CME Sponsors: American Medical Seminars, Inc.
Activity Title: Emergency Medicine: An Evidence-Based Approach to Common Emergencies
Activity Dates: July 19-21, 2021 – Orlando, FL
Presenting Faculty: Joel Kravitz, M.D., F.A.C.E.P., F.R.C.P.S.C. and Sarah B. Dubbs, M.D., F.A.A.E.M., F.A.C.E.P.

NARRATIVE DESCRIPTION

Following this course, the participant should be able to recognize the epidemiology, demographics and common clinical presentations for the diseases and disorders discussed; construct an appropriate history, physical exam and laboratory evaluation to develop cost-effective and accurate diagnosis; manage as well as employ appropriate follow-up and/or specialty referral for the diseases and disorders presented. This activity is expected to result in improved competence in making appropriate diagnosis and providing effective treatment and referral or follow-up care with the overall goal of improving patient outcomes.

The emphasis will be on aligning physician behavior with current guidelines and evidence-based medicine, as indicated within each topic's specific objectives. Emergency Medicine is a specialty that has a high rate of utilization and change in standards of care. It is often the point of entry for medical care; therefore, this course was designed to be of value to all practitioners at the level of a practicing physician in an effort to keep them abreast of current clinical practices in Emergency Medicine.

SPECIFIC OBJECTIVES

Day 1

Neuromuscular Weakness. (Kravitz)

Upon completion of this session, the participant should be able to: COMP

1. Discriminate between various clinical entities causing neuromuscular weakness, including Guillain-Barré syndrome, myasthenia gravis, and others.
2. Demonstrate techniques to be able to discriminate between organic and functional weakness.
3. Compare and contrast upper and lower motor neuron disease.

Drug-Drug Interactions (DDIs). (Kravitz)

Upon completion of this session, the participant should be able to: COMP, GL

1. Assess the scope of the problem of drug-drug interactions as it pertains to both the outpatient and emergency settings.
2. Explore interactions between prescription and non-prescription medications and review their treatments in the context of the Beers Criteria.
3. Review common drug-drug interactions and their complications commonly seen in the emergency room.

Ophthalmologic Emergencies.

Upon completion of this session, the participant should be able to: COMP, GL

1. Develop an algorithm for the differential diagnosis of the red eye.
2. Create a diagnostic strategy for sudden monocular and binocular blindness.
3. Review the treatment plans for emergent ophthalmic conditions, including glaucoma, and retinal vein and artery occlusions as per the American Academy of Ophthalmology preferred practice pattern guidelines.
4. Develop a treatment strategy for ophthalmic trauma.

The Crashing Cancer Patient (Dubbs)

Upon completion of this session, the participant should be able to: COMP

1. Outline cancer-specific factors that affect sepsis management
2. Apply ultrasound skills to identify critical, intervenable causes of hemodynamic instability in cancer patients
3. Recognize communication pitfalls to avoid when caring for the critically ill cancer patient.

Next Gen Oncology: Coming to an ED Near You. (Dubbs)

Upon completion of this session, the participant should be able to: COMP

1. Recognize immune therapies as new generation therapies used in cancer therapy regimens.
2. Anticipate and identify adverse events and toxicities related to these treatments.
3. Describe the management of cancer immunotherapy-related adverse events and toxicities.

Day 2

Demystifying Transfusion. (Dubbs)

Upon completion of this session, the participant should be able to: COMP

1. Identify and anticipate which patients are at risk for transfusion complications.
2. Recognize and manage transfusion complications.
3. Outline options and indications for special blood products to be used for transfusion.

"I Gotta Push!" Emergent Deliveries in the ED. (Dubbs)

Upon completion of this session, the participant should be able to: COMP

1. Describe the risks and pitfalls of emergency department deliveries.
2. Understand what equipment and resources are needed to be prepared for ED deliveries.
3. Describe delivery techniques for complicated emergent birth on arrival.
4. Describe essential elements of documentation regarding emergent deliveries for improved

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medical communication and medicolegal protection.

Trauma and Orthopedic Pitfalls – Injuries Not To Be Missed. (Kravitz)
Upon completion of this session, the participant should be able to: COMP

1. Detect subtle injuries that, unless treated, can have impact on long term musculoskeletal function.
2. Determine and treat subtle presentation of severe traumatic and neurologic injuries.
3. Distinguish particular injury patterns to avoid missing correlated injuries in a traumatically injured patient.

Endocrine Emergencies. (Kravitz)
Upon completion of this session, the participant should be able to: COMP, GL

1. Develop, using the latest evidence and the ADA position statement, a comprehensive treatment plan for diabetic ketoacidosis (DKA).
2. Compare and contrast DKA and hyperosmolar non-ketotic states (HHNK).
3. Detect adrenal insufficiency and formulate an efficient treatment plan.
4. Construct treatment algorithms as per the AACE guidelines, for the management of thyrotoxicosis, hyperthyroidism and thyroid storm.

Is This Test Necessary: Efficient Use of Testing in the Emergency Department. (Kravitz)
Upon completion of this session, the participant should be able to: GL, COMP

1. Develop, using the available evidence, efficient decision making skills for the use of some commonly used lab & radiographic tests in the ED as per the CDC guidance and recommendations.
2. Determine - the utility of some less commonly used tests in the ED, including strep tests, D-dimers and coagulation tests.
3. Evaluate case scenarios to discuss optimizing patient care while reducing unnecessary costs.

Day 3
Management of the Emergency Psychiatric Patient. (Kravitz)
Upon completion of this session, the participant should be able to: GL, COMP

1. Recognize the early signs of agitation and employ strategies to resolve them.
2. Select appropriate agents for chemical restraint based on available evidence.
3. Using ACEP guidelines as a framework, develop a plan for the medical clearance of a psychiatric patient.

Abdominal Pain – The Black Box of the Belly. (Kravitz)
Upon completion of this session, the participant should be able to: COMP, GL

1. Review some challenging cases of abdominal pain to help differentiate benign from severe abdominal pain.
2. Evaluate the utility of various tests, including labs, ultrasound and CT scan, including during pregnancy using the ACOG opinion guidelines, in the diagnosis of abdominal pain.
3. Determine subtle features of certain presentations of abdominal pain that suggest a more severe cause.
4. Explore diagnoses of abdominal pain in the absence of abdominal pathology.

The Crashing Obstetric Patient. (Dubbs)
Upon completion of this session, the participant should be able to: COMP

1. Describe the anatomic and physiologic changes of late trimester pregnancy.
2. Construct an organized approach to the unstable obstetric patient
3. Implement the recommended resuscitation principles for obstetric patients as presented by the American Heart Association.
4. Describe the indications and step-by-step procedure for resuscitative hysterotomy.

Nasty Nosebleeds: The Epistaxis Playbook. (Dubbs)
Upon completion of this session, the participant should be able to: COMP

1. Describe multiple methods of management for patients presenting with epistaxis from first-line treatment to more complex interventions.
2. Develop a plan and approach to persistent, severe epistaxis.
3. Provide improved education and anticipatory guidance to patients being discharged after treatment for epistaxis.
4. Outline the indications for transfer, consultation, and advanced management modalities in severe epistaxis.

Common Cases Walking Through Your Office Door.
Clinical Cases will be solicited throughout the week from the participants. These cases will be selected and managed by the presenters. Diagnoses, next steps in management and expected clinical outcomes will be discussed. The format will include panel discussion and audience participation.