential treatment</li> <li>Harm reduction</li> <li>Linkage to outpatient addiction clinics</li> <li>Discharge planning/resources</li> </ul>
<b>WHO THEY ARE</b>	
<ul style="list-style-type: none"> <li>Licensed clinical team</li> <li>MD/NPs, RNs, LVNs</li> <li><b>INPATIENT-FOCUSED TEAM</b></li> </ul>	<ul style="list-style-type: none"> <li>Bridge clinic patient navigation specialists</li> <li>Bridge clinic-based</li> <li><b>OUTPATIENT- FOCUSED TEAM</b></li> </ul>
<b>HOW TO CONTACT</b>	
Epic Order: "ACT Consult" (ONLY MD/NP place orders) ACT Nurse Liaison: x60678 (M-F 8:30-5pm) Epic Chat: ACT LVNs Remote consults available 24/7	Epic Chat: ED Substance Use Navigator Barana Phone: x64916 Epic Order: "ED Consult to SUN" (ANYONE can place order) M-F: 9am-4:15pm

LAI buprenorphine + ACT required  
 Straightforward med starts (incl methadone/naltrexone) + ED can initiate, ACT optional

Still not sure? → Start with Substance Use Navigator!  
 Meds needed? → ACT immediately (MD/NP order ACT Consult)  
 If SUN identifies ACT needs → MD/NP order ACT Consult  
 SUN = discharge/outpatient support (NOT med management)

## Behavior Health Reminders

TEAM-ED is preparing to launch simulation trainings for all folks in the ED to rehearse how we interact as a team to care for agitated patients.

- **Limit Settings:** Setting limits is one of the most powerful tools that professionals have to promote positive behavior change. Knowing there are limits on their behavior helps the individuals in your care feel safe. It also helps them learn to make appropriate choices.

Please all complete needs assessment below:

[https://docs.google.com/forms/d/e/1FAIpQLSdr33DXhQE0ncbEZ2R3\\_98wy9CNf4Tzsp35n1\\_lj4NsRRk11Q/viewform?usp=dialog](https://docs.google.com/forms/d/e/1FAIpQLSdr33DXhQE0ncbEZ2R3_98wy9CNf4Tzsp35n1_lj4NsRRk11Q/viewform?usp=dialog)

- Setting a limit is not the same as issuing an ultimatum: limits are not threats. Limits offer choices.
- The purpose of limits is to teach, not to punish: Through limits, people begin to understand their action, positive or negative, results in predictable outcomes. By giving such choices and outcomes, you can provide a structure for good decision making.
- Setting limits is more about listening than talking: Taking the time to really listen to those in your care will help you better understand their thoughts and feelings. By listening, you will learn more about what's important to them, and that will help you set more meaningful limits.

## Pet Corner



Hi Team!!! Many during our time away have great companions of the non-human variety!! Let's take a moment to share. Please feel free to send me (Steph) those pics and a little thing you would like to share. I will start with a new family member. This is Wolfie!!! He just came home and loves snuggles and riding in the car.