Pediatrics Disorders

- **Mistakes You Do Not Want to Make in Pediatric Patients**
  WE - 302/ 1 Hour(s)
  *Faculty: Richard M. Cantor, MD, FACEP*

  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 missed. 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.

Pediatrics Disorders

- **Cruising the Literature: Pediatric Emergency Medicine 2018**
  TH - 315/ 1 Hour(s)
  *Faculty: Richard M. Cantor, MD, FACEP*

  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.

Pediatrics Disorders

- **EBM in PEM: Are You Practicing It?**
  TH - 340/ 1 Hour(s)
  *Faculty: Richard M. Cantor, MD, FACEP*

  There are a number of new clinical guidelines and literature that can assist in the care of children in the emergency department. Staying abreast of the most current evidence-based medicine can be challenging, particularly in the realm of pediatrics. The presenter will cover several commonly encountered conditions and discuss the most relevant and current evidence to ensure optimal care for our smallest of patients.

Pediatrics Disorders

- **Lies Your Mother Told You: Selected PEM Topics**
  WE - 252/ 1 Hour(s)
  *Faculty: Richard M. Cantor, MD, FACEP; Alfred D. Sacchetti, MD, FACEP*

  Every clinician knows that intussusception presents with currant jelly stools and that Procalcitonin is the best test to evaluate a febrile child and that if you look hard enough you can always find a palpable olive in an infant with pyloric stenosis. Well, every clinician may be wrong. This session will challenge many of the long held tenets of pediatric emergency medicine in a spirited presentation that will certainly change many of your practices.
Pediatrics Disorders

• **ALTE/BRUE: Can This Kid Go Home?**
  
  **TU - 186/ 0.5 Hour(s)**
  
  **Faculty:** Marianne Gausche-Hill, MD, FACEP

  The apparent life-threatening event (ALTE) usually presents in a seemingly benign manner, however there is real associated morbidity and mortality. The question is are we able to risk stratify these children? Can the ALTE child go home? The presenter will discuss the most current, evidence-based literature on the topic. A reasonable initial evaluation and management strategy will be conveyed.

Pediatrics Disorders

• **Major Pediatric Traumatic Brain Injury: Not a Minor Problem**
  
  **WE - 233/ 0.5 Hour(s)**
  
  **Faculty:** Russ Horowitz, MD

  A lot of attention has been given to pediatric minor head trauma and appropriately lowering the use of unnecessary CT scans, however significant head trauma is one of the leading causes of traumatic death in children and continues to deserve our attention. The presenter will review the anatomic and physiologic differences that must be considered when addressing pediatric traumatic brain injury and will bring us up to date with the most current literature on the management of pediatric TBI.

Pediatrics Disorders

• **Subtle Signs of Abuse: It’s Not All About Bruises**
  
  **WE - 275/ 0.5 Hour(s)**
  
  **Faculty:** Russ Horowitz, MD

  Child physical and sexual abuse is a challenging and difficult problem in the ED. Subtle signs can identify patients who present and are at risk for further trauma. New recommendations for testing and treatment of injuries and STIs have clinicians on the front lines of care for these patients. Discussion of the important role in the linkage to care that EDs play in the care of these patients will also be presented.

Pediatrics Disorders

• **Scary Baby Bellies**
  
  **MO - 66/ 0.5 Hour(s)**
  
  **Faculty:** Ian Kane, MD

  Abdominal pain is one of the most frequent pediatric complaints. In the sea of gastroenteritis there are serious diseases that can't be missed. Case-based presentation and review of cardinal symptoms and signs of NEC, volvulus, hirschsprungs and pyloric stenosis. The latest EBM guidelines and management for academic and resource poor settings will be reviewed.
Pediatrics Disorders

**Cough, Stridor, and Wheeze in the Pediatric Patient: Gone in 30 Minutes**
MO - 82/ 0.5 Hour(s)

*Faculty: Ian Kane, MD*

The speaker will present an evidence-based review of treatment modalities for bronchiolitis, croup, and pneumonia.

Pediatrics Disorders

**Pediatric DKA: Not Just Little People With Hyperglycemia**
MO - 21/ 0.5 Hour(s)

*Faculty: Mimi Lu, MD, FACEP*

The management of diabetic ketoacidosis is often highlighted as one of the conditions that must be managed differently than in adults. The presenter will address the variance between the management of DKA in kids compared to adults. Additionally, emphasis on pearls and potential pitfalls that should be accounted for to help avoid possible peril in the pediatric DKA patient will be made. This course will bring to light the current literature on the most efficient approach as well as illustrate useful management pearls and highlight potential pitfalls.

Pediatrics Disorders

**Pediatric Chest Pain and Syncope: Bad or Benign?**
MO - 53/ 0.5 Hour(s)

*Faculty: Mimi Lu, MD, FACEP*

Chest pain and syncope in adult patients always garner concern. The same complaint in children is less likely to be due to a significant cause. There are severe conditions in pediatric patients, however, that may present with subtle symptoms. The presenter will review the potentially life-threatening conditions that can cause children to show up in your ED with chest pain or syncope. A reasonable approach to the evaluation of these common complaints will be proposed.

Pediatrics Disorders

**The Pediatric Airway - When Less Is More**
WE - 227/ 1 Hour(s)

*Faculty: Emily C. MacNeill, MD*

The pediatric airway can induce fear in even the most experienced practitioner. The noises and substances that may emanate from this small but seemingly sinister maw can be the stuff of nightmares – often leading one to employ aggressive airway interventions to ameliorate our anxiety and avoid potential catastrophe. Is this approach really necessary in all cases? During this session an expert will provide examples of a variety of pediatric patients and their airways that may seem scary but can be served with less aggressive interventions such as simple positioning, suctioning, or even benign neglect.
Pediatrics Disorders

• **Pediatric Status Asthmaticus in 2018: What's in Your Kitchen Sink**
  
  **WE - 279/ 0.5 Hour(s)**
  
  *Faculty: Emily C. MacNeill, MD*
  
  The severe status asthmaticus patient who is not rapidly responding to your initial therapies can be quite terrifying? What is in your kitchen sick to throw at the toxic, critically ill status asthmaticus pediatric patient? The presenter will discuss the potential techniques and tools available that may help improve the dire situation and prevent the need for intubation. The presenter will also discuss appropriate ventilation management in the event that those strategies were not successful.

Pediatrics Disorders

• **Newborn Resuscitation: Born but Not Breathing**
  
  **TH - 323/ 0.5 Hour(s)**
  
  *Faculty: Emily C. MacNeill, MD*
  
  The newly born child in your department will generate a lot of attention naturally. While the vast majority of children who are born in the ED do perfectly fine on their own, occasionally things go awry. Neonatal resuscitation is distinct from resuscitation of older children and adults and deserves specific consideration. The presenter will discuss the unique anatomic and physiologic differences that exist with the newly born. The basic techniques and strategies of resuscitating a newly born patient will be covered. Potential pitfalls and pearls will also be highlighted.

Pediatrics Disorders

• **Metabolically Challenged Children: No Pathways, Just Practical Practice**
  
  **WE - 230/ 0.5 Hour(s)**
  
  *Faculty: Amanda B. Price, MD*
  
  There are over 300 disorders of biochemical pathways, and while each is rare, collectively they are more common than you think. The question is how to detect and treat the child with an undiagnosed inborn error of metabolism (IEM). Additionally, how do you care for the patient with a known IEM who is symptomatic? The presenter will cover a rational and reasonable approach to managing these complicated children.
Pediatrics Disorders

- **Pediatric Stroke**
  
  WE - 248/ 0.5 Hour(s)
  
  *Faculty: Amanda B. Price, MD*
  
  Pediatric strokes are increasingly recognized in pediatric and community EDs. Cased-based presentations of pediatric strokes will be reviewed. Challenges in the recognition and mimics of pediatric stroke are also critical to understand in the timely diagnosis of this emergent presentation. Treatment strategies including tPA and interventional radiology will be explored. Challenges and community-based strategies to treatment and identification will be discussed.

Pediatrics Disorders

- **Pediatric Sim Lab**
  
  TU - 108/ 2 Hour(s)
  
  *Faculty: Evelyn Porter, MD (Moderator); Ian Kane, MD; Amanda B. Price, MD*
  
  Critically ill children are some of the most challenging and worrisome patients to care for in the emergency department. This lab will use lo-fi sim to train providers in the recognition, assessment and treatment of pediatric patients with life threatening illness.

Pediatrics Disorders

- **Pediatric Sim Lab**
  
  TU - 152/ 2 Hour(s)
  
  *Faculty: Evelyn Porter, MD (Moderator); Ian Kane, MD; Amanda B. Price, MD*
  
  Critically ill children are some of the most challenging and worrisome patients to care for in an emergency department. This lab will use lo-fi sim to train providers in the recognition, assessment and treatment of pediatric patients with life threatening illness.

Pediatrics Disorders

- **Pediatric Sim Lab**
  
  TU - 184/ 2 Hour(s)
  
  *Faculty: Evelyn Porter, MD (Moderator); Ian Kane, MD; Amanda B. Price, MD*
  
  Critically ill children are some of the most challenging and worrisome patients to care for in an emergency department. This lab will use lo-fi sim to train providers in the recognition, assessment and treatment of pediatric patients with life threatening illness.
Pediatrics Disorders

- **Pediatric Procedures Lab**
  
  MO - 14/ 2.5 Hour(s)
  
  *Faculty: S. Chad Scarboro, MD, FACEP (moderator)*
  
  Performing emergency procedures on sick infants and children can be stressful and frustrating. During this hands-on lab you will be given an opportunity to 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.)

Pediatrics Disorders

- **Pediatric Procedures Lab**
  
  MO - 48/ 2.5 Hour(s)
  
  *Faculty: S. Chad Scarboro, MD, FACEP (moderator)*
  
  Performing emergency procedures on sick infants and children can be stressful and frustrating. During this hands-on lab, you will be given an opportunity to 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.)

Pediatrics Disorders

- **Life-Threatening Radiographic Emergencies in Pediatric Patients**
  
  TH - 341/ 1 Hour(s)
  
  *Faculty: Rachel Tuuri, MD, FACEP*
  
  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.

Pediatrics Disorders

- **Foreign Body Aspiration: What to Do When Kids Pretend to Be Piggy Banks**
  
  TH - 362/ 0.5 Hour(s)
  
  *Faculty: Rachel Tuuri, MD, FACEP*
  
  Kids’ curiosity can certainly get them into precarious predicaments. This curiosity, when combined with clumsiness, can lead to foreign bodies becoming lodged in all sorts of places. The most terrifying, for the patient and provider, is the foreign body that is in the airway. The presenter will discuss the acute management of this potentially critical condition. Additionally, a reasonable approach to the evaluation of the child who potentially aspirated a foreign body but appears well will be described.
Pediatrics Disorders

• The 1st 60 Minutes: Initial Management of the Critically Ill Infant
  WE - 205/1 Hour(s)
  Faculty: Jennifer D. H. Walthall, MD, MPH
  Critically ill kids scare all of us! Fortunately, the critically ill child is rare even in the pediatric ED. Unfortunately, this rarity can often lead to discomfort in the management of these patients. Due to the subtle signs and symptoms of illness in children, the initial management is frequently delayed and sub-optimal which can lead to poor outcomes. The presenter will illustrate and highlight the important findings that can alert clinical providers to the child who is critically ill. Evidence-based strategies that will lead to improved clinical outcomes and save lives will be discussed.

Pediatrics Disorders

• Plumbing or the Pump: Problems in Congenital Heart Kids
  TH - 333/0.5 Hour(s)
  Faculty: Elizabeth Weinstein, MD, FACEP, FAAP
  Patients who have had surgery for congenital heart disease represent a very unique population, which can arrive in your ED with subtle as well as dramatic presentations. The presenter will discuss the basic surgical procedures for congenital heart disease and the potential complications of them in an effort to help us detect them and manage them efficiently.

Pediatrics Disorders

• Problems With the Shunt: Best Practices for Evaluation of VP Shunt Issues
  TH - 370/0.5 Hour(s)
  Faculty: Elizabeth Weinstein, MD, FACEP, FAAP
  The number of technology dependent patients that we evaluate in our EDs is steadily increasing. These technologies can be quite beneficial to the patient, but require our expanded understanding to manage their potential complications. Ventriculoperitoneal (VP) shunts can have several complications, but can present in very subtle manners. Patients with VP shunts for hydrocephalus represent a unique group of patients. The presenter to address the variety of important complications of VP shunts and will highlight the most current recommendations for evaluation and management of them.

Pediatrics Disorders

• Tiny Waves in Tiny Tots: The Pediatric ECG
  WE - 245/0.5 Hour(s)
  Faculty: Jennifer L. White, MD
  Pediatric ECGs are not just little pieces of paper. The speaker will explain how and why the "normal" ECG changes over time in kids and what is always abnormal and what can be normally abnormal.
Pediatrics Disorders

- **Fussy Infant**

  WE - 293/ 0.5 Hour(s)

  *Faculty: Jennifer L. White, MD*

  The fussy irritable infant is a challenge to the most seasoned provider. A frequent complaint with critical implications but frequently no acute findings is frustrating to physicians, parents and patients. Strategies employed in the evaluation and disposition can engage families and mitigate some of this stress for families and limit risk. Real world techniques that are easily implemented will be the focus of the presentation.