



2012 Scientific Assembly Course Descriptions

Pediatric Disorders

20/20 Vision: A Twenty Year Perspective on Pediatric Emergency Medicine (James D. Mills, Jr. Memorial Lecture)

TU-135 / 1 Hour

Faculty: Roger M. Barkin, MD, FACEP

Tuesday, October 9 / 1:30 PM - 2:20 PM

2012 is the twentieth anniversary of the first Board examination in Pediatric Emergency Medicine (PEM). From humble and at times fractious beginnings, PEM has grown into a robust and sought after field with its own body of knowledge and clinical standards, which has subsequently shaped how general emergency physicians approach pediatric patients in the ED. What challenges are faced by emergency physicians in relation to children? How do we continue to change the focus from who is providing care to children to how is that care improved and how are outcomes assessed? How do we as a specialty promote not only effective but cost efficient care for children? This expert and pioneer in PEM will discuss these issues and more.

Common ED Complaints in the First 28 Days of Life

MO-65 / 1 Hour

Faculty: Richard M. Cantor, MD, FACEP

Monday, October 8 / 5:00 PM - 6:00 PM

Even the most experienced emergency physician can experience a little anxiety when treating a newborn. The speaker will help you to distinguish a newborn who has a life-threatening emergency from one who just has overly anxious parents, and all those in between. The workup and management of common, non-critical problems in neonates will also be discussed.

Abdominal Pain in Children: Is CT Really Necessary?

MO-29 / 1 Hour

Faculty: Keith T. Borg, MD, PhD, FACEP

Monday, October 8 / 1:30 PM - 2:20 PM

Abdominal pain is one of the most common presenting complaints of children, with a broad differential based on age and associated factors. Equally as broad is the variability in the management of these patients among emergency physicians. The perceived reliance and overuse of CT imaging in children have come under recent scrutiny. Can a CT safely be deferred if other tests are nondiagnostic for suspected appendicitis, and if so, when is the appropriate follow-up interval? How feasible and reliable is MR imaging for pediatric abdominal pain in the ED setting? The speaker will discuss these issues with an emphasis on the advantages and disadvantages of CT scanning versus MR, ultrasound and plain radiograph imaging in the evaluation of abdominal pain in children.

Acute Pediatric Life-Threatening Events

WE-227 / 30 Minutes

Faculty: Ghazala Q. Sharieff, MD, FACEP

Wednesday, October 10 / 3:00 PM - 3:25 PM

You receive a call from EMS about an infant who is "not breathing". Intubation, PALS drug algorithms, and drug doses run through your mind. Thank goodness the child is breathing on ED arrival, but a diagnosis and decisions must be made. What is an apparent life-threatening

event, and what is in the differential diagnosis? What do you tell the parents about apnea monitoring? What do you say about the AAP statement on infant positioning and pacifier use? What about an infant or toddler with lethargy? Cases will be used to discuss pediatric occult life-threatening disorders that must be detected in the ED.

Advanced Practical Pediatric Procedural Sedation

MO-31 / 1 Hour

Faculty: Alfred D. Sacchetti, MD, FACEP

Monday, October 8 / 1:30 PM - 2:20 PM

What is the best way to sedate a frightened, screaming 6-year-old with a fracture requiring closed reduction or a terrified 2-year-old with a facial laceration requiring plastic surgical repair? When is a papoose board or manual restraints sufficient? These common clinical scenarios often result in a stressful experience for children, their parents, and the ED staff. Many sedation management options exist, but no single approach is perfect. Cases will be presented to discuss optimal management while minimizing patient risk. Cutting-edge research applicable to both the university and community ED also will be discussed.

"Baby Annie, Are You Okay": Current Trends in Pediatric Resuscitation

TH-281 / 1 Hour

Faculty: Marianne Gausche-Hill, MD, FACEP

Thursday, October 11 / 9:00 AM - 9:50 AM

The American Heart Association published recent guideline changes for cardiopulmonary resuscitation which has affected PALS and APLS guidelines. What are the changes affecting pediatric resuscitation in recent years, and what is the pediatric-specific evidence supporting these changes? Are cuffed endotracheal tubes being used with more frequency in infant and small children? Does post-resuscitation hypothermia have a role in pediatric patients? Is parental presence during resuscitative efforts becoming standard practice? Is length-based resuscitation really accurate in predicting weight based on length in today's pediatric population. This expert will discuss these recent trends and controversies.

Challenging Cases in Pediatric Emergency Medicine

WE-263 / 1 Hour

Faculty: Randolph J. Cordle, MD, FACEP

Wednesday, October 10 / 5:00 PM - 6:00 PM

"My baby's got the blues." "My son keeps grabbing his head and won't look at me anymore." "If I come in can you wake up my toddler?" "His belly hurts again but this time he's real sick." Pediatric patients can have common or not so common chief complaints, yet hiding among them are potentially life-threatening problems. The emergency physician must pick up certain clues to make the diagnosis. The speaker will discuss several unusual and unique cases in pediatric emergency medicine.

Chest Pain and Syncope in Children: Cause for Concern?

WE-171 / 1 Hour

Faculty: Ghazala Q. Sharieff, MD, FACEP

Wednesday, October 10 / 8:00 AM - 8:50 AM

Both chest pain and syncope result in significant morbidity and mortality in adults, but when is it a problem in children? When should you consider performing more than a chest radiograph and/or electrocardiogram on these pediatric patients? The speaker will review serious and life-threatening causes of chest pain and syncope in children and suggest ways of using the history and physical examination to reduce unnecessary diagnostic testing. Certain "red flag" warning signs will be reviewed to identify obstructive cardiac lesions, cardiomyopathies, and systemic diseases that may lead to chest pain and/or syncope.

Cruising the Literature: Pediatric Emergency Medicine 2012

TU-93 / 1 Hour

Faculty: Richard M. Cantor, MD, FACEP

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

Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months and discuss those articles that could affect the way you treat pediatric patients.

Dangerous Practices in the Pediatric Patient

TU-164 / 1 Hour

Faculty: Mimi Lu, MD, MS

Tuesday, October 9 / 5:00 PM - 6:00 PM

We are all familiar with the adage that “children are not just little adults”. Despite differences in management for select conditions, there are many similarities in the core principles of shock and resuscitation therapy for adults and children. Notwithstanding, some therapies considered benign when administered to adults can be harmful to children. Using case-based discussions, the speaker will discuss critical differences in the management of pediatric and adult patients, specifically how pearls that we learned in the evaluation of adults are potential pitfalls in pediatric patients.

The Eyes Have It: Pediatric Ophthalmologic Emergencies

WE-247 / 1 Hour

Faculty: Gil Binenbaum, MD, MSCE

Wednesday, October 10 / 4:00 PM - 4:50 PM

A 4-year-old with retinoblastoma, a 3-month-old with congenital cataracts, and a 10-year-old with uveitis and early JRA are all diagnoses you don't want to miss. Pediatric ophthalmologic emergencies include ophthalmologic presentations of systemic and infectious diseases, traumatic injuries, and diseases that primarily involve the eye. Emergency physicians need to be able to recognize these entities as well as know when to consult an ophthalmologist or refer to a center where an ophthalmologist is available.

The Future is Here: Cutting-Edge Ultrasound in the Emergency Care of Infants and Children

TH-303 / 1 Hour

Faculty: Stephanie J. Doniger, MD, FACEP

Thursday, October 11 / 11:00 AM - 11:50 AM

Bedside ultrasound has revolutionized EM, from better management of trauma patients to more specific diagnoses such as retinal detachments, foreign body removal, or deep venous thrombosis. Unfortunately, bedside ultrasound in the pediatric patient has lagged behind, but this trend is changing. The speaker will focus on the latest cutting-edge uses of ultrasound in the care of children in the ED. Using video, the speaker will demonstrate the application of ultrasound in the care of infants with suspected pyloric stenosis, dehydration and assessment of bladder volume prior to catheterization, limp with hip effusion, appendicitis, foreign body, and pus pocket location for abscesses.

Head and Neck Trauma in Children: To Scan or Not to Scan and Other Questions

WE-200 / 1 Hour

Faculty: Katherine Bakes, MD

Wednesday, October 10 / 10:00 AM - 10:50 AM

Head injury is the most common type of injury for pediatric patients. The challenge is not so much as what constitutes a head injury, but how much of a radiologic workup is needed for minor head and neck injuries. Who needs a CT scan, and who can be watched expectantly without risking a missed serious diagnosis? How long should the patient be observed in the

ED? What children should be transferred to pediatric trauma centers or ICUs? What activity restrictions should be placed on these patients, if any? What are some of the long-term radiation exposure risks in children? Recent guidelines on minor head trauma, traumatic brain injury, and minimizing radiation exposure in children will be discussed.

Ready or Not, Here I Come: The Critical Child in Your ED

TU-79 / 1 Hour

Faculty: Alfred D. Sacchetti, MD, FACEP

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

The critically ill pediatric patient raises the nerves and anxiety of even the most seasoned emergency provider, particularly outside the confines of a tertiary care children's hospital. Most of these children will require stabilization and transfer. The speaker will provide practical stabilization techniques and tips to manage these patients.

Life-Threatening Radiographic Emergencies in the Pediatric Patient

WE-186 / 1 Hour

Faculty: Randolph J. Cordle, MD, FACEP

Wednesday, October 10 / 9:00 AM - 9:50 AM

In the pediatric patient, life-threatening radiographic findings can often be subtle and easy to miss. The speaker will review important and potentially life-threatening findings found on pediatric radiographs. Cases that are specific to the pediatric population including cardiac, abdominal, traumatic, and infectious disease emergencies will be reviewed.

Master Clinician Series: The Pediatric Eye Examination

WE-221 / 1 Hour

Faculty: Gil Binenbaum, MD, MSCE

Wednesday, October 10 / 1:30 PM - 2:20 PM

How do you examine the uncooperative child or infant with an ocular complaint? Is a Wood's lamp with fluorescein staining an adequate examination for an infant with a red eye? This expert will discuss the comprehensive pediatric ophthalmologic examination and the essential components that emergency physicians need to perform and document based on symptoms. "Tricks of the trade" for the examination of children for eye disease, including use of the latest devices for visualization of the structures of the eye, will be discussed.

Mistakes You Do Not Want to Make in Pediatric Patients

MO-20 / 1 Hour

Faculty: Richard M. Cantor, MD, FACEP

Monday, October 8 / 12:30 PM - 1:20 PM

Besides the obvious challenges of children's nonverbal clues and their having unique illnesses and presenting symptoms, the diagnosis and treatment can be full of pitfalls. Learn what key features of childhood illnesses should "raise the red flag" and how not to be misled. Key issues such as missed meningitis and appendicitis, as well as other uncommon "legal" based diagnoses will be discussed. New cases are added yearly to this popular course.

The Ouchless ED: What's New in Pediatric Procedural Pain Management?

TU-143 / 1 Hour

Faculty: Alfred D. Sacchetti, MD, FACEP

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

Parental and patient satisfaction concerns have led to recent advances in minimizing pain during procedures in the ED. But are these techniques safe and effective in children? Is one topical analgesic cream better than another? Does iontophoresis really work? Is subcutaneous rather than intravenous fluid infusion ready for prime time? This speaker will discuss these

modalities and well as other pain management options in children. The utility of child life services also will be discussed.

The Pediatric Risk-Free Emergency Department: Reducing Malpractice Exposure

TU-119 / 1 Hour

Faculty: Thom A. Mayer, MD, FACEP

Tuesday, October 9 / 12:30 PM - 1:20 PM

Pediatric patients typically comprise 25-30 percent of the total volume seen in general EDs. However, they also present some of the most risk-prone patients, particularly those with less frequent and more subtle presentations. As evidence-based medicine becomes more and more accepted, these principles can be applied prospectively to dramatically reduce risk in pediatric patients. The speaker will describe his experience in developing and implementing a rigorous evidence-assisted approach to “risk-proofing” the ED for five of the most risk-sensitive issues in pediatric EM.

Pediatric Bread and Butter: Moving Patients Through Without Getting Toasted

TU-132 / 1 Hour

Faculty: Richard M. Cantor, MD, FACEP

Tuesday, October 9 / 1:30 PM - 2:20 PM

It's 9pm in your saturated general ED, when three pediatric patients simultaneously present to triage – a toddler with wheezing and bronchiolitis, an infant with fevers without a clear source, and a child with vomiting and abdominal pain. You reflexively order nebulizers and steroids for the toddler, blood and urine testing for the infant, and ondansetron and abdominal ultrasound for the child. Are these common interventions indicated, and are other emergency physicians treating these patients in a similar fashion? Do these interventions improve patient outcome, ED lengths of stay, or hospitalization rates? Using a case and evidence-based approach, this speaker will discuss current management trends and help you to critically evaluate the typical treatment of these pediatric cases.

Pediatric Procedures Lab

TH-269; TH-308 / 2.5 Hours

Faculty: Sean M. Fox, MD (Moderator); Brian D. Clothier, MD; Emily C. MacNeill, MD; Stacy L. Reynolds, MD; Chad D. Viscusi, MD; Dale P. Woolridge, MD, PhD, FACEP

Thursday, October 11 / 7:30 AM - 10:00 AM; 11:00 AM - 1:30 PM

Performing emergency procedures on sick infants and children can be stressful and frustrating. In this hands-on lab, you will be given an opportunity to discuss mock-code scenarios and participant experiences with experts and obtain hands-on practice in several life-saving procedures. Seldinger technique, intraosseous line placement, umbilical vein catheters, and airway management techniques, including intubation, laryngeal mask airway, and needle cricothyrotomy will be demonstrated. (*This lab is limited to 45 participants.*)

Pediatric Tricks of the Trade: What They Didn't Teach You in Residency

TH-276 / 1 Hour

Faculty: Genie E. Roosevelt, MD

Thursday, October 11 / 8:00 AM - 8:50 AM

What is the best way to remove tenacious earwax? What options are there when a child refuses to drink contrast for an abdominal CT? Can you really get away with not performing a lumbar puncture on a 4-month-old with a febrile seizure? Would a pediatric emergency physician manage these cases differently than a general emergency physician? A 2-3 year fellowship in pediatric emergency medicine affords the graduating fellow a unique perspective on children relative to a general emergency physician. The speaker will share experiences and insights that are not necessarily taught in any textbook. Diagnostic and therapeutic pearls will

be stressed.

Pictures to Ponder: Pediatric Visual Diagnosis

WE-224 / 1 Hour

Faculty: Ghazala Q. ShariEFF, MD, FACEP

Wednesday, October 10 / 1:30 PM - 2:20 PM

A pediatric patient is brought in with a lump, rash, or unusual eye finding. Could this abnormality be a harbinger of life-threatening disease? The speaker will present a number of pediatric cases in which the picture or visual cues tell the story. Presenting conditions such as rashes, cutaneous lesions, or other physical examination findings will be highlighted.

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