



## 2012 Scientific Assembly Course Descriptions

# Pulmonary Disorders

### **Acute Respiratory Failure: When Oxygen is Not Enough**

*WE-260 / 1 Hour*

*Faculty: Jeffrey Sankoff, MD, FACEP*

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

The patient can't breathe and the stats are falling despite 100 percent oxygen. What non-invasive options are available to the emergency physician short of endotracheal intubation? And if non-invasive options fail, how can the ventilator best be used to overcome the respiratory failure? The speaker will present some of the toughest cases in which intubation and standard mechanical ventilation may fail. Tips and tricks can then be used to save those patients also will be discussed.

### **ALI/ARDS: Preventing the Whiteout from Becoming a Wipe Out**

*TH-298 / 1 Hour*

*Faculty: John C. Perkins, Jr, MD, FACEP*

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

It seems people are not only sicker in the ED than ever before, but also staying longer. Ever have a difficult sepsis patient on the vent? A trauma patient you can't ventilate? The speaker will focus on recent advances in the treatment of Acute Lung Injury (ALI) and Acute Respiratory Distress syndrome (ARDS). The speaker will also briefly review the mechanism of lung injury and repair, the physiology of the disease, and focus on invasive ventilatory and non-ventilatory strategies to improve your patients' outcome.

### **Asthma and COPD, What's Really New with the Wheezers**

*WE-205 / 1 Hour*

*Faculty: Jacqueline Ward-Gaines, MD*

**Wednesday, October 10 / 12:30 PM - 1:20 PM**

Asthmatics seem to fill the ED some nights, and there have been recent advances and concerns regarding the use of certain medications, including long-acting beta agonists, inhaled corticosteroids, and long-acting anticholinergic medications. The speaker will review the current evidence that supports and reposes the use of these medications, and the complications that you might experience when caring for these patients in the ED.

### **CAP Attack!: Bugs and Drugs for Pneumonia 2012**

*TH-271 / 1 Hour*

*Faculty: John C. Perkins, Jr, MD, FACEP*

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

"Pneumonia Alert! Did you order antibiotics?" The charge nurse asks you. It seems there is always some new process by which we identify patients with CAP, but what really is the current evidence behind the treatment of this common disease? The speaker will focus on the epidemiology of the disease as well as review the current guidelines for diagnosis and management, while highlighting antimicrobial resistance and antibiotic stewardship principles.

## **Differential Diagnosis of the Acutely Dyspneic Patient**

*WE-199 / 1 Hour*

*Faculty: Jeffrey Sankoff, MD, FACEP*

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

It's unusual to go through a shift without seeing a patient with shortness of breath. Many times the diagnosis is obvious – asthma, COPD, or CHF. But not always. Some patients will present with dyspnea from anemia, or a PE, cardiac tamponade, methemoglobinemia, or acute metabolic acidosis. The speaker will go through a systematic approach to the acutely dyspneic patient, to not miss the case that isn't so obvious. Not-so-typical cases of dyspnea also will be presented.

## **Mastering Chest Radiology: A Systematic Approach**

*WE-222 / 1 Hour*

*Faculty: Tracy Leigh LeGros, MD, PhD, FACEP*

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

Emergency physicians are expected to master the interpretation of plain film chest radiography. Radiology consultation is not a luxury provided to all emergency physicians. Using a case-based format, the speaker will present a fail-safe, systematic approach to interpreting a chest x-ray. Challenging and perplexing radiographs will be reviewed and discussed using this approach. Subtle findings of pneumothorax, pneumomediastinum, diaphragmatic injury, and aortic diseases will be presented.

## **Spot and Stop the Clot: Venous Thromboembolism**

*TU-154 / 1 Hour*

*Faculty: Kristen Nordenholz, MD, FACEP*

**Tuesday, October 9 / 4:00 PM - 4:50 PM**

Under-diagnosed? Over-tested? Outpatient treatment of PE —is it a reality yet? Diagnostic strategies for PE in certain patient groups have been helpful but the approach is far from standardized. The speaker will review venothromboembolism risks, diagnosis, risk stratification, and treatment. The submassive PE with RV dysfunction and the massive PE in shock, as well as the role of thrombolysis, mechanical, and surgical embolectomy also will be discussed.

## **Ventilator Management: So You Think You Know How?**

*MO-09 / 1 Hour*

*Faculty: Jeffrey Sankoff, MD, FACEP*

**Monday, October 8 / 8:00 AM - 8:50 AM**

Intubating is technically the mostly easy part. What sets the grown-ups apart from the kids is answering tougher questions. Does this patient really need intubation? Should it be avoided? After intubation what settings will maximize the patient's overall status, where does minute ventilation come in and what are those flow rates important? The speaker will review types of ventilators, ventilator settings, and learn or re-learn an important skill set.

## **"Whooping It Up!": Hacking Coughs and Hocking Patients**

*WE-255 / 30 Minutes*

*Faculty: Jackqueline Ward-Gaines, MD*

**Wednesday, October 10 / 4:30 PM - 4:55 PM**

Cough is the most common complaint in the US. Equally as frustrating for the patient as it is for the emergency physician who has to treat them. The diagnosis and treatment of cough can be challenging for clinicians, especially when an obvious source is not readily apparent. Treatment is often limited to a few antitussive drugs that never really seem to work. The speaker will focus on separating the acute from the chronic cough and highlight features of

eosinophilic airway syndromes and reflux-associated cough syndromes.

## **Yea, Yea, You Have Hypertension - Oh Wait, You Mean Pulmonary Hypertension!**

*MO-10 / 1 Hour*

*Faculty: Peter M. DeBlieux, MD, FACEP*

**Monday, October 8 / 8:00 AM - 8:50 AM**

This course will focus on treating the acute complications of pulmonary hypertension. Over the recent decade, there have been advances in an inherently difficult disease to treat. In the ED, it can pose an even more difficult challenge when there is a pulmonary hypertension patient. The ACCP recently published clinical guidelines for the treatment of pulmonary hypertension, but even since then things have changed and there are novel treatments available. The speaker will cover new therapies and treatments for pulmonary hypertension and the ED management of patients who are acutely decompensating.

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