Clinical Policies Committee

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Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP
Staff Liaison: Rhonda Whitson, RHIA, Travis Schulz, MLS, AHIP

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 or modification of current clinical policies as necessary:
   a. Opioids: (Include elements of Amended Resolution 35-15: Create clinical practice guidelines for treatment of patients presenting to the ED in opioid or benzodiazepine withdrawal; and create a practice resource to educate emergency providers about the science of opioid and benzodiazepine addiction.)
   b. Acute heart failure syndromes
   c. Headache
   d. Mild traumatic brain injury
   e. Community-acquired pneumonia
   f. Appendicitis
   g. Acute blunt abdominal trauma
   h. Asymptomatic elevated blood pressure
   i. Procedural sedation
   j. Seizures
   k. Thoracic aortic dissection
   l. tPA for acute ischemic stroke

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

6. Review the following policy per the Policy Sunset Review Process:
   • Use of Peak Expiratory Flow Rate Monitoring for Management of Asthma in the ED (and PREP)

   Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunnsetted.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