Courses by Track

Pulmonary Disorders

Clotted Controversies - PE in the ED: ACEP Connect
Faculty: Colin G. McCloskey, MD; Joseph R. Shiber, MD, FACEP; Lauren M. Westafer, DO, MPH, MS

During this fast paced sessions, speakers will engage with the live audience & via social media to discuss some of the most recent evidence & advances in managing everyone's favorite dyspnea topic, pulmonary embolism. Is it time to start sending home the asymptomatic incidental PE? Who needs anticoagulation versus lysis? Are there tools we should be routinely using in the ED to evaluate PE once it is diagnosed? Join in on the discussion to enhance the care of your patients with PE in the ED!

- Describe an approach to the risk stratification of PE in the ED.
- Discuss the treatment options for patients with PE, including who needs systemic lysis.
- Describe the patient that is best suited for outpatient management of PE.

Diagnosis Dyspnea: FAST FACTS
Faculty: Boyd Burns, DO, FACEP; Colin G. McCloskey, MD; Joseph R. Shiber, MD, FACEP

Nail that diagnosis next time your patient presents with dyspnea. In less than 10 mins & in rapid succession, each speaker will deliver just the pearls for proper identification of a variety of causes of dyspnea.

- Identify the key elements for diagnosing & managing pulmonary embolus in the ED.
- Identify the key elements for diagnosing & managing congestive heart failure in the ED.
- Identify the key elements for the diagnosing & managing pneumonia in the ED.
- Identify the key elements for the diagnosing & managing COPD and asthma in the ED.

Differentiating Dyspnea: Respiratory Failure 101
Faculty: Jennifer M. Wilson, MD

Dyspneic patients presenting to the ED can have impressive presentations as they starve for air. However, not all that's dyspneic is hypoxia. To optimize your patients outcomes you must understand the underlying physiology of their respiratory failure. This quick review will provide you with the tools to recognize the types of respiratory failure & how to intervene on each.

- Differentiate the four types of respiratory failure presenting to the ED.
- Describe the underlying physiology of each form of respiratory failure & how that impacts ED management.
- List interventions that may maximally benefit patients with each form of respiratory failure.
Fire Behind the Smoke: Vaping Related Illness
Faculty: Peter M. DeBlieux, MD, FACEP

The current national vaping epidemic is an evolving concern for many medical providers, especially emergency physicians. Why vaping has caused such serious pulmonary morbidity and mortality is still not completely clear. However, as new discoveries are made related to this etiology of lung injury interventions may be available at the bedside to treat and support vaping related diseases. This session will provide participants with up to date information and strategies on how to combat the vaping related epidemic in the clinical space.

- Describe the current national vaping related epidemic.
- Discuss the pathophysiology behind the lung related injury secondary to vaping.
- Identify strategies to treat and support patients presenting with vaping related lung injuries.

Lung Bugs & Drugs 2020
Faculty: Boyd Burns, DO, FACEP

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 pneumonia, but what really is the current evidence behind the treatment of this common disease? The speaker will focus on the epidemiology of different types of pneumonia, including CAP, HAP (hospital-associated pneumonia), VAP (ventilator associated pneumonia), review the current guidelines for diagnosis & management, & highlight antimicrobial resistance & antibiotic stewardship principles.

- Review the latest epidemiology of CAP & pneumococcal disease.
- Discuss the current recommendations for diagnosis, treatment, as well as the core measures associated with this common disease.
- Describe best practices for antibiotic stewardship & the outcomes associated with various classes of antimicrobial drugs.

Lung Ultrasound in the ED: Don’t Diss Dyspnea
Faculty: Jennifer Carnell, MD, FACEP

Using a case-based interactive format, the speaker will demonstrate how ultrasound can be used in the patient with undifferentiated dyspnea to identify the source early & clarify medical decision making. Often patients with dyspnea are critically ill & unstable for transportation to imaging & other testing. Early implementation of ultrasound may help guide management in our sickest patients when other testing is not an option. Participants will discuss a broad range of cases that highlight common cardiac & pulmonary causes of dyspnea & recognition of associated ultrasound pathology.

- Discuss the cardiac & pulmonary etiologies of dyspnea that can be identified with ultrasound.
- Delineate how early identification of the cause of dyspnea may change management.
- Recognize the pathologic findings on integrated ultrasound of the heart, lungs & inferior vena cava that correlate with specific etiologies of dyspnea.
Management of Massive Hemoptysis: Save Your Drowning Patient!
Faculty: Boyd Burns, DO, FACEP

Patients presenting to the ED with massive hemoptysis can shake even the most seasoned emergency physician. This course will review strategies for managing these patients, & quite possibly saving their life.

- Review optimal intubation strategies including when to consider a surgical airway.
- Discuss methods of selective lung intubation & single lung ventilation, as well as optimal positioning of your patient.
- Discuss the role of management options including TXA, endovascular techniques, & surgical intervention.

Rescue Strategies for Severe Hypoxia in the ED
Faculty: Maxwell A. Hockstein, MD

Severe hypoxemic respiratory failure presents challenges in resuscitating the critically ill patient. Many times, our usual approach to airway management is not sufficient. In this case-based lecture, you will learn the approach to successful management of these challenging patients.

- Review pulmonary physiology & oxygen transport.
- Discuss the potential ventilatory strategies to optimize oxygenation, including ARDSnet, APRV, HFOV, & introduce the concept of permissive hypoxemia.
- Review the adjuncts (INO, Flolan, Steroids, paralytics) & positioning (proning, decubitus) that may be used as well as when to consider ECMO.

Unpacking the Black Box: Diagnosing Pulmonary Embolism in Pregnancy
Faculty: Lauren Westafer, DO, MPH, MS

Few things in medicine are more confusing than evaluating pregnant patients for pulmonary embolism (PE). PE is classically a ‘can’t miss and killer diagnosis and clinicians have been taught that our pregnant patients, who are already high risk, are at even higher risk of PE. Yet, until recently there has been little evidence on how to best evaluate these patients. Clinical decision tools? D-dimer? Ultrasound? CT or Ventilation-Perfusion Scan? This session will review the most recent evidence on the trends in the prevalence of PE in pregnant and recently post-partum patients.

- Discuss the trends in pulmonary embolism prevalence and diagnosis in pregnant patients.
- Identify the risk and benefits of clinical decision tools and diagnostic tests used in the evaluation of pulmonary embolism during pregnancy.
- Develop a personalized evidence-based algorithm for evaluating pulmonary embolism in pregnant patients.
Ventilator Management: Where's the Easy Button?

Faculty: Peter M. DeBlieux, MD, FACEP

The battle isn’t always over once the tube goes in! What initial vent settings are best for my particular patient? How do I best adjust minute ventilation & flow rates? What if my patient’s condition changes? During this case-based interactive discussion, the speaker will review types of ventilators & settings to help everyone learn or re-learn this critical skill set.

- Review common types of ventilators & settings.
- Describe opportunities to oxygenate and ventilate patients without an endotracheal tube.
- Discuss how to adjust the ventilator to fit a patient’s changing condition.