

# Emergency Department Update

Friday, December 17, 2021

Issue # 95

## GENERAL

### MASKING

- Be sure that your patients are wearing their isolation masks when staff are in the room with them
- Patients masking helps protect everyone, but especially them if an employee has a COVID-19 infection and doesn't know it yet
- Documenting patient mask compliance in the medical record is very helpful for contact tracing
- Remember to always wear your minimum PPE for patient contact which is eye protection and an N95 mask

### PATIENT PROPERTY

- Please ensure we are keeping ourselves and our patients safe by booking and securing SI/HI patient's property
- Remember to document items and location in the patient's chart

### BARCODE SCANNING

- We are starting to see improvement in the BCMA rate, thank you for all your work on improving this
- A reminder, that we are scanning the patient's ID wristband and then the medication
- First scan the patient's wristband to open the medical record and then scan the medication to document administration

### VERBAL MEDICATION ORDERS

- If you receive a verbal order from a provider, please make sure to enter the verbal order in Epic
- By doing so the doctor will be sent a message to co-sign the medication
- Properly entering verbal orders will help decrease the amount of controlled substance discrepancies in the department
- If you are given a verbal order during a code or trauma, you can also use the one step medications. This will automatically generate an order and send a message to the provider to co-sign the medication.

### DOCUMENTATION OF INTERPRETER SERVICES

- A new tab has been added to the Triage template titled Interpreter Services. Ensure that you are properly documenting what type of interpreter service is being used for patients who require an interpreter.
- If you are a certified bilingual staff member, or using another certified bilingual staff member, please make sure that you take credit for yourself or give credit to your

colleague. Reflecting interpreter use in the medical record when you use one is always best practice.

- When using the ED Narrator there is a tab under general documentation to reflect the use of an interpreter at the bottom left of the screen.

## **OPEN A TICKET**

- Help us, help you
- If you find something broken or not working—the mouse on the computer, a phone, a piece of medical equipment, etc.
- Open a ticket via the CHN Homepage with the appropriate department—IT, Facilities, Biomed, etc. For phone issues, call the operator to open a ticket
- If it is medical equipment, be sure to red tag it and take it out of service
- Opening a ticket puts the issue on the To Do list for the departments responsible
- It is also helpful to send an email to the nurse managers, Deborah, and Yesenia with what the issue is and the location of the piece of equipment—that way when Facilities, IT, or Biomed have questions we can help them

## **COVID-19**

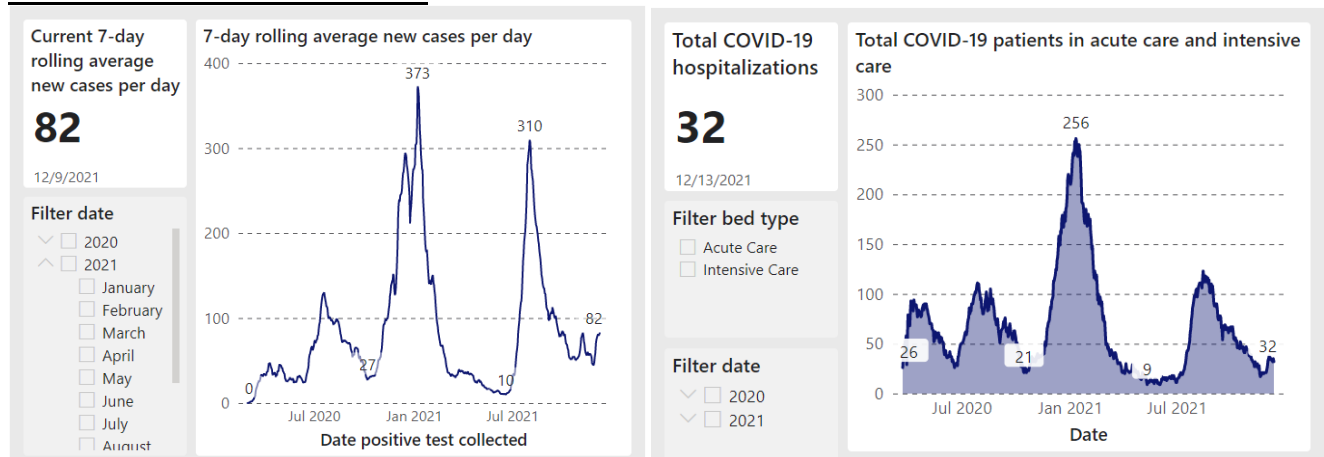
### **SELF-SCREENING**

- Please continue to self-monitor for signs and symptoms of COVID and if experiencing any, contact OHS 628-206-4100

### **HOSPITAL SURGE LEVEL YELLOW**

- As of, Friday, December 17th, 2021 we have **5** COVID positive hospitalized patients at ZSFG placing us in the **GREEN** Hospital Surge Level.

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



## **EDUCATIONAL OPPORTUNITIES**

### **PEM PEARL**

Dina Wallin, MD, FACEP, FAAP

The famed Dr. Al Sachetti just published a paper entitled "[Proximal tibiofibular joint dislocation in young children: Is this the nursemaid's elbow of the lower extremity?](#)" While this particular finding is really cool, and I'm interested to see if I encounter this in the future, I thought this would be a great time to review **nursemaid's elbow**, one of my favorite pedi diagnoses.

The formal name is **radial head subluxation**, and nursemaid's elbow tends to happen in mostly **toddlers and preschool-age** kids, though can happen 6 months-5 years. About 50% of kids will have the classic history of traction on the arm, but many will not. The child typically is comfortable at rest, when the arm isn't being manipulated, and will hold the arm slightly **flexed and adducted**. There should not be any swelling, deformity, or bruising, and only TTP at the elbow/with attempted ROM of elbow. XRs, if obtained, are normal.

If you observe any swelling, deformity, or possible TTP outside of the elbow, get X-rays first. If you have a suspicious H&P in the right age of child *without* these red flags, go ahead and attempt **reduction** right away, either by [hyperpronation or flexion-supination](#) (I typically start with hyperpronation and, if no "click," move to flexion-supination in the same movement). Most kids will not feel immediate relief, but will start using the arm within 15 minutes. At this point, they can go home! **No X-ray, sling, splint, or special follow-up necessary.**

This is one of my FAVORITE procedures to do-- so much fun.

### **ACLS-BLS-PALS SKILLS TESTING**

ACLS/BLS will start at 8am and PALS will start at 10:30. Please use the QR Code below to sign up on Eventbrite in advance to complete your online exam prior to coming to the skills session.



American  
Heart  
Association®



Eventbrite ACLS-BLS-PALS  
Sign-up

## **CELEBRATIONS/ANNOUNCEMENTS**

### **CELEBRATIONS**

Send me your celebrations ([david.staconis@sfdph.org](mailto:david.staconis@sfdph.org)) that you would like included in the ED Updates and I will share them here.

Thank you triage **Sarah Wheeler, RN; Kristina Gusman, RN; Avel Asencio, RN; Veronica Pitteard, MEA** and **Tanya Urrutia, MEA** for going above and beyond on a very busy waiting room with orders and tasks!  
~ **Rob Alvernaz, Charge Nurse**

I would like to celebrate everyone on night shift on 12/12/21, especially Pod A TL **Kelley Cain, RN** for taking patients in Pod B after 11pm, and Pod C TL **Julia Cottoral, RN** for doing short and long breaks on a very busy night. Thank you Everyone! ~**Juan Castaneda, Charge Nurse**

**Naomi Thomas, ED Social Worker** met with a patient new to SF. She connected him with all the resources he needed including a PCP and Homeward Bound. This was the most impactful part of the patient's ED visit. ~**Peggy McNiel, NP**

Thank you **Desiree Lewis, MEA** for going above and beyond at shift change to find a patients belonging who left from the from the 4th floor and returned to the ED Lobby attempting to retrieve his belongings. ~**Rob Alvernaz, Charge Nurse**

*Uncertainty is the price of beauty, and integrity the only compass for the territory of uncertainty that constitutes the landmass of any given life.*

- Maria Popova, "The Marginalian"

On December 15, 1933, Jung responded to a woman who asked his guidance on, quite simply, how to live. Two generations after the young Nietzsche admonished that "no one can build you the bridge on which you, and only you, must cross the river of life," Jung writes:

*Dear Frau V.,*

*Your questions are unanswerable because you want to know how one ought to live. One lives as one can. There is no single, definite way for the individual which is prescribed for him or would be the proper one....if you want to go your individual way, it is the way you make for yourself, which is never prescribed, which you do not know in advance, and which simply comes into being of itself when you put one foot in front of the other. If you always do the next thing that needs to be done, you will go most safely and sure-footedly along the path prescribed by your unconscious. Then it is naturally no help at all to speculate about how you ought to live. And then you know, too, that you cannot know it, but quietly do the next and most necessary thing. So long as you think you don't yet know what this is, you still have too much money to spend in useless speculation. But if you do with conviction the next and most necessary thing, you are always doing something meaningful and intended by fate. With kind regards and wishes, your sincerely,*

*C.G. Jung*

.....  
Large and small, in the privacy of our personal lives & in the scope of this continuing pandemic, walking in uncertainty is the key. Because each of us continue to choose to be here, we walk through whatever comes "...quietly do[ing] the next and most necessary thing."

This is so surely true for us, for all whom we serve in-hospital, in our community, in the privacy of our loves, and in this increasingly mad and unreasonable world.

Stay well.  
We are in this together.

Chaplain Mary-Cecile (M.C.)