



Acid-Base Made Easy

TU-76 / 1 Hour

Faculty: *Scott C. Sherman, MD*

Tuesday, October 9 / 8:00 AM - 8:50 AM

The differential diagnoses for acid-base problems can be reduced to a workable few by using a minimal amount of laboratory data. Following well-established principles and formulas, the presenter will help you resolve common acid-base problem cases.

Acidosis Alphabet Soup

TU-91 / 1 Hour

Faculty: *Corey M. Slovis, MD, FACEP*

Tuesday, October 9 / 9:00 AM - 9:50 AM

Emergency physicians are familiar with the mnemonic MUDPILES in the evaluation of the patient with high-anion gap metabolic acidosis. Challenging cases will be presented to evaluate the diagnosis and management of metabolic acidosis and help get your head out of the mud.

Best Practice of Emergency Care in the Alcohol Impaired Patient

TU-139 / 1 Hour

Faculty: *Diane M. Birnbaumer, MD, FACEP*

Tuesday, October 9 / 3:00 PM - 3:50 PM

Numerous ED patients present with alcohol intoxication. Alcohol poisoning of all types can cause grave morbidity or mortality. The presenter will discuss the alcohols and their subsequent problems. Are those insurance laws about alcohol intoxication real? The American College of Surgeons mandates Screening and Brief Intervention and Referral to Treatment (SBIRT) in trauma centers as well as new TJC reporting measures around SBIRT for all hospitals. Come and learn about these problematic alcohols and requirements.

Diabetic Keto-Acidosis, and Hyperosmolar Hyperglycemic State: Presentation, Practice, Pitfalls and Pearls

MO-41 / 1 Hour

Faculty: *Rose M. Chasm, MD, FACEP*

Monday, October 8 / 3:00 PM - 3:50 PM

The two most common life-threatening complications of diabetes include ketoacidosis (DKA) and hyperglycemic hyperosmolar syndrome (HHS). These are an important cause of morbidity and mortality in insulin dependent diabetics. Around 2-8 percent of all hospital admissions of diabetics are for ketoacidosis, with overall mortality from 2-10 percent, up to 15 percent for HHS. Death rarely results from the metabolic complications of hyperglycemia or metabolic acidosis but rather the underlying medical illness precipitating the metabolic decompensation. Emergency physicians must quickly search for precipitating cause(s) and initiate the correct treatment.

Glands Gone Bad: Endocrine Emergencies

MO-43 / 1 Hour

Faculty: *Jason R. Knight, MD*

Monday, October 8 / 3:00 PM - 3:50 PM

"I'm weak and dizzy, I'm hot and bothered, I'm cold and have no energy." Vague complaints

often lead to extensive and expensive ED workups. While patients with metabolic disorders frequently present to the ED, most endocrine disorders present less often. Recognizing and treating adrenal insufficiency, thyroid storm, hypercalcemia, and a variety of other endocrine emergencies in the ED patient is of paramount importance. The speaker will share cases designed to broaden your differential diagnosis and provide some suggestions for simplifying the workup of some common complaints.

MO = Monday TU = Tuesday WE = Wednesday TH = Thursday