Pulmonary Disorders

- **Management of Massive Hemoptysis: Save Your Drowning Patient!**
  MO - 35/0.5 Hour(s)
  *Faculty: Rahul Bhat, MD, 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, and quite possibly saving their life.

Pulmonary Disorders

- **ACEP Connect: Clotted Controversies - PE in the ED**
  TU - 142/1 Hour(s)
  *Faculty: Rahul Bhat, MD, FACEP; Joshua S. Broder, MD, FACEP; Colin G. McCloskey, MD*

  During this fast paced ACEP Connect, speakers will engage with the live audience and via social media to discuss some of the most recent evidence and 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!

Pulmonary Disorders

- **Lung Bugs and Drugs 2018**
  TU - 191/0.5 Hour(s)
  *Faculty: Boyd D. 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 and management, and highlight antimicrobial resistance and antibiotic stewardship principles.

Pulmonary Disorders

- **FAST FACTS: Diagnosis Dyspnea!**
  TU - 133/1 Hour(s)
  *Faculty: Boyd D. Burns, DO, FACEP; Jennifer Carnell, MD, FACEP; Haney Mallemat, MD*

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

• **Lung Ultrasound in the ED: Don’t Diss Dyspnea**
  TU - 141/ 0.5 Hour(s)
  *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 and clarify medical decision making. Often patients with dyspnea are critically ill and unstable for transportation to imaging and 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 and pulmonary causes of dyspnea and recognition of associated ultrasound pathology.

Pulmonary Disorders

• **Ventilator Management: Where's the Easy Button?**
  MO - 9/ 1 Hour(s)
  *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 and flow rates? What if my patient’s condition changes? During this case-based interactive discussion, the speaker will review types of ventilators and settings to help everyone learn or re-learn this critical skill set.

Pulmonary Disorders

• **Hyperoxia: When More Is Less**
  MO - 83/ 0.5 Hour(s)
  *Faculty: Haney Mallemat, MD*
  
  Oxygen - it’s the substrate of life, right? Maybe, but that does not mean that more is better. Evidence is mounting that hyperoxia in diseases including COPD, MI, and cardiac arrest is detrimental to your patients. Discover where and when you want to crank up that O2 and when you don’t.

Pulmonary Disorders

• **Using Capnography As Your Crystal Ball**
  TU - 115/ 0.5 Hour(s)
  *Faculty: Colin G. McCloskey, MD*
  
  Capnography has given the clinician an easy way to glimpse into the future with our critical patients. The speaker will review the subtle and not-so-subtle end tidal CO2 waveforms that will give you the information you need to intervene and change the course for your soon-to-be deteriorating patient or stand by with a smile on your face knowing your patient has turned the corner and is on the way to a better outcome.
Pulmonary Disorders

• **Save the Blade! Advanced Strategies in Noninvasive Ventilation**
  
  TH - 343/ 1 Hour(s)
  
  **Faculty:** Matthew A. Roginski, MD

  Who needs the tube today? During this interactive case-based discussion, the speaker will review strategies to restore effective oxygenation and ventilation with the need for endotracheal intubation. The expanding indications for non-invasive strategies will be reviewed with a special emphasis on addressing the underlying pathophysiology of common ED causes of respiratory failure. Different techniques will be compared and contrasted. Key principles for set up, as well as how to assess response to each intervention will be presented in an easy to remember format for next day use in your ED.

Pulmonary Disorders

• **You Take My Breath Away: ARDS/ALI**
  
  WE - 218/ 0.5 Hour(s)
  
  **Faculty:** Sage P. Whitmore, MD

  Ever have a difficult sepsis patient on a vent? A trauma patient you can’t ventilate? This course will focus on recent advances in the treatment of acute respiratory distress syndrome (ARDS) and acute lung injury (ALI). The mechanism of lung injury and repair and the pathophysiology of the disease will be reviewed. Invasive ventilator and non-ventilator strategies to improve your patients' outcome will be discussed.

Pulmonary Disorders

• **Differentiating Dyspnea: Respiratory Failure 101**
  
  WE - 274/ 0.5 Hour(s)
  
  **Faculty:** Sage P. Whitmore, MD

  Dyspeptic patients presenting to the ED can have impressive presentations as they starve for air. However, not all that's dyspeptic 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 and how to intervene on each.