

WESLEY EMERGENCY DEPARTMENT THE QUEAS-E UPDATE

(Quality, Uniformity, Education, Attitude, and Service - in Emergencies)

Issue 68

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Introduction

Something new for a new year!

This is the fifth year for The QUEAS-E Update. While we try to stay on the cutting edge; sometimes it's nice to review what you've cut up. So here is a five year review of January highlights.

ESPA

Emergency Services Professional Association (ESPA) is the private group that has been partnered with Wesley for 40 years. The reason for our stability and longevity is that we believe that service and quality are at the heart of our practice.

The QUEAS-E Update is one such example of that kind of cutting edge quality we produce. If you are an MLP or physician interested in being a part of such a quality family, call Nancy Martin (316) 962-2239.



- 1) Actual hypoglycemia in a non-diabetic is extremely rare. Most patients who claim "hypoglycemia" don't have it.

New England J Med April 27, 1995:
1144-52

- 2) Calcium chloride should be given in the unstable hyperkalemic patient. Calcium gluconate should be given in the stable patient.

- 3) Full strength formula or breast milk should be introduced immediately with diarrhea rather than gradually increasing strength.

J Pediatr Gastroenterol Nutr 1997; 24:
522-7

- 4) Morphine 4mg IV is roughly equivalent to Lortab 5.0mg x 2.

Prescriber's Letter September 2004; Vol
II: No 9

- 5) EMS RSI has more positive clinical outcomes than negative.

Ann Emerg Med October 2004; 44; 4:
565 (#211)

- 6) Lipase is all you need to screen for pancreatitis.

Aust NZ J Surg 75; 399: 2005

7) Cryotherapy (ice) for injury is followed by rebound swelling and may not provide much benefit.

Am J Sports Med 2004; 32(1): 251

8) British Thoracic Society recommends simple aspiration for primary spontaneous pneumothorax (regardless of size).

Respiratory Medicine 2004; 98: 578-80

9) Antibacterial soaps do not help especially when most close contact illness is viral.

New Engl J Med December 2, 2004; 351: 23: 2417-27

10) Guacamole is rich in vitamin K which can affect coumadin.

11) Use a sugar packet to diagnose facial palsy. If decreased taste occurs on one side of the tongue, this is a peripheral 7th nerve problem.

12) Triage respiratory rates are historically unreliable.

Annals Emerg Med January 2005; 45: 1

13) Routinely adding anti-emetics to narcotics is unnecessary.

Am J Emerg Med 2000; 18: 653-7

14) All medicines used for colic are no better than placebo and may potentially be harmful.

Am F Practice September 1, 2004; 70; 5: 936

15) Routine rectal exam in trauma is rarely helpful.

J Trauma 2005; 59: 1314-9

16) Sharp, pleuritic and reproducible chest pain in combination have a likelihood ratio of 0.1 (this is excellent negative predictive value).

Am J Med 2004; 117: 334-43

17) Mucomist does not make a clinical difference in contrast nephropathy.

J Gen Intern Med 2005; 20: 193-200

18) Bicarbonate improves neither hemodynamics nor response to vasopressors in lactic acidosis.

Ann Intern Med 1990; 112: 492-8

19) "Are immunizations up to date?" is a very poor triage question that is not specific enough.

20) A gum elastic bougie in a difficult airway kit decreases cricothyrotomies by nearly one-half.

Ann Emerg Med October 2006; 48; 4: S28

21) No good data supports coring out a plantar puncture wound. Animal data actually proves it is not helpful.

Emergency Physician Legal Bulletin 9; 3: 1-8

22) Hepatojugular reflux test has been proven to help with specificity in the diagnosis of CHF.

Ann Intern Med 1988; 109: 456-60

23) Steroids for meningitis may not be helpful in children, adolescents or adults.

New Engl J Med December 13, 2007; 357; 24: 2431-40, 2441-50

- 24) All patients in the ED must have documented ER physician screening (even if you don't bill) unless the attending admitting physician is immediately present upon arrival.

Risk Management Monthly

- 25) Don't cardiovert A-fib with rapid ventricular response if Dig toxic.

Emergency Med Reports September 17, 2007; 28: 30

- 26) BNP is falsely elevated in COPD, PE, sepsis, the elderly, females, and patients with chronic CHF who present with a non-CHF condition.

CHF BNP consensus panel 2004 September-October; Suppl. 3: 1-30

- 27) Antibiotics and cough/cold preparations do not help the course of "acute sinusitis".

JAMA December 5, 2007; 298; 21: 2487-96, 2543-4

- 28) Systemic steroids do not help back pain. Heat is the only non-pharmacological therapy with scientific support.

Ann Intern Med 2007; 147: 478-515

- 29) For eye irritation, consider nasal cannula prongs with warm IV fluid and Alcaine. Tape it above the bridge of the nose and drip in.

- 30) All patients should be treated like ambulance patients in that they should be "pushed" into a room even when "all beds are full".

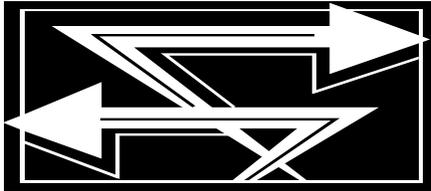
THE PARADIGM SHIFT

A NEW SECTION THAT REVIEWS RECENT "PARADIGM SHIFTS" IN MEDICINE. A "PARADIGM SHIFT" IS A RADICAL CHANGE IN VIEW IN THE WAY THE WORLD IS UNDERSTOOD.

SOME HISTORICAL EXAMPLES ARE "THE WORLD IS ROUND" WHICH ALTERED THE WAY PEOPLE THOUGHT ABOUT THE HORIZON OR THE WAY THEY MADE MAPS. ANOTHER MORE MEDICAL EXAMPLE WAS THE MICROSCOPE. BEFORE THE MICROSCOPE, DUST WAS THE SMALLEST IMAGINABLE PARTICLE ("ASHES TO ASHES, DUST TO DUST..."). AFTER THE MICROSCOPE, A NEW INVISIBLE WORLD CAME TO MIND.



"The Newest and Largest Organ in the Body"



OK. What is the largest organ in the body? If you said "the skin", you're wrong – at least after 1980. In 1980, two scientists playing with vasoactive substances were doing some fairly routine experiments on rabbit aortas but found that the freshly prepared aortas responded oppositely inside the body versus out. It did not make much sense and it wasn't till later they discovered that it was the preparation of the aorta and specifically the rubbing and cleaning of it that had created the difference. When the aortas were not cleaned and prepared, they acted much like aortas inside the body. They called this mysterious substance EDRF (endothelial-derived relaxing factor) and with this substance the entire medical world changed.

The blood vessels up until this point were primarily the

"highways" which transported substances from organ "factory" to organ "factory". But EDRF was hormone-like produced by the lining of the blood vessel. The endothelium was an organ! And not just a "new" organ was found, but the largest organ in the body, as well as the most important. The "highways" had become the primary "factories".

A massive paradigm shift took place in which modern medicine no longer needed to be subdivided into different specialties by knowledge. If one knew the "endotheliology" one could treat any organ – only the tools and mechanical procedure separated the specialties.

With EDRF, later called Nitric Oxide (NO) in 1985, we discovered how nitroglycerin worked on coronary vessels. We would later understand the role of NO in erectile dysfunction with the marketing of Viagra.

And we would begin to understand why steroids have been used in almost every disease process at some point in time. Asthma would see new drugs for the first time in decades (Leukotriene inhibitors) and rheumatology was changed radically with new inflammatory mediators. Cellular metabolism and the Krebs cycle would be overshadowed by the endothelium, the arachidonic acid cycle, and the interplay of the inflammatory cascade with the clotting cascade, -- and all within just the past 2 decades.

New Stuff

If there is such a thing as a QUEAS-E “groupie” that has actually read all this stuff and remembers it, I offer a few new things to keep it fresh:

- 1) IV morphine is not a first-line choice for significant acute pain. IV fentanyl is much faster acting with less histamine release and is unlikely to drop blood pressure. IV dilaudid is “smoother” with less agitation. IV fentanyl + IV dilaudid is a faster, safer, smoother approach.
- 2) IV compazine, reglan and phenergan are not first line choices for nausea (now that odansteron is generic). These other agents have a high percentage of akasthesia which may go unrecognized.



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