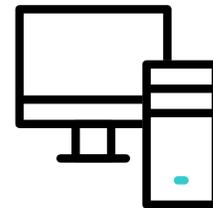
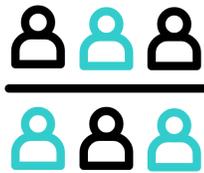


# Emergency Department Update

March 2nd, 2026 #212

## 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](#)

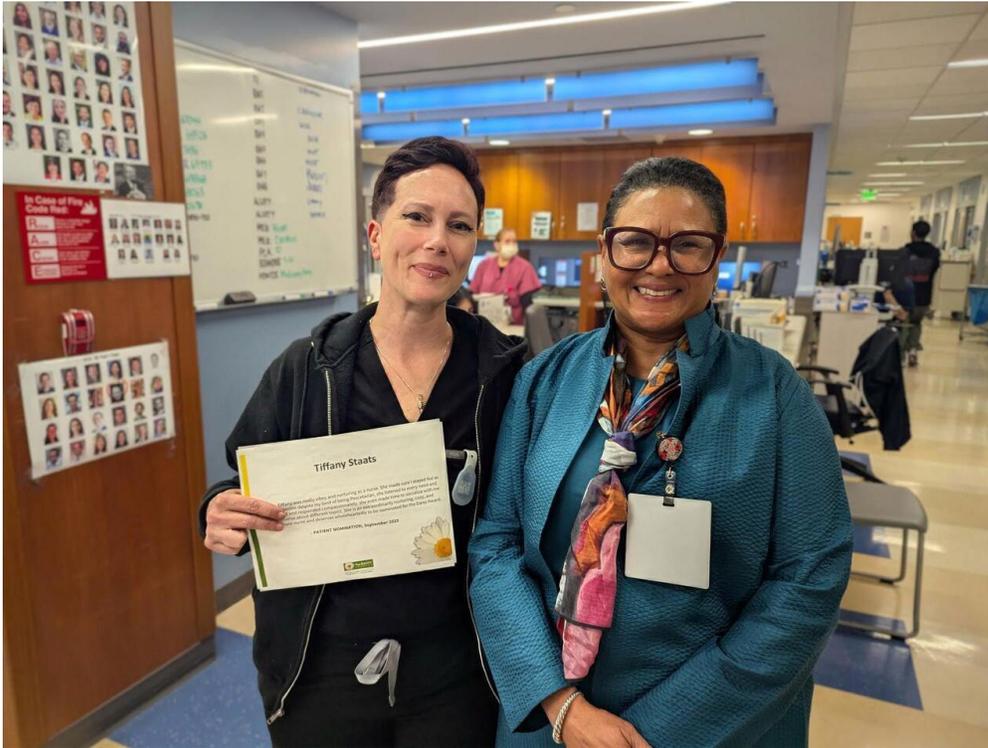
## CPI Training



[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!

## Daisy Award Nominations!



### Tiffany Staats' Nomination, September 2025:

"Basically, Tiffany was really vibey and nurturing as a nurse. She made sure I stayed fed as much as possible despite my limit of being Pescetarian, she listened to every need and concern I had and responded compassionately, she even made time to socialize with me and converse about different topics. She is an extraordinarily nurturing, cozy, and compassionate nurse and deserves wholeheartedly to be nominated for the Daisy Award".

## Shout Outs!

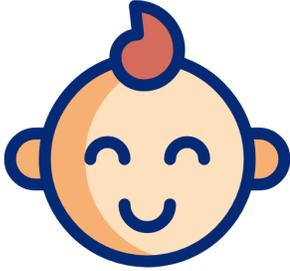
"I wanted to give the most sincere and outstanding shout out to our BERT members **John and Sergio!!** Yesterday I had a patient from EMS that was sprayed with bear spray all over. He was agitated and intermittently combative due to the pain from the burn. Not only were they quick to respond to my request for help, but they provided such kind and patient care. We were in the shower room with this patient for over an hour, because it was hard to clean off the spray - the hot water was making his burn worse - the shower does not get cold! They had an idea to fill buckets from the resus water coolers and gently offering them to the patient until he was agreeable and cooperative. This was a situation that could've easily escalated into a code 50, but with John and Sergio's calm demeanor and creative problem solving skills the patient was able to get relief and we avoided any safety issue to patient or staff! I felt so supported by them knowing exactly how to talk to this patient in an emotional crisis. I just wanted to highlight their skill and how much they care!! We are so lucky to have the BERT team in a department that can get scary and unpredictable! - Jordan Gunning ED RN



"Big shout out to Kim Bagby for being an amazing and awesome POD B TL and proactively taking patients from triage as soon as rooms were available. It was super supportive and helpful for patient flow! Thanks Kim! Kelly Cain

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## PEM Pearls



A 9-year-old presents to our ED at 9p with belly pain and vomiting. The PEM doc orders an ultrasound, and when they sign out to you at midnight, the kid is over in ultrasound. By the time the ultrasound returns with acute nonperforated appendicitis, it's already 1:30a.

Following [our algorithm](#), you consult surgery, and at 5a they give you recs to admit to their service with peds co-following and that she'll likely get her appendectomy later in the afternoon.

As you update the family, the parent asks you, "But why are we waiting so long? What's the risk to my kid?"

GREAT question! A [brand new study](#) looked at exactly that, outcomes with **delayed vs early appendectomy** (they looked at adults, too!). When comparing surgery overnight or within 4-12h of diagnosis ("early") to surgery > 12h from diagnosis ("delayed"), there were **no significant differences** in outcome-- perforation, hospital length of stay, post-op abscess, surgical site infection, or readmission rate (please see graphic).

Clearly, we prefer timely surgery for the patient/family experience and also for our own flow; however, we now know that delaying surgery for over 12 hours (unfortunately, the authors don't report the mean times to surgery so we don't have a ballpark) *likely* doesn't lead to worse **clinical** outcomes.

That being said-- if you have a case of pediatric appendicitis that you feel is unnecessarily delayed, please reach out to me with the name and MRN and I'll do some investigating. - *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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## Critical Shortages

### VBG and ABG Collections

Please be advised that the department is currently experiencing a critical shortage of VBG/ABG supplies.

**Effective immediately, we ask that VBGs and ABGs not be drawn unless there is a specific order from the MD.** It is important that we conserve our remaining supply for

### Hydromorphone Injectables

There is a critical shortage of hydromorphone. Providers are being notified. Please expect fewer orders for hydromorphone and more orders for Morphine or Oxycodone as well as alternates such as Ketamine. If you'd like to

patients with a clear clinical indication.

know more... [click here!](#)

Thank you for your cooperation and attention to this matter - *Matthew Talmadge, MSN, FNP-BC, PHN, Nursing Director ED*

## New and Interesting

### Peds Vitals

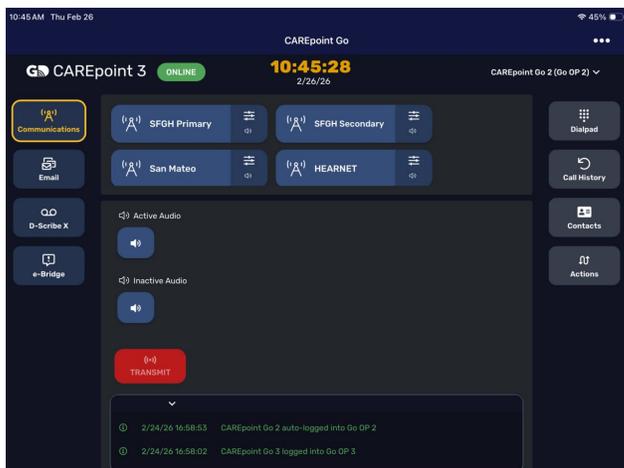
Pediatric vital signs are important. Please continue to get a full set of vitals as soon as possible on all pediatric patients including (but not limited too) - BP, HR, RR, SPO2, temp with source, and weight. Obtaining this as soon as possible in a pediatric patient stay is *vital* to good care.

### 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.



## 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](#).

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