

FOAM & Education Newsletter

January 2021 Volume #5



Welcome to Rez's #FOAM Newsletter

This is a monthly newsletter brought to you by the Education Committee with the latest in the EM & FOAMed world, ranging from trials, news and pearls. We will also share with you the best podcasts & blog posts recently published in FOAM. If you have an interest in contributing or sharing interesting images or EKGs, let us know!

Your 20-21 Education Committee
Walid Malki
Jon Reid
Lola Reingold
TJ Stolz
Yalan Vu



Resus Update:
Dual Sequential
Defibrillation For
Refractory VF

COVID Update:Is COVID a risk factor for PF?



January FOAM Highlights

Podcast of The Month:

EM Cases: Ep 150 Simple Emergency Approach to AKI (Pt 1)

Blog Post of The Month:

emDocs: Pulmonary HTN ED Presentation, Eval & Management

Procedure of The Month:

EMRAP: Epistaxis Posterior Pack

Resus Update: <u>Dual Sequential Defibrillation For Refractory Ventricular Fibrillation</u> by Walid Bottom Line: In refractory VF, dual sequential defibrillation may lead to higher rates of ROSC

Who: Refractory VF was defined as failure to respond to 3 or more defibrillation while following ACLS protocol. **How:** Place two defibrillation pads one anteroposterior and the other anterolateral and discharging them simultaneously (or immediately in sequence) might also increase the rate of successful defibrillation. **Limitations:** Still needs to be proven by RCTs

Source: Cheskes S, Dorian P, Feldman M, McLeod S, Scales DC, Pinto R, Turner L, Morrison LJ, Drennan IR, Verbeek PR. Double sequential external defibrillation for refractory ventricular fibrillation: The DOSE VF pilot randomized controlled trial. Resuscitation. 2020 May; 150:178-184. doi: 10.1016/j.resuscitation.2020.02.010. Epub 2020 Feb 19. PMID: 32084567.

Pitfalls of extensive documentation in the emergency department by Lola

Why: EM is different than other specialties: patient flow & acuity is unpredictable and often presenting complaint does not correlate with the actual acuity.

How: 1-year productivity study of 39 EM attendings in Philadelphia; normalized to patients/hour, RVU/hour ("billing") and actual revenue collected ("revenue") **Findings:**

- Patients/hour strongly correlated with RVU/hour (R2=0.75, correlation coefficient 0.86)
- RVU/hour was less strongly correlated with revenue (CC = 0.42)
- Quartile analysis demonstrated an inflection point at 3rd quartile where billing for more RVUs did not result in more revenue collected
- Documenting ROS or exam findings that are not investigated opens up additional liability

Source: Blome, A., Yu, D., Lu, X., & Schreyer, K. E. [2020]. Pitfalls of extensive documentation in the emergency department. Ochsner Journal, 20[3], 299–302. https://doi.org/10.31486/toj.19.0108

Abstract Review: <u>Association Between PE & COVID in ED Patients Undergoing CTPE</u> by Walid

Bottom Line: COVID-19 is not an independent risk factor for PE. No increase in incidence of PE in COVID patients in ED. Patients whose symptoms could be accounted for by simple COVID-19 infection (not sudden onset) is not necessary, and PE testing should be restricted to patients with other risk factors or more sudden decompensation, or those whose symptom severity is not well explained by the CXR findings.

How: Large retrospective, multinational study involving 26 institutions in Spain, France, Belgium, Italy, Chile, and Canada.

Who: 3,358 patients were included in the analysis: 52% from the pandemic period and 48% from the prepandemic period. In the pandemic period, 974 patients were confirmed positive for COVID-19, and the other 2,300 patients were not.

Findings: Both 15% of the patients positive for COVID-19 & 15% of the patients negative for COVID-19 had PE. Even after adjustment for observable characteristics, such as HR & cancer diagnosis, COVID-19 status was not at all associated with a higher risk of PE [OR 0.98].

Source: Association between pulmonary embolism and COVID-19 in ED patients undergoing CTPA: the PEPCOV international retrospective study Freund Y, Drogrey M, Miró Ď, et al. Acad Emerg Med. Published online July 30, 2020. doi:10.1111/acem.14096