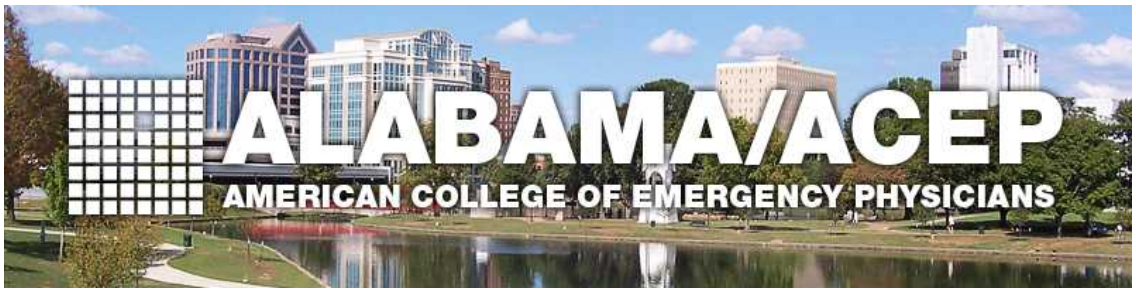
Note the corrected ultrasound images in the article 'Seeing is Believing: Ultrasound Case of the Quarter'.

A Newsletter for the Members of the Alabama Chapter
October 2017



Sarah Nafziger, MD, FACEP
Alabama Chapter President

Denise Louthain, Executive Director
Phone: 877-225-2237

President's Message: Physicians Take on Opiate Crisis Head On
Sarah Nafziger, MD, FACEP

The current opiate crisis (and that's what it is) in our state has been going on for a while and make no mistake, emergency medicine is on the front lines of this battle. We see the patients who have overdosed and resuscitate them from their lifeless, breathless condition. More often than not, the patient who we rescued from certain death just minutes ago is angry, violent and aggressive with us for having reversed their drug-induced high. We care for the patients who have complications related to their drug-use: skin abscesses, thrombophlebitis, endocarditis, osteomyelitis and sepsis. We encounter and care for patients who are malingering in hopes of receiving opiate medications when there is no indication for these drugs. And, in what is the most bitter irony, we care for the patients who pour into the Emergency Department begging for help to defeat their drug addiction. We have to explain to them that addiction recovery resources are limited and very expensive. In most cases we have very little to offer them when they are asking for that help.

You don’t have to tell EM physicians that there is an opiate crisis. We are very much aware. I won’t be so arrogant as to suggest that we have not played a role in perpetuating this crisis. For years we were taught that the standard was to treat all types of pain aggressively with opiates. Pain levels are now considered a vital sign and patient satisfaction scores are part of physician compensation packages. Did we really think that overprescribing wouldn’t happen? We can be sure that it has, and across all specialties. According to a 2015 study, emergency medicine providers were responsible for prescribing only 4.3% of all opiate prescriptions, and emergency medicine has shown the greatest reduction in opiate prescriptions written. That is great news! Blatant overprescribing is being scrutinized and practices are changing.

Overprescribing is a problem that we can easily address, but it is only part of the solution. We have to find ways to use alternatives to opiates for pain management. When opiates are indicated, we must follow guidelines to make sure that the patients who need opiate pain management receive it appropriately. We can use the Prescription Drug Monitoring Program to identify patients who are “doctor shopping” for multiple prescriptions. Beyond altering our practice patterns, we have to be part of multifactorial solutions that partner both public and private entities to work together toward these common goals of preventing opiate dependence, reducing overdose deaths, and treating addiction. We have to be the voice for this growing population of patients who are coming to us for help with this difficult problem that has grown into a crisis for our healthcare system. I encourage you to get involved, speak up, and let your voice be heard. If you can serve on a committee, then do so! If you can educate another stakeholder, take that opportunity! We are on the frontlines of this crisis and it’s time that our voices are heard.

Reference: (*Am J Prev Med* 2015;49(3):409–413 Trends in Opioid Analgesic-Prescribing Rates by Specialty, US, 2007-2012)

Alabama Loses an EM Legend

Lisa M. Bundy, MD, FACEP
Communications Chair, AL ACEP

There aren't many emergency physicians in the state of Alabama who don't know or haven't heard of Dr. Ronald A. Shaw. Well, as the first board certified in emergency medicine physician in Alabama, he certainly left a legacy. For many years in our state, he helped mold and shape new attendings and residents alike. He used his sharp wit and gift of gab, as they say, to endear himself to all who knew him. And now, he is gone.

Dr. Shaw died on July 10 due to complications during surgery. And, true to his word, he worked until he died, as his last shift was the day before his surgery. I used to ask him, "Dr. Shaw, how long are you going to keep coming to this nuthouse?" His reply would always be, "Until it's not fun anymore, or until I die." Well, to Dr. Shaw, emergency medicine was always fun.

I started full time right out of residency in the Baptist Health System in Montgomery. I was nervous, as all new attendings are. Can I send this person home? Will I screw up? What if I hate it? What if everyone hates me? You know, all the usual insecurities we face during that transition. It's terrifying. But, when I saw that I would be on the schedule with Dr. Shaw, I would let out a sigh of relief.

Dr. Shaw was the Yoda of Emergency Medicine. He was somewhat short in stature and wise like the Jedi Master. He was a walking encyclopedia. I remember I had this one lady with a weird rash that I asked him to come look at with me. I can spot the "bad" rashes, but other than that, I'm looking through the derm text to figure it out. He took one look at this lady and asked her, "Are you a diabetic?" She said yes. "You've got necrobiosis lipoidica diabeticorum." Uh, whatchyou talkin' 'bout Dr. Shaw?? Sure enough, when I looked it up, her rash was on the screen. Bingo. Score another one for Yoda.

He also gave me one of the most interesting cases of my career. I was at Baptist East, a suburban ED in our system, when he poked his head in the room where I was examining a patient. "Oh, Dr. Bundy, you're needed in room 1." He had this mischievous grin on his face. I walk in and there is a guy there gasping for breath, turning gray. I learned he was a cancer patient, so I'm thinking PE. I tubed him, and sent him for scan. Sure enough, huge PE, AND a huge pericardial effusion. This thing was humongous. "That needs to be drained," he said, looked at me, and winked. The patient's pressure was holding OK, but he was sick. I had time to call in the ECHO tech, luckily it was early in the afternoon on a weekday. She came in, and with ultrasound guidance, a spinal needle and some tubing, I drained 700 mL of pericardial fluid. His pressure came up, and I sent him to our tertiary care hospital for definitive management. Thanks again, Dr. Shaw.

He always had these sayings. When pondering over a disposition for a kind of borderline patient, he would say, "Lisa, what is it this person doesn't have?" "An emergency, Dr. Shaw." "That's right," he would laugh. Other times he'd say, "This patient has reached their maximum medical benefit." When our NPs and PAs would come and ask for signature on something, he'd call it "signy-poo." Still not sure how to spell that one.

My favorite was when I would ask him how things were going. "I'm snatching folks from the back molars of the jaws of death!" Usually, he'd say that when referring to a patient with a toothache or yearlong foot pain. He just made you smile like that. He made me enjoy the shift and my work. He helped me understand the art of medicine. When I was frustrated, he always had words of wisdom and encouragement, helping me realize I was worrying about things sometimes out of my control.

So, I will forever miss Dr. Shaw. For his wit, his smile, for his wisdom, patience, and his always wanting some of the candy I would hoard at the desk. He has not only left behind us, his "bride" Carol (he still called her that), and his sons, but thousands of patients whose lives he saved and made better. I think that is what we all hope for in this life. To leave the world better than we found it, and to occasionally get away with sneaking the candy that is hiding in our desks.

The **Ronald A. Shaw, M.D., Endowed Medical Scholarship** *will benefit deserving, third-year and/or fourth-year UAB medical students with demonstrated academic merit studying at the UAB Montgomery Regional Medical Campus. The goal is $25,000 by November 30, 2017.*

*You may give **online**. Or, if you need giving assistance, please contact the Office of Annual Giving at 205.975.6623 or **via email**.*

Sticking Together
Niko Corley, Legislative Adviser
Medical Association of the State of Alabama

For emergency physicians – and all of medicine – these are trying times. As the health care landscape remains uncertain, one thing is clear: as Benjamin Franklin said, if we don't hang together, we will hang separately. The Medical Association enjoys an excellent working relationship with AL-ACEP, meeting with the board quarterly and interacting with board members and other emergency physicians even more frequently on a wide range of issues. Below are just a few state-level issues affecting emergency medicine and the patients under your care of which you need to be aware.

The opioid epidemic
In August, Gov. Kay Ivey created an Opioid Overdose and Addiction Council, co-chaired by the attorney general, state health officer and mental health commissioner. Several physicians were named to the council, which also includes a few legislators, along with representatives of pharmacy, dentistry and law enforcement, as well as others. Among its charges, the task force will "advise and assist the Governor in the development of a comprehensive, coordinated strategy to combat Alabama's opioid crisis."

As physicians, the state and nation wrestle with combatting the raging opioid epidemic, the "opioids issue" could easily become politicized and grow into a 2018 state election issue. If that happens, then next legislative session – which begins in early January – we could easily see the introduction of knee-jerk reaction-type legislation that, if passed, could actually make the opioid crisis worse. During recent legislative sessions, proposals to give law enforcement unrestricted access to the PDMP, to allow the sale of PDMP data to third parties and to allow non-physicians to determine "appropriate" prescribing patterns in medicine have all been floated, just to name a few.

The Medical Association will remain engaged on this critical public health issue, working with the Ivey Administration and monitoring the work of the task force on behalf of medicine, including AL-ACEP and the patients its members serve.

MOC study committee formed

At the association's annual meeting in April, the membership approved a resolution opposing "further requirements for MOC as a condition of licensure, reimbursement, employment or admitting privileges at a hospital." In order to further examine what is an important issue for many physicians, the Board of Censors of the Medical Association voted recently to create a study committee to fully examine the MOC issue and provide additional feedback to the board. Birmingham internist and board member Greg Ayers M.D., will chair the study committee. The Medical Association has reached out to each medical specialty seeking nominations of physicians to serve on the study committee. On behalf of AL-ACEP, Dr. Michael Bindon has agreed to serve on the study committee.

Serve as "Doctor of the Day"
The 2018 Legislative Session begins in early January, and the Medical Association is launching a new "Doctor of the Day" program so member-physicians can lend their expertise to the Association's Government Relations and Public Affairs team at the Alabama State House. Physicians of all specialties are encouraged to participate in the program. During your time at the State House working with the Association's advocacy team, you may spend time meeting with legislators on specific legislation and/or rendering expertise on important medical issues. This new program is limited to one physician per day and is a very good opportunity for emergency physicians to gain a broader understanding of the lawmaking process and play a critical role in medicine's advocacy initiatives. Contact MASA if you are interested.

Niko Corley is Director of Legislative Affairs for the Medical Association of the State of Alabama and Deputy Director of the Alabama Medical PAC (ALAPAC). He may be reached at **ncorley@alamedical.org** *or at 334-261-2000.*

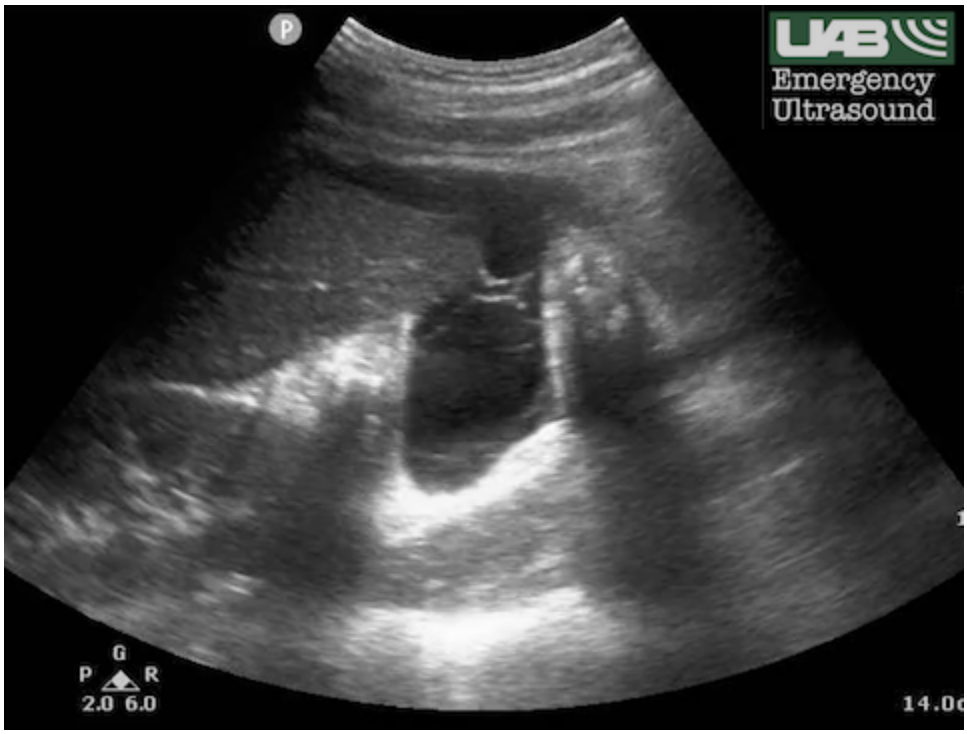
Seeing is Believing: Ultrasound Case of the Quarter

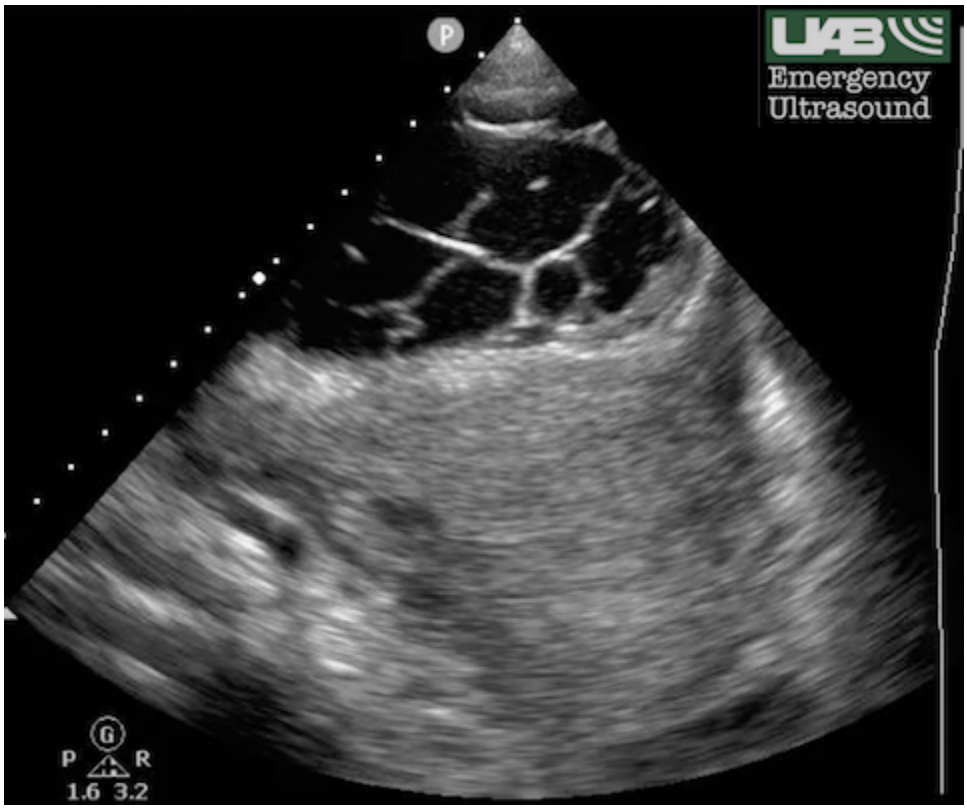
A 16-year-old female presented with 2 days of progressive back pain, SOB, abdominal pain and subjective fevers. She is about two weeks post spontaneous vaginal delivery.

In the ED, she was afebrile with vitals notable for heartrate 122, BP 99/56. WBC was elevated to 46K, CRP >300, LA 1.4.

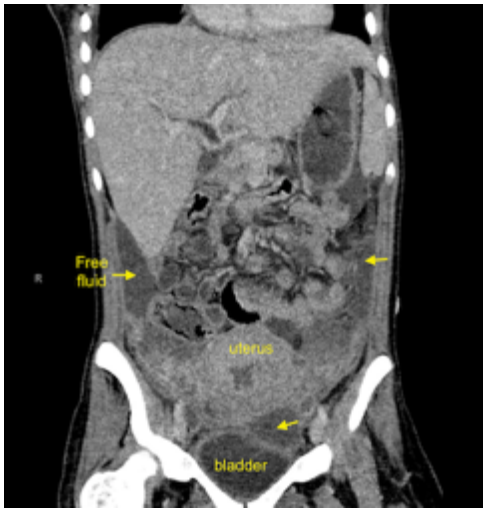
Bedside US was performed. Note the fibrinous strands within the pockets of free fluid at the liver tip (first clip) and adjacent to the uterus (second clip). These findings are

suggestive of loculated ascites with adhesions and are consistent with the patient’s final diagnosis.





The patient also underwent CT scan which showed ascites with evidence of peritoneal enhancement concerning for peritonitis. CTA of the chest was negative for PTE. A coronal view of her abdominal-pelvic CT shows free fluid throughout the abdomen (yellow arrows) as well as an enlarged, fluid-filled uterus.



The patient was resuscitated with NS, started on vanc/Zosyn and OB/GYN was consulted. The patient was taken to the OR by the acute care surgery service, where exam under anesthesia was performed by OB/GYN. There was pus noted in the vaginal vault and at the cervical os. The patient underwent laparoscopy where loculated purulent fluid was noted with fibrinous adhesions noted throughout and in the RUQ, consistent with Fitz-Hugh-Curtis syndrome.

The patient underwent additional operative procedures, including wound vac placement. She was treated with IV ceftriaxone and her clinical course was complicated by persistent hypotension requiring norepi infusion. Blood cultures were positive for Strep pyogenes (Group A Strep) and the final diagnosis was endometritis and peritonitis due to Group A strep sepsis.

The patient was discharged in good condition after an 18-day hospital stay.

Fitz-Hugh-Curtis syndrome or perihepatitis is typically associated with PID. Its most common cause is chlamydia infection but can also occur with gonorrhea. It occurs in about 10 percent of women with PID, and is characterized by RUQ pain, often with a pleuritic component. It is typically treated with IV antibiotics, including cefotetan or cefoxitin plus doxycycline.

A recent case report was published in JEM:
Simon EM, April MD. Fitz-Hugh-Curtis Syndrome. J Emerg Med. 2016 Apr;50(4):e197-8.

As seen in this case, additional bacterial causes of Fitz-Hugh-Curtis syndrome can also lead to significant disease.

Alabama ACEP on Social Media

Did you know that we use social media to communicate with our members? Follow us today to keep up with the latest in Alabama emergency medicine.

Follow us on twitter **@AlabamaACEP**

Like our **Facebook page**

All Are Welcome

ACEP Council will meet October 27-28 in Washington, D.C., just before the start of Scientific Assembly. Any ACEP member is welcome to attend the Council Meeting to hear the resolutions being debated and learn what actions will be taken. It is not too late to sign up for Scientific Assembly! Check out **www.acep.org/acep17** for more information on the courses and the schedule of events.

ACEP assists DMAT teams as they prepare to respond to Hurricane Harvey

Rick Murray, EMT-P
Director, Dept of EMS and Disaster Preparedness

ACEP was pleased to furnish classroom space over the weekend of August 26 to DMAT teams from several states that were staged before they deployed. MN Chapter Executive Shari Augustin, who is a member of the MN DMAT, contacted ACEP staff to inquire of the possibility of using the ACEP Board Room for training for the various teams. Space was provided for training for over 240 members for DMAT teams and U. S. Public Health Service personnel. This provided them the opportunity to receive some last-minute training and briefings before they deployed to various areas of the Texas coast that were impacted by Hurricane Harvey.

ACEP has a lot of **resources for the public** about preparing for and surviving disasters and they are being promoted to general public audiences.

Also, here are some **general talking points** about responding to disasters. They can helpful in talking with the news media.

National Disaster and Life Support Foundation

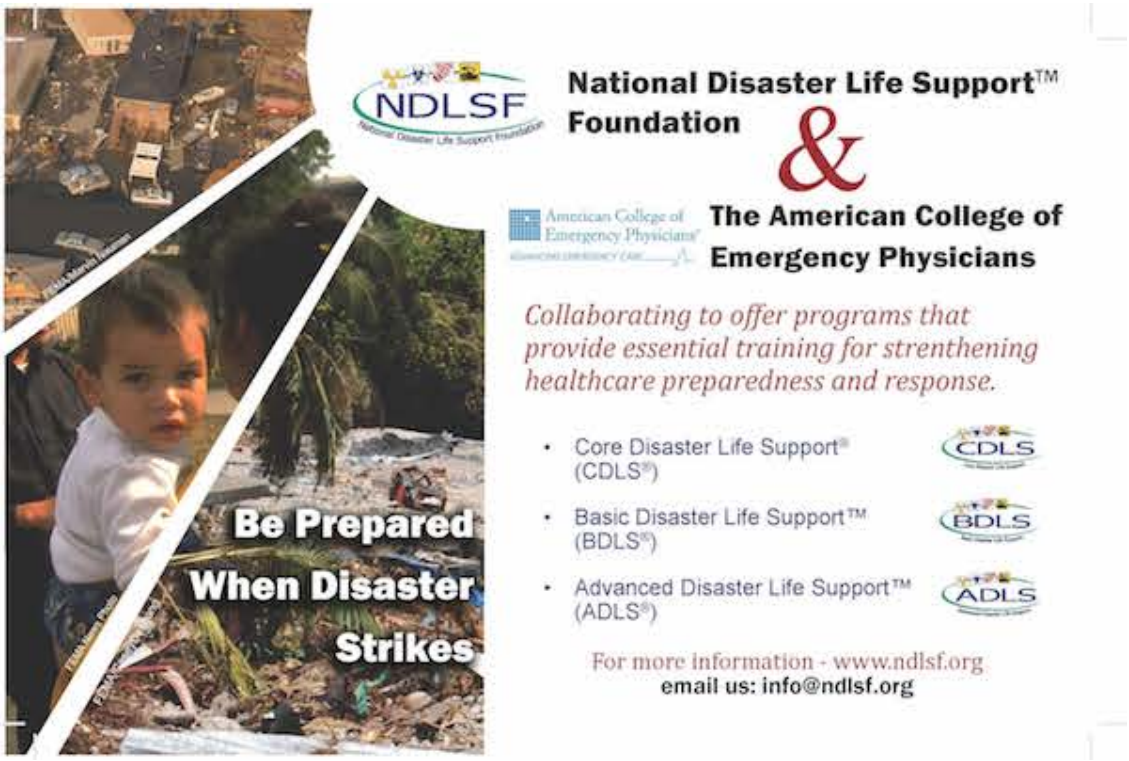
The National Disaster Life Support Foundation is very pleased to have partnered with the American College of Emergency Physicians (ACEP) to provide disaster medicine training and to further develop the NDLS education materials.

The NDLS program began in the late 1990's with a realization that there was a lack of standardized training for medical and nursing providers who may be responding to disasters. Individuals were medically trained within their specialty to the same National Standard, however disaster specific education was not included in the majority of medical and nursing curricula. Examples of the missing material included:

- Scene safety
- Standardized triage methodology
- Incident Management
- Identifying and requesting needed resources
- What constitutes a disaster
- Public Health impact of disasters

The NDLSF established an affiliated membership-based organization for the purpose of overseeing the development and revision of the curriculum. This organization is the National Disaster Life Support Education Consortium (NDLSEC).

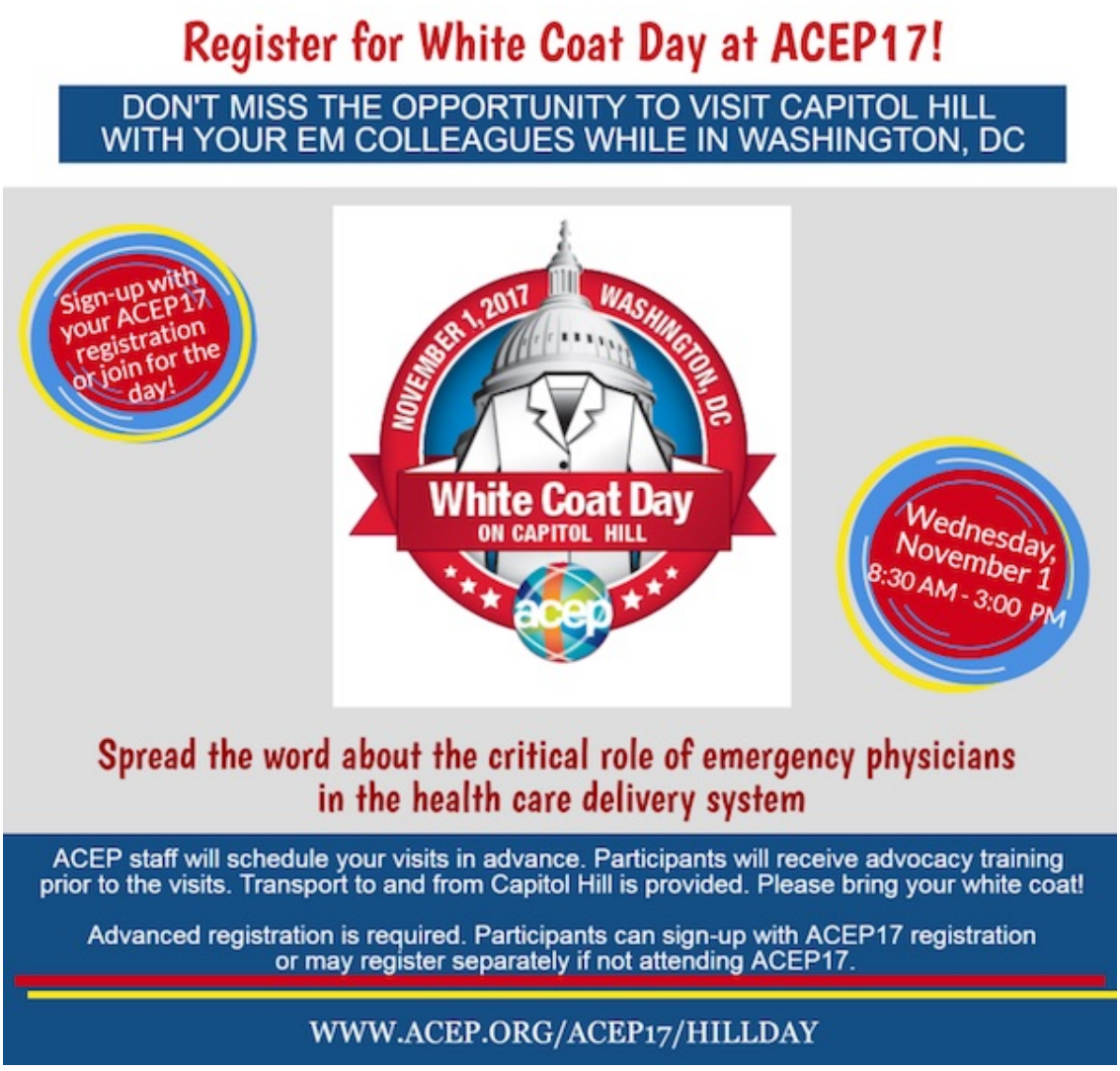
The NDLSEC Annual Meeting will be held in conjunction with ACEP's 2017 Annual Scientific Assembly in Washington, D.C., October 29 – November 1, 2017.



White Coat Day on Capitol Hill at ACEP17

Decisions made by Congress influence the practice and the future of emergency medicine on a daily basis. Join your emergency physician colleagues in Washington, DC on November 1 and spread the word to legislators and their staff about the critical role of emergency physicians in our nation's health care delivery system. White Coat Day participants will be asked to attend a special advocacy training session prior to heading to Capitol Hill. Transportation will be provided and all participants will receive a customized schedule and materials to share in the meetings.

There is no fee to participate but advanced registration is required. Participants can sign-up as with their ACEP17 registration or may sign-up separately if not registered for ACEP17. Go to **White Coat Day** for more information or contact **Jeanne Slade** in the ACEP DC Office.



ACEP17 Wellness Activities and Resource Center Giveaways

Wellness & ACEP Resource Center
Sunday, October 29 - Tuesday, October 31
Location: Exhibit Hall

Stop by the wellness center in the ACEP Resource Center of the exhibit hall and discover tips from the experts to improve your well being daily. **View full list of activities and schedule.**

Product Giveaways
Held daily in the Resource Center

Sunday –PEER

- PEER one-year membership
- PEER Print Companion

Monday – CDEM

- Trauma special edition
- 2- year print
- One-year Residency Education Portal

Tuesday – ACEP eCME

- My Residency Learning Portal
- Trauma, Stroke, Cardiovascular bundle
- Procedures and skills course
- Featured guest on ACEP Frontline

Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP
ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in Annals of Emergency Medicine. Some of these have not appeared in print. These synopses are not

meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. **Read More**

No Emergency Department is Immune from Violence

But you can be better prepared and reduce the risk of harm to your patients, your staff, and yourself. You can implement security measures, changes in your processes and policies, education and training, and attention to design details. Learn how with these new free resources from ACEP, all in one place, easy to find -- **Violence in the Emergency Department: Resources for a Safer Workplace**

Welcome New Members

Austin T Brown
Hieu Duong
Alisa Fujihashi
Paul M Jones
Connor W Kimbrell
Erin McAtee
Cody L Meyers
William Mitchell
Matthew D Nimmo
Cody Allen Peterson, MD
Joshua Sawyer
William M Teachey
Hilda A. Watkins
John H White, III

contained in this newsletter. In no event shall ACEP be liable for direct, indirect, special, incidental, or consequential damages arising out of the content of these materials.

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