Final Committee Objectives 2020-21
Clinical Policies Committee

Chair: Stephen J. Wolf, MD, FACEP
Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP
Staff Liaisons: Travis Schulz, MLS, AHIP and Mandie Mims,

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.

2. Review and comment on other organizations’ guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.

3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.

4. Continue updating, modifying, and disseminating current clinical policies as necessary:

   - Clinical policies in development or revision:
     a. Appendicitis
     b. Acute heart failure syndromes
     c. Mild traumatic brain injury
     d. Blunt trauma
     e. Airway management
     f. Acute ischemic stroke

   - Clinical policies being prepared for revision pending committee capacity:
     g. Asymptomatic elevated blood pressure
     h. Procedural sedation
     i. Seizures
     j. Thoracic aortic dissection
     k. Pediatric fever
     l. Transient ischemic attack

   - Clinical policies in which literature is being monitored for substantial changes:
     m. Carbon monoxide poisoning
     n. Early pregnancy
     o. Psychiatric patient
     p. Reperfusion therapy for STEMI
     q. Venous thromboembolism
     r. Non–ST-elevation acute coronary syndromes
     s. Headache
     t. Syncope
     u. Opioids
     v. Community-acquired pneumonia

5. Serve as a resource and continue working with the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.


8. Review the following policies per the Policy Sunset Review Process:
   - Naloxone Prescriptions by Emergency Physicians

   Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.