

Emergency Department Update

Friday, October 14, 2022

Issue # 126

GENERAL

PRIVACY BREECHEES

- A common cause of privacy breach is not double checking AVS print outs before handing them to the patient at discharge
- Picking up the wrong patient's AVS or combining two different patients' AVS can happen easily when picking them up off the printer
- Be sure to check that you have the correct patient's AVS and have not inadvertently combined in another set of AVS meant for another patient

CURES ACT

- New Federal regulation now requires healthcare providers give patients access to all of the health information in their electronic medical records without delay and without charge
- Patients may now access their medical record via the MyChart application
- Please be mindful and continue to chart professional objective relevant information

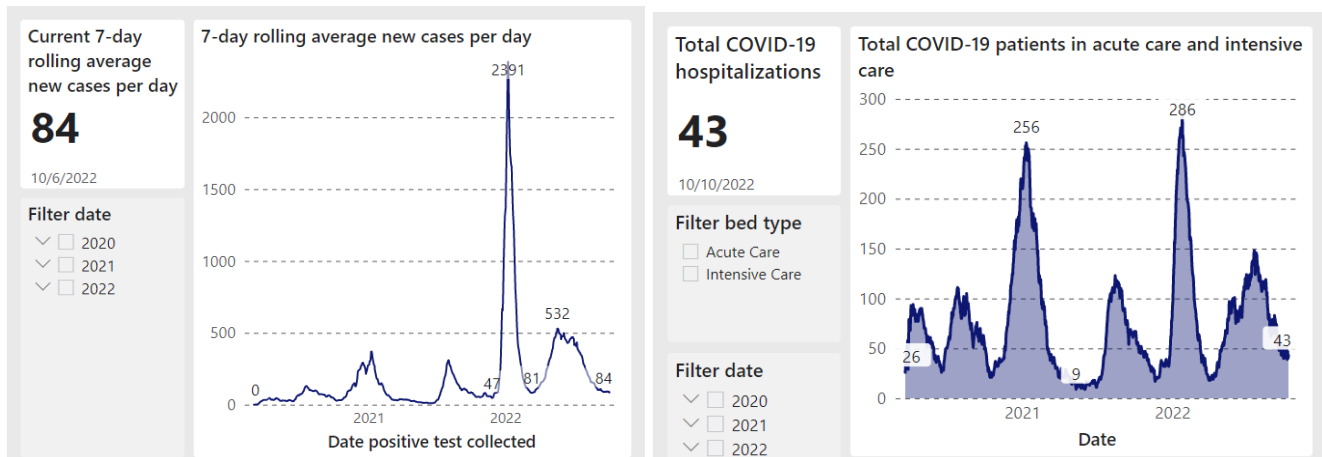
EBOLA UPDATE

- There is an outbreak of Ebola in 5 districts of Uganda (Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu)
- Direct flights from Uganda are only being received on the east coast of the US
- The hospital Ebola response plan is being updated and additional information will be forthcoming
- Fluid impermeable gowns and long cuff inner gloves are available in the top drawer of the tele room file cabinet. The other pieces of (shoe/calf covers, N95, full face shield, bouffant cover, and regular exam gloves for outer pair) are available from their usual locations
- The dedicated room for a PUI will be Pod C-19
- Donning/Doffing references will be made available as soon as we receive them
- Symptoms may appear anywhere from 2 to 21 days after contact with the virus through a known source or travel to/from the Uganda districts. Average incubation is 8 to 10 days. The course of the illness typically progresses from "dry" symptoms initially (such as fever, aches and pains, and fatigue), and then progresses to "wet" symptoms (such as diarrhea and vomiting) as the person becomes sicker.
 - Primary signs and symptoms of Ebola often include some or several of the following:
 - Fever
 - Aches and pains, such as severe headache and muscle and joint pain
 - Weakness and fatigue
 - Sore throat
 - Loss of appetite
 - Gastrointestinal symptoms including abdominal pain, diarrhea, and vomiting
 - Unexplained hemorrhaging, bleeding or bruising
 - Other symptoms may include red eyes, skin rash, and hiccups (late-stage).

HOSPITAL COVID SURGE LEVEL

- As of, Friday, October 14, 2022 we have **4** COVID positive hospitalized patients at ZSFG putting us at a Hospital Surge Level of **GREEN**

COVID-19 CITY WIDE DATA



Last week's number: 93

Last week's number: 48

VACCINATION STATIONS

- DPH employees may receive a dose of the new bivalent COVID and/or Flu vaccine in 4E Bldg 5 Mon-Wed-Fri 7:30 AM to 3:00 PM
- Inclusion criteria has opened for MPOX vaccine to include healthcare workers that could potentially have an exposure
 - There is a roving MPOX vaccine team that is stopping in the ED during normal business hours during the week
 - Staff can also receive the vaccine in DET Bldg 30

EQUIPMENT, SUPPLIES, PRODUCTS

NEW N95 MASK LINEUP

- Effective November 15, the N95 Respirators in Utility Rooms and Other Respirator Issue Points will change. After pandemic-created shortages and emergency substitutions, ZSFG and other parts of the DPH Health Network are changing the N95 respirator lineup. The new lineup has been selected for user comfort, expected vendor reliability during periods of high demand, and shelf-life of unused respirators.
- If you only fit a Moldex or BYD N95 or are due or overdue for your annual fit-test, please see your unit respirator fit-testing champion or Employee Health Services for refitting. The new lineup includes:
 - 3M 1870+ (Aura)
 - Owens & Minor (Halyard) Duckbill Small & Regula
 - 3M 1860 Small & Regular
- Moldex (15xx) respirators will become special order items and because of difficulties getting additional supplies, the BYD 2322 will be retired.

BACKORDERED

- Paracentesis tray on backorder: ETA 11/6
- Vial-Mate adapter backorder: NO ETA
- Duovent 92' IV tubing backorder: ETA 11/1
- Skin Stapler backorder: ETA 10/24

EDUCATIONAL OPPORTUNITIES

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

A [fascinating new paper](#) this month describes the success of esophageal bougienage for swallowed coins. This awesome [PEM Morsels post](#) describes the procedure in great detail; briefly, bougienage is using a dilator, Foley catheter, endotracheal tube, or other such apparatus to push the esophageal foreign body down into the stomach, thereby avoiding endoscopy. How well did it work in this study?

- Bougienage success rate **97%**, compared with **100%** for endoscopy
- **NO complications** with bougienage, and one severe complication with endoscopy (re-intubation)
- Most common adverse event with bougienage was **emesis**
- **Much shorter LOS** with bougienage: median 2.2 hours vs 12 hours)
- **Much lower cost** with bougienage: median \$3,533 vs \$12,679

I've never performed bougienage, but the data sure seems to support its use. If you've ever performed it, please let me know how it went! 😊

ACLS-BLS CERTIFICATION

November

11/3 PALS Renewal

11/17 ACLS for Experienced Providers



American
Heart
Association

Visit [ZSFGLEARN.org](https://www.zsfglearn.org) to Register

CELEBRATIONS/ANNOUNCEMENTS

CELEBRATIONS

Send me your celebrations (david.staconis@sfdph.org) that you would like included in the ED Updates and I will share them here.

Kat Leung, RN very recently completed her pod A TL checklist. This training was put to the test over the weekend with back-to-back nights as pod A TL. Kat did an excellent job. She knew which rooms she had open at all times and what was going on with all the patients. She was able to field numerous questions while remaining calm and approachable to the staff. ~**Floyd Frazier, Charge Nurse**