Emergency Care Institute
NEW SOUTH WALES

November Newsletter 2013

Contents

Welcome to ECI News

We're busy finalising preparations for the **Emergency Care Symposium 2013**! This year's program is even more packed than ever with clinical state of the art emergency medicine, rapid-fire ED innovation, research, and ECI updates. Plus we will hear from EDs elsewhere who have transformed themselves in the (never-ending) quest to deliver the best care to patients, and meet the NEAT. It's free, and for all those working in emergency care in NSW a not to be missed chance to share experiences, network and learn something to try back home in your department!

Emergency Care Symposium 2013

Friday 8 November 2013 at Stamford Plaza Sydney Airport

We hope to see you there!

In the meantime, read our November newsletter, which gives a detailed focus on ECI's new clinical tools. An electronic version of this newsletter (and past issues) is available on our website at www.ecinsw.com.au

The ECI team has also been out and about. Recently we visited Hawkesbury, Nepean, Blue Mountains, Lithgow and Concord Hospitals. Our visits are an opportunity for us to hear from staff first-hand what some of the challenges are and what works well in your facilities. It is also an opportunity for the ECI to promote our work and identify future priority areas.

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Clinical Issue Du Jour

Focus on ECI's New Clinical Tools

The ECI has developed six new clinical tools. They are available with all our other tools through the clinical tools webpage. However, in this issue we have provided more detailed summaries and links to help signpost you through them.

1 Management of Paracetamol Overdose

Paracetamol is the most widely used over-the-counter analgesic/anti-pyretic medication. It is common to see accidental paediatric ingestion or intentional self-poisoning in the ED.

Paracetamol is hepatotoxic and potentially fatal in overdose but fortunately there is an antidote, N-acetylcysteine (NAC). It is important to understand how and when to use NAC, so the ECI has produced a dedicated page. It gives quick access to useful flow charts and tables, provides up-to-date guidelines on assessment and management of paracetamol toxicity, including when and how to use NAC.

2 End of Life Care in the ED

Managing the patient in the ED who is reaching the end of life is complex and at times difficult but is also a very rewarding part of your clinical practice when done well. Decisions and conversations with relatives and carers of patients about resuscitation status, advance care plans and patient wishes can be difficult and should be handled in a sensitive, compassionate and professional manner. Prescribing for palliation and death certification may be an area you are uncomfortable with.

For these reasons we have pooled a number of resources with quick links to help you navigate the relevant areas:

- Curative care or comfort care
- The Hospital Resuscitation Orders form
- Medications
- Certification of death.

3 Angioedema

Angioedema is most often caused by allergy or hypersensitivity reactions. Angioedema can also occur via a variety of other mechanisms, including:

- Hereditary angioedema
- Drug induced angioedema.

Non-allergic angioedema is clinically characterized by recurrent episodes of swelling. Patients can present with non-pitting asymmetric swelling of the face, lips and/or tongue. Limbs and genitals can also be affected.

Severe abdominal pain can occur due to oedema of the gastrointestinal mucosa. Oedema of the upper respiratory tract can be life-threatening. Patients will not present with rash, wheeze or hypotension as you might expect with anaphylaxis. This tool provides potential options for treatment and a link to a recent article in the Journal of Emergency Medicine.

4 DKA and HSS

For the management of patients with Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycaemic State (HSS) in the ED the ECI has developed a detailed set of guidelines based on the work by Dr Kahm Saysana (FACEM Wollongong).

5 Procedural Sedation in the ED

Procedural sedation and analgesia is intended to result safely in a depressed level of consciousness that allows the patient to maintain oxygenation and airway control independently during painful procedures. Procedural sedation potentially carries all the risks of aneasthesia despite the vast majority of the time being considerably safer. Because of this all institutions should have policies and guidelines for different levels of clinicians providing different levels of sedation.

The ECI has produced this package to guide EDs towards a reproducible policy ensuring safety and appropriate use of medications, including:

- ED Sedation Policy
- Levels of sedation
- Useful examples of forms
- Brief overview of medications
- Procedural Sedation Accreditation
- Acknowledgements & references.

6 Management of Pyelonephritis in Adults

Acute pyelonephritis is an infection of the renal parenchyma and pelvic-calyceal system as a result of bacterial ascent along the ureters from the bladder to the kidneys. It is a clinical syndrome characterised by urinary symptoms (frequency, urgency, dysuria), flank pain, fever and nausea or vomiting. Pyelonephritis can progress to septic shock, renal failure +/- multi-organ failure. This clinical tool provides information on investigations, treatment and discharge advice to aid management.

More from the ECI website

Overcensus or Capacity Sharing Strategies

In the ED we all know "overcensus" is part of business as usual. Patients are delayed unloading from ambulance stretcher to ED bed, ambulances suffer extended "turnaround times" and are "ramped" in ED corridors or holding bays. Unable to access a clinical space on arrival, patients are "parked" in every nook and cranny.

So why don't we send the stable and differentiated patients to the ward even if they are not quite ready to receive them, thus freeing up space in the ED to assess and treat new arrivals?

On this new dedicated ECI Overcensus Strategies web page we present information, evidence and papers from Canada, the US, New Zealand and Australia which may help you engage your hospital in the problems of the patients "boarding" in the ED.

Moodle Site Up and Running!

The ECI Moodle site is up and running. Sharpen your skills and broaden your knowledge with the following:

- Dental emergencies The ECI presents Dr Tony Skapetis's comprehensive review of dental emergencies – a complete and thorough guide.
- Imaging Some new education resources for interpreting x-rays targeted at junior doctors.
- Evidence Review Bottom Lines from Dr Rod Bishop, Nepean Hospital.

The ECI also now proudly presents the Liverpool ED *The Weekly Probe* from editor Dr Peter Wyllie, full of meaty case reports, clinical updates, and great gossip. Faithful readers will recognise the *Probe* as the sequel to the long running and legendary *Hey Hey it's Monday*, whose editor Dr Jennie Martin now produces *Finger on the Pulse* from RNSH ED.

Coming Soon on Moodle:

Our "**Best from the Best**" page bringing together fabulous resources from dedicated FACEMs, whose efforts can now be shared by all (thanks guys). Featuring Trauma Radiology teaching from A/Prof Tony Joseph, RNSH Trauma Service; Emergency Medicine clinical updates by Dr Brendon Smith; and the aforementioned Evidence Reviews and *The Probe*. ECI is very keen to showcase the good work going on in EDs, so give us a tip if you know of something that should be on our site.

Other news from the ECI

Interosseous (IO) insertion

There has been an enormous amount of activity encouraging the early use of Interosseous access devices in NSW and most places. As a result, the ECI has developed an educational tool based on the EZIO provider's teaching material, which rests on our Moodle site.

Because there are a range of clinicians who may need to use this device and may use it very infrequently, especially in more rural and remote areas, a resource was needed for quick reference and as a refresher on use.

A patient factsheet will also be available soon.

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