Includes Research Forum, October 15-16, 2011
Earn 28.5 Hours of AMA PRA, ACEP, and AAFP Credit. Earn 28 hours AOA Credit.
Discover the City by the Bay

“No city invites the heart to come to life as San Francisco does.” – William Saroyan

Get ready to experience one of the United States’ most beloved and visited cities - San Francisco, California. Full of diverse culture, beautiful scenery and historic neighborhoods – step onto a cable car and experience it first hand!

Take a stroll through Fisherman’s Wharf where you can smell San Francisco’s famous seafood fare and admire a view of the Golden Gate Bridge. Enjoy a warm cup of coffee at a cozy café in Fillmore, or simply take in nature’s beauty at the Japanese Tea Garden. Extend your stay to tour the California wine country or to take a drive down the beautiful Pacific coastline. There is something for everyone to enjoy!

Come and take part in the wonderful educational and social activities that you have come to enjoy year after year, and discover for yourself everything that makes San Francisco a truly remarkable place to visit!
Dear Colleague:

On behalf of the American College of Emergency Physicians, it is with great pleasure to invite you to attend the 2011 Scientific Assembly, October 15-18 in San Francisco, California. This year’s conference will provide you with an excellent and unique opportunity for academic, scientific, and social exchange.

This highly anticipated event will offer the latest information and future vision of emergency medicine in the courses presented. A comprehensive selection of topics presented by a distinguished list of faculty experts will feature cutting-edge information on the most comprehensive list of EM topics available. Add to that, the largest exhibit program in the specialty to view the latest equipment and products, and one of the best opportunities to network with your colleagues from across the nation.

Special Features Include:
- Over 300 world-class educational sessions
- Interactive workshops and skills labs – including the new Simulation lab
- Summaries of LLSA test articles
- New pre-conference Cadaver lab
- ACEP’s Research Forum – tomorrow’s news today, included in 4-day registration fee

This year’s Scientific Assembly promises to rival any conference that you have attended before. Whether you are a first-time attendee or a seasoned veteran, you are sure to enjoy the collegiality and the learning experience this conference brings year after year!

On behalf of the Educational Meetings Committee, I look forward to seeing you in San Francisco!

Jeffrey Tabas, MD, FACEP
Chair,
Educational Meetings Committee
This Year’s Highlights

SATURDAY, OCTOBER 15

National Emergency Medicine Clinical Pathological Case (CPC) Finals
8:00 AM – 12:30 PM
Moderator: Saadia Akhtar, MD

Now in its 21st year, the CPC finals will provide attendees the opportunity to test their own diagnostic skills as they listen to the final round of cases and discussions from the winners of the regional competition. Match wits with faculty members from opposing programs who will use patients’ presenting symptoms and diagnostic test results to arrive at a final diagnosis. National winners for best case and best discussant will be awarded. Scientific Assembly registration is not required to attend. No badge or ticket is required.

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Scientific Assembly was one of the best organized meetings I have ever participated in during these years.”

Opening Session
The Affordable Care Act: Its Promise for Emergency Medicine
9:00 AM – 10:30 AM
Featured Speakers: Arthur L. Kellermann, MD, FACEP (Moderator); US Representative Joe Heck, DO, FACEP (R-NV); Governor John A. Kitzhaber, MD; David C. Seaberg, MD, FACEP

The Affordable Care Act has become the number one domestic issue in the US. From court cases challenging its constitutionality, to the thousands of waivers of the law’s application to health plans and several states, to the congressional attempts to defund or repeal it, the future of healthcare delivery in the US is at a critical crossroads. Nationally recognized healthcare policy experts will participate on a panel that will explore the current climate under the Affordable Care Act, implications for emergency physicians and our patients, and how best to prepare for the current and coming challenges. Our three panelists and panel facilitator, all emergency physicians, promise an engaging and enlightening presentation.

Oregon’s Governor Kitzhaber (Invited) will provide his unique perspective as a sitting governor, architect of dynamic health reform and in the past in Oregon, and assess how the Affordable Care Act will affect emergency medicine and our patients.

Congressman Joe Heck (R-NV) (Invited) will bring his experience as a federal candidate and the first emergency physician to be elected to the House of Representatives to the discussion of the Affordable Care Act. As a member of the House, he is on the frontlines of the intense debate being waged on Capitol Hill.

ACEP Board member and President, Dr. David Seaberg, will discuss how the ACEP Board and its committees have addressed the many issues, good and bad, in the Affordable Care Act.

Dr. Arthur Kellermann, one of the nation’s leading public health and emergency medicine researchers and recently named head of Rand Corporation’s Health Research Division, will guide the panel’s discussions and offer his own unique perspectives.

Exhibits Open
9:30 AM – 3:30 PM
More than 300 companies and organizations will be represented in the Exhibit Hall at Scientific Assembly. Many exhibits will feature hands-on product demonstrations and opportunities for one-on-one consultations with technical and marketing personnel. Features include the ACEP Bookstore, Resource Center, Wellness Booth, and the Cyber Café.

Wellness Booth Open
9:30 AM – 3:30 PM
Open to ACEP members, this includes a burnout questionnaire, blood pressure check, blood chemistry, body composition screening, flu shot, and wellness-related resource materials. Refer to the Scientific Assembly registration form on page 52 for more information.

Opening Party
7:30 PM - 10:00 PM
San Francisco Hilton

Come celebrate some of the best that ‘The City’ has to offer. There’s no denying the charm of San Francisco, perched on rolling hills, renowned as one of the most picturesque in the world. Rich in an eclectic history, San Francisco is a place where you will truly leave your heart! Enjoy dancing, and drinks with your friends and colleagues. All registrants, guests, and exhibitors are invited to attend. Light hors d’oeuvres, music, and cash bar. Attire is casual.

SUNDAY, OCTOBER 16

James D. Mills, Jr. Memorial Lecture
Emergency Medicine 2020: A Vision for the Future
1:30 PM – 2:20 PM
Featured Speaker: Richard E. Wolfe, MD, FACEP

Have you ever wondered what is happening with the EM workforce, the effects of healthcare legislation, or the advances in telemedicine, simulation, and other technologies? Join us as we hear from a “psychic” emergency physician who will foretell the future of emergency medicine and expound on movements that are occurring at local, regional, and national levels that will shape our specialty in the next decade. From consumer groups to governmental agencies, the number of stakeholders in emergency care seems to be ever increasing. Now is the time to set the groundwork to ensure that emergency physicians are leading that charge.

Open Mic Night
7:00 PM – 10:00 PM
Enjoy music, poetry, acting, and maybe even a little magic at ACEP’s 6th “Open Mic” Night. Sponsored by the Section of Medical Humanities. This event is open to everyone.

Continued on page 6.
This Year’s Highlights

Continued from page 5.

MONDAY, OCTOBER 17

New Speakers Forum
8:00 AM – 5:00 PM

In an effort to strengthen the Educational Meetings Committee’s practice of infusing fresh talent into ACEP meetings each year, we offer the New Speakers Forum. Presentations will be evaluated by the audience and members of the Educational Meetings Committee. Speakers will be selected on a first come, first served basis. For additional information go to www.acep.org/sa

Colin C. Rorrie, Jr. Lecture
The Quality Agenda
1:30 PM – 2:20 PM

Featured Speakers: Helen Burstin, MD, MPH; Jay A. Kaplan, MD, FACEP

With the focus on healthcare reform, there are increasing government requirements on quality of care, performance measures, and an emphasis on safety. Governmental agencies are currently trying to define EM practice and tie reimbursement to their vision of proper care. Panels sponsored by CMS, the NQF, National Priority Partners, Robert Wood Johnson, and AHRQ are considering standards regarding specific conditions, transitions of care, care coordination, ED throughput, and imaging. The speakers will discuss which upcoming priorities for quality patient care and safety are likely to affect emergency medicine and how emergency physicians can shape quality measures.

Fellow Convocation and Awards Dinner & President’s Reception
7:00 PM – 11:00 PM

All Scientific Assembly registrants and guests are invited to attend the Fellow Convocation and Awards Dinner. New Fellows will be inducted and the 2011 award recipients will be honored at the dinner. Tickets are $75 per person and must be purchased in advance when registering for the Scientific Assembly. Attire is black tie optional.

After the Fellow Convocation and Awards Ceremony, Immediate Past President Sandra Schneider, MD, FACEP, will host a reception to honor incoming President David Seaberg, MD, FACEP, Fellows, and award recipients. The cost for the reception is included in the ticket for the Fellow Convocation and Awards Dinner.

Board of Directors, Council, and Chapter Schedule

WEDNESDAY, OCTOBER 12
8:00 am - 5:00 pm ACEP Board of Directors Meeting
3:00 pm - 8:00 pm Councillor Credentialing / Registration
4:30 pm - 6:00 pm Small Chapters and Section Caucus
6:00 pm - 7:00 pm Council Steering Committee Meeting
8:00 pm - 9:00 pm New Councillor Orientation
9:00 pm - 10:00 pm New Councillor Reception

THURSDAY, OCTOBER 13
7:30 am - 5:00 pm Councillor Credentialing / Registration
8:00 am - 5:30 pm Council Meeting
9:30 am - 12:30 pm Council Reference Committees
12:45 pm - 2:15 pm Strategic Issues Forum
2:30 pm - 4:00 pm Candidate Forum
4:15 pm - 5:30 pm Council Meeting Reconvenes
5:45 pm - 6:45 pm Candidate Forum Reception

FRIDAY, OCTOBER 14
7:00 am - 8:00 am Small Chapters / Section Caucus
8:00 am - 5:30 pm Council Meeting
12:00 pm - 1:30 pm Council Luncheon

SATURDAY, OCTOBER 15
8:00 am - 4:30 pm Chapter Executives Forum

TUESDAY, OCTOBER 18
8:00 am - 2:00 pm ACEP Board of Directors Meeting

For a more detailed Daily Activity schedule, visit www.acep.org/sa

“The Scientific Assembly was excellent. I always leave with something I can implement right away.”
“I was reminded about how good nationally recognized speakers are and how motivating a really good session can be.”

General Information

Americans with Disabilities Act
In accordance with the Americans with Disabilities Act, ACEP uses only facilities that are in compliance. If you are disabled and require special assistance while attending Scientific Assembly or Research Forum, please call 800-798-1822, ext. 6.

Attire
Attire for the meeting is business casual. Every effort will be made to provide a comfortable learning environment; however, meeting room temperatures can fluctuate greatly and may be difficult to control. The temperature is often cool in the meeting rooms, therefore, a jacket or sweater is recommended for the conference. More formal attire is appropriate for the Fellow Convocation and President’s Reception.

Committee Meetings
Most ACEP committees will hold organizational meetings at various times during Scientific Assembly. The schedule of meetings will be finalized by August and will be listed in the onsite program and at www.acep.org/sa.

Continuing Education Credit for Physicians
The American College of Emergency Physicians is accredited by the ACCME to provide continuing medical education for physicians. Scientific Assembly: The American College of Emergency Physicians designates this live activity for a maximum of 28.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Procedural Cadaver Lab: The American College of Emergency Physicians designates this live activity for a maximum of 8 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Scientific Assembly and the Procedural Cadaver Lab has been approved for 28.5 and 8 hours, respectively for ACEP Category I credit.

Scientific Assembly and the Procedural Cadaver Lab has been approved by the American Osteopathic Association; Scientific Assembly for 28 AOA Category 2-A credit and the Procedural Cadaver Lab for 8 hours AOA Category 2-A credit.

This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

AAPA (American Academy of Physician Assistants) accepts AMA PRA Category 1 Credit(s)™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 28.5 hours of Category 1 credit for completing this program.

Scientific Assembly has been reviewed and is acceptable for up to 28.5 prescribed credits by the American Academy of Family Physicians.

Scientific Assembly has been reviewed by the American Academy of Pediatrics and is acceptable for up to 22 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

Daytime Child Care
In consideration of your fellow attendees and the faculty, children will not be permitted in the classrooms at any time. To arrange for daytime or evening childcare, contact the concierge at your hotel.

Hospitality Suites and Receptions
Only ACEP-affiliated organizations and exhibiting companies will be given approval to host official hospitality suites and receptions during Scientific Assembly. For more information, please call 800-798-1822, ext. 3280.

Name Badges
All registrants will be provided a name badge for use during the meeting. For security purposes, name badges are required at all times in the convention center. Individuals without a visible name badge will not be permitted into the course rooms or exhibit hall.

Section Meetings
The College’s 30 Sections of Membership hold their annual meetings during Scientific Assembly. These meetings are a great opportunity to interact with colleagues who share similar interests. If you are considering joining a section, this is a good time to see what the section is all about. The schedule of section meetings will be listed in the onsite program and at acep.org/sa.

Shuttle Service
Shuttle service will be provided between the following hotels and Moscone Center: Route 1: Hilton San Francisco Route 2: Grand Hyatt San Francisco, Palace Hotel, Westin St. Francis

The following hotels are within walking distance to Moscone; no shuttle is necessary: San Francisco Marriott Marquis, W San Francisco, Westin San Francisco Market Street

Opening Party Shuttles: Service will be provided from all official hotels and Moscone to the Hilton San Francisco for the Opening Party on Saturday, October 15 from 6:30 pm to 8:00 pm. Return service from the Hilton San Francisco to the official hotels will run 8:00 pm to 9:30 pm.

Weather
Temperatures in San Francisco in October range from an evening low of 54˚F to a daytime high of 63˚F.
Procedural Cadaver Labs

Underwritten in part by Vidacare

Friday, October 14
Moscone Center

Performing emergency procedures on critically ill and injured patients can be stressful and frustrating. These hands-on labs are designed to improve practitioner competence in advanced and life-saving procedures in a safe, controlled, and closely supervised environment using fresh, unembalmed cadavers to closely simulate the anatomy and feel of an actual patient.

The fee for each 4-hour lab is $995. Space is limited to 60 participants per lab so register early!

To register please go to www.acep.org/sa or complete the registration form on page 52.

Procedural Cadaver Lab: Advanced Emergency Procedural Skills
8:00 am – 12:00 pm

Procedures Covered:
- Central venous access by the internal jugular, subclavian, and femoral approach
- Intraosseous catheter placement
- Venous cutdowns
- Tube thoracostomy
- Lateral canthotomy

Procedural Cadaver Lab: Life Saving Procedural Skills
1:30 pm – 5:30 pm

Procedures Covered:
- Cricothyrotomy
- Pericardiocentesis
- Cranial burr holes
- Intraosseous catheter placement
- Thoracotomy
- Intra-articular access

At the conclusion of this activity, participants will be able to:
- Describe indications and contraindications for various critical procedures.
- Demonstrate techniques for performing these procedures.
- Recognize complications of these procedures.

ACEP’S JOURNEY TO GREEN

Each year ACEP looks to expand our efforts to reduce the carbon footprint of our meetings by making small but meaningful changes. As we continue the journey, we welcome your ideas to help us achieve this goal.

- No paper syllabi or paper evaluations.
- Tote bags made from partially recycled materials.
- Registrant badges and exhibit hall carpet will be recycled.
- No idling buses.

The Moscone Center is also committed to being one of the premier recycle facilities in the country and was awarded the Environmental Achievement Award for “Sustainable Venue”.

Visit www.acep.org/sa to find out more about ACEP’s and the Moscone Center’s green initiatives.
SPECIAL FEATURES:
- EMS Subspecialty Trailblazers – Names You Need to Know – Experiences You Need to Hear!
- Envelope-pushing Initiatives and Front-Burner EMS Practice Challenges
- Problem-Based Sessions with Scenarios that Will Challenge Your Knowledge and Experience
- Opportunities to Discuss Your System’s Problems with Solutions You Can Take Home and Use
- Multiple Interactive Sessions with Medical Directors Across the Nation
- Special Sessions on Rural and Pediatric Concerns
- Not Limited to Physicians — all EMS Leaders are Welcome!

*Including State-of-the-Art Reviews on the most important new articles and concepts in prehospital medicine such as the role of post-cardiac arrest PCI and intra-arrest cooling, twin device defibrillation, compression-decompression CPR and ITDs, airway device decisions, techniques to optimize prehospital ventilatory techniques, leveraging EMS funding through CPAP, the latest intra-nasal interventions, “post-guidelines” guidelines for CPR and advanced life support

NEW SUBSPECIALTY CONSIDERATIONS:
- What the Subspecialty Certification Will Mean for You and Your Practice!
- How to Best Prepare and Position Yourself with New Accountabilities that Specialization Will Bring
- Learn about How the Certification Process and the Training and Eligibility Criteria are Evolving

WHAT YOU SHOULD DO:
- Register Now – to maintain interactive participation in this perennially popular leadership workshop, class size will be limited to the first 150 registrants.
- Registrants will be asked to submit specific questions, issues, or cases in advance for discussion with the faculty facilitators and other audience members

Note: This forum and workshop is an advanced program, intended for experienced EMS Medical Directors and their associates.

WORKSHOP FACILITATORS
- Sabina A. Braithwaite, MD, FACEP; Chair, ACEP EMS Committee
- Marc Eckstein, MD, MPH, FACEP; EMS Medical Director, Los Angeles
- Karen P. Wanger, MD; EMS Medical Director, Vancouver, BC
- Raymond L. Fowler, MD, FACEP; Editor-in-Chief, Medical Oversight
- J. Brent Myers, MD, MPH, FACEP; EMS System Director, Raleigh/Wake County
- David E. Persse, MD, FACEP; EMS System Director, Houston
- Corey M. Slovis, MD, FACEP; EMS Medical Director, Nashville
- Christopher B. Colwell, MD, FACEP; EMS Medical Director, Houston
- Paul E. Pepe, MD, MPH, FACEP; EMS Medical Director, Dallas
- John P. Freese, MD, FACEP; EMS Medical Director, New York City
- Edward M. Racht, MD, Medical Director, American Medical Response
- Karl A. Sporer, MD, FACEP, EMS Medical Director, San Francisco

REGISTRATION
The event fee is only $199. Please note that this advanced EMS medical direction education event is limited to the first 150 registrants. Please register early. For additional information and to register, visit www.acep.org/sa

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council of Continuing Medical Education through the American College of Emergency Physicians. The American College of Emergency Physicians in accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 8 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for 8 hour(s) of ACEP Category I credit.

This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBERMS) for 8 hours of credit.

Presented in Conjunction with the “Eagles” consortium of U.S. Metropolitan Municipalities’ EMS Medical Directors

This exceptional educational event will take place one day before ACEP’s Scientific Assembly in San Francisco

The purpose of this one-of-a-kind program is to bring together an audience of experienced EMS physicians and their associates from across the nation to participate in an interactive, problem-based forum and workshop facilitated by a highly respected and entertaining cadre of recognized national leaders and trail-blazer educators in EMS Medical Direction.
RESIDENT ACTIVITIES INCLUDE:

**EMRA Bloody Mary Breakfast**
Sunday, October 16 / 7:30 am - 8:30 am
What better way to kick start the day than enjoying a hearty breakfast and bloody marys or mimosas with fellow residents? Hear what the week has in store for you at this must-attend primer to resident events at Scientific Assembly!

**EMRA Resident Forum**
Sunday, October 16 / 8:30 am - 2:00 pm
Have you acquired all the information and development skills you need to succeed? We have expanded our educational program to help you get there. Residents definitely do not want to miss this forum and networking luncheon. Hot topics include:
- Developing Leadership Skills
- Fair Business Practices and Contract Basics
- Financial Planning for Young Physicians
- Maximize your Earnings
- Mechanics of the Job Search – Setting Yourself Apart: How to Standout in the Job Market
- Regional Breakouts for Job Seekers
- A FREE networking lunch for residents!

**EMRA Job Fair**
Sunday, October 16 / 5:00 pm - 7:00 pm
Looking for that perfect job? EMRA is here to help! All EM job seekers need to attend the largest and best Job Fair in the specialty of Emergency Medicine. With more than 150 companies expected to participate in this year’s event you are bound to find the job that is just right for you!

MEDICAL STUDENT ACTIVITIES INCLUDE:

**EMRA Medical Student Governing Council Meeting (MSGC)**
Friday, October 14 / 1:00 pm - 5:00 pm
What can YOU help accomplish as a member of this council? Come make a difference. All active and involved medical students are encouraged to attend this meeting.

**EMRA MSGC/EMIG Representative Mixer**
Friday, October 14 / 3:30 pm - 7:30 pm
Attend this fun and informal social event that gives you the opportunity to meet with other medical students, the MSGC officers, and EMIG representatives from around the country.

**EMRA Medical Student Forum & Luncheon**
Saturday, October 15 / 8:00 am - 1:00 pm
We know that 3rd and 4th year medical students have a plethora of questions regarding their transition to an EM residency. EMRA has compiled a panel of distinguished program directors, authors, and EM physicians to help you get those much needed answers. Areas of interest include:
- Why Choose Emergency Medicine?
- Career Paths in EM
- Getting into the Residency of Your Choice
- How to Shine During Your Residency
- Interview Day Tips
- Strengthening Your Residency Application
- What Residency is Right for Me?

The medical student networking luncheon is a phenomenal opportunity to mix and mingle with program directors in a more relaxed setting. Directors help answer pressing questions regarding residency years and what to expect. A vital session EMRA medical student members do not want to miss.

**EMRA Residency Fair**
Saturday, October 15 / 2:00 pm - 4:00 pm
Do you know where you want to match? Attend the EMRA Residency Fair to help you scout out the more than 100 participating EM residency programs from around the country. Medical students cannot afford to miss this terrific opportunity to network with program directors, coordinators, and chief residents.

REPRESENTATIVE COUNCIL AND MEMBERSHIP MEETINGS:

**EMRA Reference Committee Public Hearing**
Sunday, October 16 / 3:00 pm - 4:30 pm
Council and membership meetings are your chance to participate in the governance of EMRA and in the policy development for the specialty. Candidates for EMRA Board or Council offices will have an opportunity to address the members. Reps will also be presented with policy resolutions for deliberation and decision.

**EMRA Representative Council Meeting and Town Hall**
Monday, October 17 / 8:00 am - 1:00 pm

**EMRA Committee Meetings**
Monday, October 17 / 2:00 pm - 4:00 pm

OTHER FUN STUFF:

**EMRA EM Resident Sim War Competition**
Saturday, October 15 / 12:00 pm - 4:00 pm

**EMRA Fall Awards Reception**
Saturday, October 15 / 5:30 pm - 6:30 pm

**EMRA Party**
Sunday, October 16 / 9:30 pm - ?

Grab your entourage, jump on a cable car, and join us for an evening of camaraderie and fun for all in the fabulous City by the Bay! Don’t miss this acclaimed EMRA event held at a local hotspot!

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For the 2011 EMRA Job Fair or Residency Fair exhibitor information or Sponsorship, please contact Leah Stefanini at lstefanini@emra.org or 866-566-2492 ext 3298.
Add more original science to your Scientific Assembly experience.

Conference Highlights
- The Forum provides valuable and constructive feedback to all oral and poster presenters. Submissions from young investigators are encouraged.
- Ten minute oral presentations will be followed by a discussion led by a recognized researcher who has previously reviewed the abstract, allowing investigators to receive feedback and incorporate revisions before submitting the paper for publication. Those in attendance will hear an expert researcher provide a state-of-the-art presentation prior to the oral presentations.
- A popular feature of the conference is the poster presentations. Posters will be grouped by topic and critiqued by a recognized discussant, with poster authors actively participating in the discussion.
- Cutting-Edge: Highlights of Emergency Medicine Research, will feature a panel of experts discussing abstracts that have significant implications for emergency medicine practice or research.

Research Forum Activities Schedule

FRIDAY, OCTOBER 14
1:00 pm - 7:00 pm Registration

SATURDAY, OCTOBER 15
7:00 am - 6:30 pm Registration
7:00 am - 6:30 pm Posters open
7:30 am - 9:00 am Lightning Oral Presentations
8:00 am - 9:00 am Poster presentations
9:00 am - 10:30 am Attend opening session
10:45 am - 11:45 am Poster presentations
12:00 pm - 1:00 pm Awards Luncheon featuring ACEP Research Award Recipient and Past Award Recipient*
1:00 pm - 1:30 pm State-of-the-art presentation
1:30 pm - 2:30 pm Oral presentations
2:30 pm - 4:00 pm Poster presentations (view posters until 6:00 pm)
4:00 pm - 5:00 pm Abstract Writing Workshop
5:00 pm - 6:00 pm EMF Oral Session
5:00 pm - 6:00 pm Grant Workshop – Career Development Grants

SUNDAY, OCTOBER 16
7:00 am - 3:00 pm Registration
7:00 am - 6:30 pm Posters open
8:00 am - 8:30 am State-of-the-art presentation
8:30 am - 9:30 am Oral presentations
9:30 am - 11:30 am Poster presentations
11:45 am - 12:45 pm Networking Lunch*
1:00 pm - 2:30 pm Lightning Oral Presentations
1:00 pm - 3:30 pm Poster presentations
4:00 pm - 5:30 pm Cutting-Edge Emergency Medicine: Highlights of Emergency Medicine Research
5:30 pm - 6:30 pm View posters
*By invitation only

Registration Information
- For more information on pricing and registration, go to page 53.

Helping ED Directors Find the Right Balance

It is at the director level when one must balance the act of healing with the business of delivering medical care. ACEP’s Emergency Department Directors Academy program provides you with the tools to help you and your management team find the perfect balance.

Phase I - November 14-18, 2011
This phase provides the foundation for the remainder of the Academy, bringing you ED management experts who will provide information that will solidify your leadership position through a greater understanding of systems, organization and administration.

Phase III – November 15-19, 2011
This course is limited to 28 participants to provide registrants with an intensive, highly interactive workshop. This format allows for a greater opportunity to problem solve, role play, and create detailed plans for specific projects that may arise in your own emergency department.

A complimentary reception is provided each evening to encourage networking with colleagues and faculty experts.

800-798-1822, ext. 6 or www.acep.org/edda

Spaces fill fast – register today!
### DAY 1 – SATURDAY, OCTOBER 15

**8:00 AM - 8:50 AM**
- SA-01 Advanced Health Policy: Your New Way of Life / Page 28
- SA-02 C-Spine Imaging: Making Sense of Who to X-Ray, CT Scan or MRI / Page 25
- SA-03 Half-Baked: Emergencies in the Second Trimester of Pregnancy / Page 48
- SA-04 Pain and Sedation in the Trauma Patient / Page 47
- SA-05 Infectious Disease Jeopardy / Page 31
- SA-06 Medical-Legal Risks in Times of Everyday Crisis / Page 44
- SA-07 Pediatric Septic Shock Recognition and Management: State of the Art / Page 38
- SA-08 The Pinnacle: ECG Cases that Would Make an Electrophysiologist Blush / Page 20
- SA-09 Reversing Medications that Cause Bleeding / Page 30
- SA-10 Traumatic Shock, Let’s be Blunt / Page 47

**8:00 AM - 9:50 AM**
- SA-11 Driving too FAST: Pitfalls in FAST Scan Imaging Lab (Limited to 25 participants) / Page 26
- SA-12 Slit Lamp Skills Lab (Limited to 35 participants) / Page 28
- SA-13 Surviving Sepsis: Improving Care Through an Innovative Learning Workshop (Limited to 150 participants) / Page 32

**8:00 AM - 10:50 AM**
- SA-14 Advanced Bedside Echocardiography Lab (Limited to 25 participants) / Page 25

**8:00 AM - 12:30 PM**
- SA-15 National Emergency Medicine Clinical Pathological Case Conference (CPC) Finals (No badge or course ticket is required) / Page 41

**9:00 AM - 10:30 AM**
- SA-16 OPENING SESSION - The Affordable Care Act: Its Promise for Emergency Medicine / Page 5

**10:30 AM - 12:30 PM**
- LUNCH - VISIT THE EXHIBITS

**12:30 PM - 1:20 PM**
- SA-17 Abdominal Pain in the Pregnant Patient: Ectopics, MRI and Morb / Page 17
- SA-18 Are You Ready to Give tPA in Ischemic Stroke? Practical Considerations for Real-Life Use / Page 33
- SA-19 I Didn’t Know You Could Ultrasound That! / Page 25
- SA-20 Infections from Abroad: Unwanted Souvenirs / Page 31
- SA-21 Life-Threatening Weakness: Strengthen Your Diagnostic Skills / Page 34
- SA-22 Optimizing Patient Flow in the Emergency Department / Page 23
- SA-23 Pediatric Bread and Butter: Moving Patients Through Without Getting Toasted / Page 38
- SA-24 Trauma Case Panel: Stump the Experts / Page 47

**12:30 PM - 2:20 PM**
- SA-25 Twist & Shout! GU Emergencies: Tricks of the Trade / Page 48

**12:30 PM - 2:20 PM**
- SA-26 Clinical Pearls From the Recent Medical Literature (Part I) / Page 40
- SA-27 Driving too FAST: Pitfalls in FAST Scan Imaging Lab (Limited to 25 participants) / Page 26
- SA-28 Slit Lamp Skills Lab (Limited to 35 participants) / Page 28
- SA-29 Taking the Stand: Real Malpractice Cases, Bad Outcomes — You Decide (Limited to 75 participants) / Page 44

**1:30 PM - 2:20 PM**
- SA-30 Acid-Base Made Easy / Page 32
- SA-31 Applying the Principles of Lean Management to Healthcare / Page 22
- SA-33 Blastitis in the US: The Israeli Response Model / Page 39
- SA-34 Blocks Unblinded: Ultrasound-Guided Regional Anesthesia / Page 19
- SA-35 Toys and Tools: New Devices and Products in Emergency Care / Page 35
- SA-36 Turning Error Into Opportunity / Page 44
- SA-37 Visual Diagnosis in Emergency Medicine: Head and Neck / Page 28

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- SA-40 Financial Planning: "Double Down" is Not a Strategy / Page 20
- SA-41 Financial Planning: “Double Down” is Not a Strategy / Page 41
- SA-42 Life-Threatening Radiographic Emergencies in the Pediatric Patient / Page 37
- SA-43 To Section or Not to Section: The Emergency Department Peri-Mortem C-Section / Page 48
- SA-44 Thoracic Trauma: Answers to Tough Questions / Page 47
- SA-45 The Unexpected Difficult Airway: How to Avoid It and How to Manage It / Page 19
- SA-46 Update in the Management of TIA and Stroke Patients / Page 34
- SA-47 Vasopressor Use in the Emergency Department / Page 38

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- SA-50 Slit Lamp Skills Lab (Limited to 35 participants) / Page 28
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REGISTER BY PHONE AT 800-798-1822, EXT. 6
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SU-118 Advanced Airway Techniques Lab (Limited to 35 participants) / Page 18
SU-119 Advanced Electrocardiography Series Part II: Dysrhythmias and Syncope / Page 19
SU-120 Simulation Lab ABCs: Can You Manage These Critical Cases? (Limited to 20 participants) / Page 35
SU-121 Ultrasound-Guided Regional Anesthesia Lab (Limited to 25 participants) / Page 19

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SU-122 Cranial Nerves: When is it an Emergency? / Page 34
SU-123 The EDs Trifecta for Success: Documentation, Contracting, and Taming Payors / Page 29
SU-125 How to Evaluate a New Job and Negotiate the Contract / Page 23
SU-126 New Cardiac Drugs: How, What, and When to Use Them in the ED / Page 20
SU-127 NEW Drugs of Abuse / Page 45
SU-128 Non-Invasive Methods for Monitoring Critical ED Patients / Page 35
SU-129 NPs/PAs: Safe Supervision in the ED / Page 41
SU-130 Pain Control in the Addicted Patient / Page 18
SU-131 Undifferentiated Shock: Making a Difference / Page 22

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SU-132 Surviving “Gotcha” Journalism / Page 42

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SU-141 Protect that Airway! The Perils of Intubating and Sedating a Critically Ill Patient / Page 22
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SU-145 Ultrasound-Guided Regional Anesthesia Lab (Limited to 25 participants) / Page 19

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SU-146 Become an Expert Expert Witness / Page 43
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SU-148 Master Clinician Series: The Pediatric Eye Examination / Page 37
SU-149 Medical Liability in the Age of Electronic Health Records / Page 44
SU-150 New Overdoses 2011 / Page 45
SU-151 New Concepts in Trauma Care: Lessons from the Wars / Page 47
SU-152 Organizing the Chaos: Tricks for Your Daily Grind / Page 41

SU-153 Recognizing the Top Ten Pediatric and Adult Rashes / Page 24
SU-154 Tricks of the Trade: Head and Neck Procedures / Page 28
SU-155 You Have a “What” Inside You? Less than Mainstream Medical Devices Encountered in the ED / Page 35

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SU-156 Cutting-Edge: Highlights of Emergency Medicine Research (No badge or course ticket is required) / Page 40

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SU-159 It’s Not Only a Concussion: Evaluation, Treatment and Disposition of the Minor Head Injured Patient / Page 47
SU-160 Oh No, Not Another Meeting! Conducting Effective Meetings / Page 23
SU-161 One Pill Can Kill: Pediatric Poisoning / Page 46
SU-162 "Pompei, Haiti, Indonesia, Japan...What’s Next?: Emergency Medicine in Complex Humanitarian Emergencies / Page 39
SU-163 Revving up RVUs! Update on Reimbursement FAQs / Page 30
SU-164 Spider Bites to Necrotizing Fasciitis: Tissue is the Issue / Page 31
SU-165 The Thunderclap Headache: Subarachnoid Hemorrhage and Beyond / Page 34
SU-166 Venous Ultrasound in the ED: From Access to DVT Detection / Page 26

DAY 3 – MONDAY, OCTOBER 17

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MO-168 Advanced Recognition and Treatment of Bradycardias and Blocks / Page 19
MO-169 Critical Care for the Morbidly Obese Patient / Page 21
MO-170 Don’t Blink: Plain Film Diagnoses You Cannot Afford to Miss / Page 25
MO-171 Heroic Procedures You Should Know / Page 46
MO-172 Medical Volunteerism: Medical-Legal, Ethical, and Practical Considerations / Page 44
MO-173 Non-Status Quo of Status Epilepticus: What to do When the Seizures Won’t Stop / Page 34
MO-174 Hook’em Up to the Fire Hose? IV Fluids, Red Blood Cells, Factor Replacements, and More / Page 47
MO-175 Rapidly Fatal Infections / Page 31

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MO-177 A Case-Based Approach to the Difficult Airway: The Experts Weigh In / Page 18
MO-178 Dental Skills Lab (Limited to 50 participants) / Page 27
MO-179 Stump-Jumping: Overcoming Administrative Hurdles / Page 42
MO-180 Venous US in the ED: DVT Skills Lab (Limited to 25 participants) / Page 26

9:00 AM - 9:50 AM
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MO-185 Master Clinician Series: The Rapid, High-Yield Ortho Exam in the ED / Page 36
MO-186 Physician Compensation Structures: Show Me the Money! / Page 24
MO-187 Syncope with a Lethal Twist / Page 20

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MO-189 So You Want a New Job?: Time to Update Your CV (Limited to 45 participants) / Page 42
MO-190 Vertigo Skills Workshop (Limited to 30 participants) / Page 34

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MO-191 Approach to the Unknown Rash / Page 24
MO-192 Cruising the Literature: EMS 2011 / Page 39
MO-193 Drug Interactions: Combinations That Can Kill Your Patients / Page 45
MO-194 From X-Rays to Antiemetics: Difficult Decisions in the Pregnant Patient / Page 48
MO-195 Head and Neck Trauma in Children: To Scan or Not To Scan and Other Questions / Page 37
MO-196 Maintaining Your ABEM Certification: Review of 2011 Lifelong Learning and Self-Assessment Articles: Part I / Page 27
MO-197 Master Clinician Series: Visual Diagnosis / Page 41
MO-198 The Nuts and Bolts of Physician Reimbursement / Page 29
MO-199 A View to a Kill: Utilizing CT Scanning and CT Angiography for ACS in the ED / Page 21

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MO-202 Antibiotic Abyss / Page 31
MO-203 Avoiding Unnecessary X-Rays: Evidence-Based Rules for Radiography / Page 25
MO-204 Broken, Not Fractured / Page 35
MO-205 Challenging Cases in Pediatric Emergency Medicine / Page 37
MO-206 Compassionate Care or Death Panel? The Dilemma of Futile Treatment in the ED / Page 29
MO-207 Error Reduction: Tools and Techniques for the Pit Doc / Page 23
MO-208 Maintaining Your ABEM Certification: Review of 2011 Lifelong Learning and Self-Assessment Articles: Part II / Page 27
MO-209 Trauma Management: A Visual Approach to Pearls and Pitfalls / Page 47
MO-210 “I Want My PET Scan Now”: Balancing Quality with Resources in the Era of the Internet Empowered Patient / Page 42

12:30 PM - 2:20 PM

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MO-212 Dental Skills Lab (Limited to 50 participants) / Page 27
MO-213 Venous US in the ED: DVT Skills Lab (Limited to 25 participants) / Page 26

1:30 PM - 2:20 PM

MO-214 Burning Down the House: Smoke Inhalation, Cyanide Toxicity, and Carbon Monoxide Poisoning / Page 45
MO-215 HIV and the Emergency Department / Page 31
MO-216 How Do I Complete Part 4 (Assessment of Practice Performance) of My ABEM EMCC Requirement? The Nuts and Bolts Answers / Page 27
MO-217 Just the Pearls: EMS for the Non-EMS Emergency Physician / Page 39

MO-218 Neuro-Critical Care: What Every Physician Needs to Know / Page 22
MO-219 Number Needed to Treat: Pinpointing ED Interventions that Matter Most / Page 23
MO-220 The Quality Agenda (Colin C. Rorrie, Jr. Lecture) / Page 30
MO-221 The Top Articles of 2011 / Page 42
MO-222 Weekday and Weekend Warriors: Diagnosis and Treatment of Sports Injuries in the ED / Page 36
MO-223 What’s Wrong with Grandma: Infections in the Elderly / Page 31
MO-224 When Direct Pressure is Not Enough: Methods of Hemostasis / Page 30

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BREAK - VISIT THE EXHIBITS

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MO-227 As the World Turns: Dizziness and Vertigo in the Emergency Department / Page 33
MO-228 Beyond CT Imaging: Rational Use of MR Technology / Page 25
MO-229 The Death Rash: Lethal Rashes You Can’t Miss / Page 24
MO-230 The EM Workforce: Will You Have a Job in the Future? How Can We Make it Work? / Page 29
MO-231 Interpreting Noninvasive Cardiac Tests in the ED / Page 20
MO-232 Pediatric Procedures / Page 38
MO-233 Risky Radiology: Balancing the Patient’s Risk and Yours / Page 26
MO-234 Service Recovery: Winning Back the Patient After a Bad ED Experience / Page 42
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3:00 PM - 4:50 PM

MO-236 Bedside Ultrasound: New Views, Better Care Lab (Limited to 25 participants) / Page 25
MO-237 Critical Care: An Interactive Experience (Limited to 50 participants) / Page 21
MO-238 Dental Skills Lab (Limited to 50 participants) / Page 27
MO-239 Venous US in the ED: DVT Skills Lab (Limited to 25 participants) / Page 26

4:00 PM - 4:50 PM

MO-240 Chest Pain and Syncope in Children: Cause for Concern? / Page 37
MO-241 Doctor, the Patient’s Blood Pressure is Elevated! / Page 20
MO-242 Orthopedic Pearls and Pitfalls / Page 36
MO-243 Pacemakers and AICDs: Short Circuit of the Electronic Heart / Page 20
MO-244 Patient Satisfaction: Point/Counterpoint / Page 23
MO-245 Pediatric Tricks of the Trade: What They Didn’t Teach You in Residency / Page 38
MO-246 Revving up Your RVUs through Critical Care and Observation / Page 30
MO-247 Speaking Like a Pro / Page 42
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5:00 PM - 5:50 PM

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MO-250 Anti-DON’Ts: Cases in Poisoning Management / Page 45
MO-251 Approach to the Febrile Child 36-Months-of-Age and Younger in the ED: Where Do We Stand? / Page 31
MO-252 To Bleed or Not to Bleed: Antiplatelet and Anticoagulation Therapy in ACS / Page 19
MO-253 Cruising the Infectious Disease Literature / Page 31
MO-254 From Ordinary to Extraordinary: Critical Care Medicine in the ED / Page 21

REGISTER BY PHONE AT 800-798-1822, EXT. 6
### Lunch and Break (11:50 AM - 1:00 PM)

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<td>Back Pain: Cases that You Simply Cannot Miss!</td>
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<td>11:00 AM - 12:00 PM</td>
<td>Better Smart than Lucky: Case-Based Approach to When Medical Disorders Present with Psychiatric Presentations</td>
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<td>Bone Chillin’ Orthopedic Reductions and Regional Blocks</td>
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<td>Hot as Hell, Cold as Ice: Temperature-Related Illness and Injury</td>
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<td>“My Child Needs Antibiotics but Not a Lumbar Puncture”: Dealing with the Difficult Parent in the ED</td>
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<td>Overwhelmed and Understaffed: Ramping Up for Local Disasters</td>
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<td>11:00 AM - 12:00 PM</td>
<td>Ten Things that Mitigate Your Malpractice Risk: You Can Bet On It!</td>
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<td>Therapy for Non-ST Elevation ACS: Update 2011</td>
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<td>Pediatric Procedures Lab (Limited to 45 participants)</td>
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**Scientific Assembly Learning Objectives**

Upon completion of this activity, participants will be able to apply the latest advances in the diagnosis, treatment, clinical skills, and practice management innovations necessary for the practice of emergency medicine. Nationally recognized experts will present the latest, cutting-edge clinical and practice management techniques. A variety of methods will be used, including case presentations, evidence-based medicine, literature reviews, and in-depth coverage of the latest clinical controversies. Individual course objectives can be found on the website at www.acep.org/sa.
Abdominal Pain in the Pregnant Patient: Ectopics, MRI and More
SA-17 / 1 Hour
Faculty: Ingrid T. Lim, MD, FACEP

Abdominal pain can be quite straightforward, but if the patient is pregnant, then all bets are off. Is it an ectopic pregnancy? A persistent corpus luteum cyst? Appendicitis? A ruptured uterus? How are the presentations of typical causes of abdominal pain changed during pregnancy? What limitations are involved in the imaging of these patients? What is the role of MRI? The speaker will discuss a variety of these problems and more to give you the knowledge to treat these patients.

Abdominal Vascular Emergencies: Detection, Diagnosis, and Decision
SU-88 / 1 Hour
Faculty: Carlo Rosen, MD, FACEP

The presentation of abdominal vascular emergencies ranges from dramatic to subtle, and the consequences of missing the diagnosis can be devastating. The range of diagnostic modalities has increased with the advent of limited ultrasound in the ED, improved CT imaging, and increased availability of MRI/MRA. The speaker will present an emergency medicine detection strategy to help diagnose aortic dissection, aortic aneurysms, and mesenteric ischemia.

Abdominal Pain That Isn’t: The Masqueraders
SU-108 / 1 Hour
Faculty: Charlotte Derr, MD, FACEP

There are a number of diseases which present as acute abdominal pain but are not due to an acute abdominal process. Some of the more common ones include acute MI, pneumonia, pyelonephritis, and pulmonary embolism. Other rare systemic diseases such as porphyria and lupus can also confuse the picture. The speaker will discuss a variety of these ‘masqueraders’ using a case-based approach. The workup of these symptoms and diseases also will be discussed.

Abdominal Pain After Bariatric Surgery: What Are the Issues?
MO-167 / 1 Hour
Faculty: Brian Lin, MD

The percentage of patients who have had bariatric surgery continues to climb and there are many different procedures. When these patients develop abdominal pain, even long after the immediate post-op period, how does the differential diagnosis change? When is an NG tube contraindicated? Should all of these patients have a surgical consultation? CT scan? How long after their surgery are these steps relevant? During this course, the speaker will answer all of these questions and more to give you the knowledge to treat these patients.

Abdominal Pain That Can Kill
MO-181 / 1 Hour
Faculty: Diane M. Birnbaum, MD, FACEP

Abdominal pain accounts for approximately five percent of ED visits. The vast majority of patients are discharged without a definitive diagnosis. Most do well, but some patients have a life-threatening illness that is causing their pain. Abdominal pathology accounts for approximately one-third of surgical problems. The speaker will help you quickly recognize those patients with severe disease, make the diagnosis, and institute appropriate treatment.

Clogged or Broken? Troubleshooting Tubes and Lines
SU-90 / 1 Hour
Faculty: Charlotte Derr, MD, FACEP

Outpatient approaches to treatable diseases, along with palliative care, have increased the number of patients who present to the ED with malfunctioning drains, tubes, and lines. Tubes such as nephrostomy, G-tubes, J-tubes, and central lines, are what you might see. These all can get clogged, stuck, malfunction, or fall out. The speaker will discuss a variety of these problems and creative solutions for repair.

CT in Abdominal Pain: Critical Answers to Difficult Questions
TU-283 / 1 Hour
Faculty: Phillips Perera, MD, RDMS

Emergency physicians increasingly rely on abdominal CT to diagnose patients presenting with abdominal pain. Is there any literature to support the use of CT for abdominal pain? Is contrast necessary? What will abdominal CT miss? When is abdominal CT not enough in excluding abdominal pathology? The speaker will answer all of these questions and more, including whether patients with a normal abdominal CT can be safely discharged from the ED. A discussion on radiation risk associated with multiple CT exposure, adjustment of scanning protocols to decrease radiation dosage, and alternate studies to avoid exposure also will be included.

Non-Contrast Abdominal CT: What Can You Really See?
TU-275 / 1 Hour
Faculty: Phillips Perera, MD, RDMS

Abdominal pain is a part of every shift in the ED, and the CT scan has become an increasingly helpful imaging modality to help make a specific diagnosis. The speaker will discuss the different CT options that are available: with/without IV contrast; with/without luminol contrast; rectal vs. oral contrast. A discussion of whether you need contrast and what a non-contrast CT will show you also will be included.
Advanced Airway Techniques Lab
SU-83; SU-118; SU-144 / 2 Hours
Faculty: Michael A. Gibbs, MD, FACEP (Moderator); Michael R. Baumann, MD, FACEP; Carl A. Germann, MD, FACEP

Emergency physicians must be experts in airway management. This lab is designed to provide you with hands-on experience in several airway management techniques including open and percutaneous cricothyrotomy, intubating LMA, Bougie, Combitube, intubating stylet, and hand-held fiberoptic technology (GlideScope, Shikani Optical Stylet, Levitan Scope, RIFL). (Prior attendance in “Unexpected Difficult Airway: How to Avoid it and How to Manage It” is required. This lab is limited to 35 participants.)

Blocks Unblinded: Ultrasound-Guided Regional Anesthesia
SA-34 / 1 Hour
Faculty: Michael B. Stone, MD, RDMS

Regional anesthesia plays an important role in minor ED procedures, particularly in situations where sedation or parenteral medication is inappropriate. The tried and true, landmark-based techniques leave much to be desired. Increasingly, bedside ultrasound is being used as a visual adjunct for nerve blocks, particularly of the extremities. The speaker will offer a wide range of examples where ultrasound can truly guide your regional block, increasing success rates and decreasing dependence on procedural sedation. (This lecture is a prerequisite to the “Ultrasound-Guided Regional Anesthesia Lab.”)

A Case-Based Approach to the Difficult Airway:
The Experts Weigh In
MO-177 / 2 Hours
Faculty: Michael A. Gibbs, MD, FACEP (Moderator); Barry C. Simon, MD; Robert J. Vissers, MD, FACEP; FRCPC

The difficult or failed airway is certainly one of the most stressful situations emergency physicians face. Successful management begins with anticipation of which patients may be difficult and a predetermined backup strategy for when tried and true methods fail. During this case-based session, a panel of experts will engage the audience in a lively debate of “best practices” in airway management. (Participants are encouraged to attend “The Unexpected Difficult Airway: How to Avoid it and How to Manage It.”)

No Pain, Big Gain: Effective Pain Management
SU-78 / 1 Hour
Faculty: James Ducharme, MD

Pain is the most common complaint of patients who present to the ED for acute care. Unfortunately, emergency physicians may not always provide adequate and timely pain relief. Using a challenging, case-based format, the speaker will discuss pharmacologic and nonpharmacologic methods for efficient and effective pain relief. Emphasis will be placed on recent advances and algorithmic approaches in the management of certain painful conditions. Clinical and operational barriers may impact how we deliver effective pain management in the ED; specific barriers to achieve an optimal plan and ways to incorporate active pain management into your practice will be discussed. The Pain Relief Act and the Joint Commission initiatives to improve analgesic practices also will be discussed.

Pain Control in the Addicted Patient
SU-130 / 1 Hour
Faculty: James Ducharme, MD

Patients with substance use disorders are not uncommon in the ED. Patients in active addiction with acute and chronic painful conditions, patients in recovery with acutely painful conditions, and patients addicted to opioids using the ED as a “drug source” are all within the realm of possibilities that the emergency physician will encounter. Adequate pain management is essential for quality patient care in the ED, and treating pain in the patient with a substance use disorder is no exception. The speaker will examine ways the emergency physician can optimize pain control in patients with substance use disorders.

Palliative Care Toolkit and Tips: What Can You Do Differently for Better Outcomes?
TU-287 / 1 Hour
Faculty: Eric D. Isaacs, MD, FACEP

As the population ages, we are seeing more patients over the age of 75 who may be suffering from chronic, life-limiting illnesses where it may be more appropriate to focus on the patient’s quality of life rather than quantity of life. The team approach to palliative care in the ED focuses on relief of symptom distress and suffering, helping patients and their families understand the prognosis of the underlying condition, and assisting them in choosing between a spectrum of treatment options that neither hasten nor postpone death. You will leave this lecture with a bag full of tips when caring for your next palliative care patient.

Pediatric Airway Panic or Advanced Pediatric Airway Management?
SU-95 / 1 Hour
Faculty: Marianne Gausche-Hill, MD, FACEP

Do you panic when there is an agitated, semiconscious infant or toddler with a compromised airway? The ability to manage a child’s airway quickly is one of the most important lifesaving skills an emergency physician can possess. The speaker will address initiatives to improve analgesic practices and ways to incorporate active pain management into your practice will be discussed. The Pain Relief Act and the Joint Commission initiatives to improve analgesic practices also will be discussed.

Procedural Sedation: The Nuts and Bolts
MO-256 / 1 Hour
Faculty: Sanjay Arora, MD

What are you using for procedural sedation? Ketamine? Propofol? Nitrous Oxide? There are Medicare reimbursement standards for procedural sedation. Using a case-based approach, the speaker will discuss the nuances of each analgesic and anesthesia therapy in common use. Pitfalls and treatments in procedural sedation also will be reviewed.
Ultrasound-Guided Regional Anesthesia Lab
SU-87; SU-121; SU-145 / 2 Hours
Faculty: Michael B. Stone, MD, RDMS (Moderator); Miikaela L. Chistrom, MD; Oron Frenkel, MD; Andrew Henning, MD; Jennifer V. Huang, DO; Ralph Wang, MD

During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture including distal forearm, brachial plexus, femoral, cluneal, paraspinal, and popliteal. Attendees will employ the use of phantoms, patient models, and their fellow participants as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (Prior attendance in “Blocks Unblinded: Ultrasound-Guided Regional Anesthesia” is required. This lab is limited to 25 participants.)

The Unexpected Difficult Airway: How to Avoid It and How to Manage It
SA-45 / 1 Hour
Faculty: Michael A. Gibbs, MD, FACEP

Nothing is more stressful for the emergency physician than a “cannot intubate, cannot ventilate” airway scenario. To stay out of trouble, you must possess the skills to identify the potentially difficult airway before a management approach is chosen and executed. In addition, a sophisticated understanding of contemporary airway rescue techniques and mastery of these techniques is crucial. (This course is a prerequisite to “A Cased-Based Approach to the Difficult Airway: The Experts Weigh In” and the "Advanced Airway Techniques Lab.")

Cardiovascular Disorders

ACLS Guidelines 2011: The Update
SU-109 / 1 Hour
Faculty: Mel Herbert, MBBS (MD) BmedSci, FACEP; Stuart P. Swadron, MD, FRCP(C), FACEP

The last decade has seen many changes occur to the ACLS algorithms. Are these changes evidence-based and really the best science has to offer? The presenters will discuss the latest in recommendations from the American Heart Association and use what is in the literature to back up these new guidelines. Are we really doing what is best for our patients based on the latest literature? You be the judge!

Acute Decompensated Heart Failure: Cutting-Edge Therapies to Benefit Now and Later
SA-52 / 1 Hour
Faculty: Matthew Streilew, MD

The treatment of congestive heart failure (CHF) has remained relatively static for years. Not anymore! Utilization of cardiac biomarkers assists in both the diagnosis and treatment of CHF. The presenter will focus on cutting-edge therapies for decompen-sated CHF such as controversial nesiritide, high-dose nitroglycerin, ACE inhibitors, and noninvasive ventilation. Using aggressive management protocols not only reduces morbidity and mortality in the short term but also in the long-term in the form of reduced re-admission rates.

Advanced Electrocardiography Series Part I: Myocardial Ischemia and Its Mimics
SU-96 / 2 Hours
Faculty: Amal Mattu, MD, FACEP

One of the first priorities in ECG analysis is to look for patterns of injury. Myocardial ischemia can be subtle on an ECG and can be mimicked by several pathological processes. During this session, the speaker will focus on a diagnostic approach to the recognition of myocardial ischemia. Differentiation from other diseases and normal variants also will be reviewed. By the time you are finished, you won’t be fooled by mimickers of ischemia, and recognition of acute coronary syndromes on ECG will be second nature.

Advanced Electrocardiography Series Part II: Dysrhythmias and Syncope
SU-119 / 2 Hours
Faculty: Amal Mattu, MD, FACEP

The ECG is an essential tool not only for arrhythmia detection and analysis but can also risk stratify for disorders like syncope. Having the tools to diagnose a dysrhythmia is essential for the emergency physician with implications of not only treatment but disposition as well. Using a case-based approach, the speaker will review advanced dysrhythmia analysis.

Advanced Recognition and Treatment of Bradycardias and Blocks
MO-168 / 1 Hour
Faculty: David F M Brown, MD, FACEP

During this course, the speaker will present a brief overview of the practical anatomy and physiology relevant to bradyarrhythmias. This will be followed by a review of identification, management, and disposition of patients with bradyarrhythmias, conduction blocks, and drug electrolyte-induced cases. An interactive session of clinical cases and ECGs also will be included. Particular emphasis will be placed on accepted management modalities, and comments will be made on therapeutic controversies.

Advanced Recognition and Treatment of Tachycardias
MO-200 / 1 Hour
Faculty: David F M Brown, MD, FACEP

Through an interactive session of clinical cases and ECGs, the speaker will review identification, management, and disposition of patients with atrial and ventricular tachycardias. Particular emphasis will be placed on accepted management modalities and comments will be made on therapeutic controversies.

Aortic Disasters: Are You Missing Them?
SU-157 / 1 Hour
Faculty: Robert L. Rogers, MD, FACEP

The presentation of patients with acute aortic pathology ranges from subtle to dramatic. The speaker will discuss the various risk factors for, and clinical presentations of, aortic aneurysms and dissections, available diagnostic tests, and ED treatment. The role of various diagnostic modalities, including ultrasonography, CT scanning, and transesophageal echocardiography, will be emphasized.

To Bleed or Not to Bleed: Antiplatelet and Anticoagulation Therapy in ACS
MO-262 / 1 Hour
Faculty: Michael Schindlbeck, MD

ACS therapy includes several avenues that involve platelet inactivation and anticoagulation to reduce risk of thrombosis and a bad clinical outcome. Both of these therapies can lead to major bleeding complications. Risk stratification should occur prior to therapy to identify high-risk patients for major bleeding in order to minimize risk of both short- and long-term complications. The speaker will review the latest literature of medications focused on antiplatelet and anticoagulation therapy and direct application to care scenarios.
COURSE DESCRIPTIONS

Chest Pain: Observation and Rapid Rule Outs
SU-74 / 1 Hour
Faculty: Matthew Strehlow, MD
Chest pain is the cornerstone of everyday practice in emergency medicine. Today’s emergency physician not only diagnose and treat patients with potential acute coronary syndromes, they are now using advanced risk stratification tools like stress testing and coronary CT angiography. The speaker will review how to use high-tech solutions for ultimate risk stratification in patients presenting to the ED. A case-based discussion on using these tools to assist in patient disposition also will be included.

The Crashing Patient: Clinical Pearls for Pre- or Post-Cardiac Arrest
TU-271 / 1 Hour
Faculty: Corey M. Slovis, MD, FACEP
The preponderance of teaching in medical resuscitation focuses on the management of patients in cardiac arrest. Unfortunately, most patients in cardiac arrest have a dismal prognosis regardless of their management. On the other hand, it is the patient in the peri-arrest period — the “crashing patient” — in whom a significant improvement in outcome can be achieved. The speaker will discuss some critical considerations and interventions for patients who are in the peri-arrest period that can result in the difference between life and death.

Cruising the Literature: Cardiology 2011
SA-40 / 1 Hour
Faculty: Mel Herbert, MBBS (MD) BmedSci, FACEP; Stuart P. Swadron, MD, FRCPC, FACEP
Medical journals abound with cardiology articles, and numerous multi-center trials have recently been published. New drugs are being introduced, existing medications have changing indications, and diagnostic and management strategies are being evaluated. Which of these articles should you integrate into your practice? The speakers will review the most important cardiology articles from the past year’s literature.

Doctor, the Patient’s Blood Pressure is Elevated!
MO-241 / 1 Hour
Faculty: Michael J. Bresler, MD, FACEP
How many times a day do we see an elevated blood pressure recorded on a patient’s chart? When should you treat it, and when should you refer the patient for follow-up with the primary care physician? What if the patient doesn’t have a primary care provider? Should a patient be started on antihypertensive medications or a new one added to the regimen? If so, what drug should be selected? When should diagnostic tests be ordered on these patients? Based on the latest literature, the speaker will discuss the spectrum of hypertensive disease and its ED evaluation and treatment.

Interpreting Noninvasive Cardiac Tests in the ED
MO-231 / 1 Hour
Faculty: Trevor J. Lewis, MD, FACEP
ED observation of patients with possible acute coronary syndrome is becoming more common. We are now becoming experts in risk stratification using nonconventional means. When do these patients need noninvasive testing and what are the common pitfalls encountered? Using a case-based presentation, the speaker will discuss the necessity, limitations, and diagnostic accuracy of noninvasive testing in such patients.

Misdiagnosis of Chest Pain: Not Just Acute Coronary Syndrome
TU-285 / 1 Hour
Faculty: Trevor J. Lewis, MD, FACEP
The patient with chest pain presents a major challenge to the emergency physician. We are always wary of missing an acute life-threatening cardiac event. However, it is often not myocardial infarction or acute coronary syndrome that is the cause. The speaker will review the life-threatening and less serious differential diagnoses of the patient with chest pain, and special risk patients such as those with Marfan syndrome or lupus.

New Cardiac Drugs: How, What, and When to Use Them in the ED
SU-126 / 1 Hour
Faculty: Robert L. Rogers, MD, FACEP
Each year new medications are developed to assist us in our management of cardiac disease. These include anticoagulants (bivalirudin, otamixaban, and fondaparinux), antiplatelet agents (clopidogrel and prasugrel), anti-hypertensives (fenoldopam, clevidipine, and ibresartan), and anti-dysrhythmics (dronedarone and selective atrial blockers). The speaker will present a literature review of these new drugs and compare the medications to those currently available. Case presentations to reinforce concepts discussed will also be included.

Pacemakers and AICDs: Short Circuit of the Electronic Heart
MO-243 / 1 Hour
Faculty: Tarlan Hedayati, MD, FACEP
The expanding use of technology for acute and chronic electrical therapy of dysrhythmias is complex. Emergency physicians must have an understanding of the various devices that utilize electrical therapy for either rate-related control or cardioversion/defibrillation for malignant dysrhythmias. Using a case-based approach, the presenter will review the identification and management of normal and abnormal function of implantable electronic devices.

The Pinnacle: ECG Cases that Would Make an Electrophysiologist Blush
SA-08 / 1 Hour
Faculty: Asma Mattu, MD, FACEP
Do you think you have mastered the realm of electrocardiography? You might think twice after this session! Join the speaker in analyzing some of the most challenging ECGs in emergency medicine. See if you have what it takes to solve these problems.

Syncope with a Lethal Twist
MO-187 / 1 Hour
Faculty: Trevor J. Lewis, MD, FACEP
Life-threatening conditions can present as fainting or syncope in children and young adults. Patients often present to the ED with no complaints after a syncopal episode. If not identified appropriately, these conditions can result in morbidity and death. Using a case-based approach, the speaker will discuss how to identify these rare but important syndromes including Brugada syndrome, subarachnoid hemorrhage, subaortic stenosis, long QT syndrome, congenital heart disease, pulmonary embolus, and aortic dissection.
A View to a Kill: Utilizing CT Scanning and CT Angiography for ACS in the ED
MO-199 / 1 Hour
Faculty: Michael Schindlbeck, MD
Risk stratification of myocardial ischemia has classically used history, ECG analysis, and myocardial markers. Recently the literature has focused on CT scanning as a diagnostic and risk stratification tool for ACS. The speaker will discuss the role of CT scanning and CT coronary angiography in the diagnosis of ACS. Calcium scoring systems as well as the new high-resolution CT scanning that may start to rival classical angiography also will be discussed. This could be the future of risk stratification for our patients.

Critical Care

Critical Care for the Non-Intensivist
SU-112 / 1 Hour
Faculty: Robert J. Vissers, MD, FACEP, FRCPC
If you are an emergency physician working without an intensivist in-house 24/7, the burden of managing a critically ill patient often falls onto your shoulders for extended periods of time. Both medical and surgical critical care pose unique challenges that must be addressed in a timely fashion. The speaker will discuss the fundamentals of caring for these patients in the emergency department with limited subspecialty resources as well as available alternative resources.

Critical Care for the Morbidly Obese Patient
MO-169 / 1 Hour
Faculty: Tiffany M. Osborn, MD, FACEP
Obesity is a growing epidemic in America and abroad. When a critically ill obese patient enters the ED, questions begin to form about how to best evaluate and treat this particular patient. What if they exceed the CT scanner weight? What is the best way to intubate the bariatric patient in respiratory failure? Once intubated, how do I keep them sedated safely? The speaker will address these questions, and other concerns, regarding the care of the obese patient.

Critical Care: An Interactive Experience
MO-237 / 2 Hours
Faculty: Michael W. Donnino, MD, Tiffany M. Osborn, MD, FACEP
The volume and acuity of patients seen in the emergency department are increasing while the number of EDs continue to decrease. Some EDs board ICU patients for days. Furthermore, EM management of critically ill patients has been shown to benefit patients in decreasing morbidity, mortality, and length of hospital stay. Emergency physicians need to be more comfortable managing and resuscitating critically ill patients. With the development of non-invasive technologies for hemodynamic assessment, it is reasonable to predict that future EPs may be expected to obtain, interpret, and act upon these measures. During this workshop, the speakers will use a case-based format to walk participants through developing a differential diagnosis and choosing a diagnostic and therapeutic strategy. (This course is limited to 50 participants.)

From Ordinary to Extraordinary: Critical Care Medicine in the ED
MO-264 / 1 Hour
Faculty: Scott D. Weingart, MD, FACEP
Whether you have mastered early goal-directed therapy or are just beginning to manage critical patients in the ED, there are a multitude of management options for extraordinary critical care. Bolus dose pressors, high frequency oscillatory ventilation, and delayed sequence intubation may sound out of the ordinary, but if they happen to be used in your ED you want to be prepared.

Just the Pearls: Bedside Tips and Tricks for the Critically Ill Patient
TU-296 / 1 Hour
Faculty: Scott D. Weingart, MD, FACEP
A critically ill patient in the emergency department can utilize a substantial amount of resources and time. Ever gone to a lecture an wished they had dropped the introduction, the conclusions, and just given you the pearls? Well here it is. Just the pearls. The speaker will cover 20 topics, distilling it all down to just the pearls. This is the ultimate lecture for the ADHD emergency physician. The speaker will present strategies and skills to enable rapid assessment and treatment of the critically ill patient.
Life After Death: Post-Resuscitation Hypothermia
MO-184 / 1 Hour
Faculty: Michael W. Domino, MD

Induced hypothermia after CPR has been shown to increase survival after cardiac arrest, but it can also have many adverse effects. If pre-hospital and/or in-hospital induction of hypothermia occurs without adequate monitoring and controlled cooling, hypothermia can cause serious complications without beneficial effects on the brain. The speaker will cover the pros and cons of inducing hypothermia, recent advances, and pearls and pitfalls to implementing a hypothermia protocol.

Neuro-Critical Care: What Every Physician Needs to Know
MO-218 / 1 Hour
Faculty: Tiffany M. Osborn, MD, FACEP

In which your actions can make or break the critically ill and illustrate several scenarios the speaker will highlight common pitfalls the critically ill. Using case-based scenarios, and more) need to be carefully considered in multitude of reasons that the choices of medication(s) (sedatives, vasopressors, paralytics, and more) need to be carefully considered in the critically ill. Using case-based scenarios, the speaker will highlight common pitfalls associated with pharmacotherapy in the critically ill and illustrate several scenarios in which your actions can make or break the survival of the critically ill patient in the ED.

Pharmacology in the Critically Ill
SU-131 / 1 Hour
Faculty: Matthew Strehlow, MD

COURSE DESCRIPTIONS

Protect that Airway! The Perils of Intubating and Sedating a Critically Ill Patient
SU-141 / 1 Hour
Faculty: Robert J. Vissers, MD, FACEP

The decision to intubate a critically ill patient is often multifaceted. Careful consideration of the pharmacotherapy used in these patients needs to be addressed before, during, and after intubation. Does it make a difference which agents are used to perform the intubation of a patient with sepsis due to pneumonia? What medications can be administered to the hypotensive trauma patient who is in pain? What is the safest method of sedating the uncooperative, combative patient? During this case-based presentation, you will learn the answers to these difficult problems.

Surviving Sepsis: Improving Mortality With New Therapies
SU-81 / 1 Hour
Faculty: Peter M. DeBlieux, MD, FACEP

Sepsis remains the leading cause of death in critically ill patients in the US. Severe sepsis kills about 30 percent of those who develop it and another 20 percent die within 6 months. As increasing numbers of septic patients present to EDs, identifying those who will benefit from early implementation of selected therapies is important. The speaker will review sepsis pathophysiology and discuss the latest updates in sepsis and SIRS therapies.

Undifferentiated Shock: Making a Difference
SU-131 / 1 Hour
Faculty: Matthew Strehlow, MD

Emergency physicians can easily identify patients suffering from uncompensated shock—the patient’s vital signs are grossly abnormal and they look ill. The challenge lies in identifying patients with early, compensated shock. Using a case-based approach, the speaker will discuss novel approaches to identifying, treating, and monitoring patients suffering from shock. Audience participation will be encouraged.

Vasopressor Use in the Emergency Department
SA-47 / 1 Hour
Faculty: Peter M. DeBlieux, MD, FACEP

Emergency physicians can choose from various vasoactive agents to treat patients in shock. However, when to begin therapy, the optimal drug or drug combination to select, and the dosages are not always clear. Using a case-based format, the speaker will review the indications and dosing strategies for currently available pressor agents and what to do when one agent is not enough.

Applying the Principles of Lean Management to Healthcare
SA-31 / 1 Hour
Faculty: Thom A. Mayer, MD, FACEP

Improving operations and processes in the emergency department is one of our biggest challenges. Many modalities have been employed in the past to attain this improvement, including total quality management, Six Sigma, rapid cycle testing, patient satisfaction initiatives, and many others. Lean management, developed by Toyota as part of its Toyota Production System (TPS), has recently been used as a methodology to accelerate the pace of improvement in healthcare. The speaker will discuss how lean management principles can be applied in the emergency department. Several case studies also will be illustrated.

Complaint Management: Deep Dive
SA-66 / 1 Hour
Faculty: Randy L. Pilgrim, MD, FACEP

“Not another complaint!” People complain when they are dissatisfied. Add the anxiety, confusion, and potential peril of an emergency, and the number and seriousness of complaints increase. Complaint recognition and management are critical components of the successful ED leader. When handled properly, a dissatisfied and angry person can achieve satisfaction. Alternatively, the improper management of a complaint can lead to a disgruntled person who seeks retribution. The presenter will briefly review complaint causes, methods of prevention, and a successful management methodology. The majority of this presentation will delve into several classic ED complaints. Underlying issues and methods of resolution will be discussed.

Critical ED Management Issues

From academic environments to adrenalin insufficient and renal injury to hepatic dysfunction and hypotension, there are a multitude of reasons that the choices of medications (sedatives, vasopressors, paralytics, and more) need to be carefully considered in the critically ill. Using case-based scenarios, the speaker will highlight common pitfalls associated with pharmacotherapy in the critically ill and illustrate several scenarios in which your actions can make or break the survival of the critically ill patient in the ED.
Error Reduction: Tools and Techniques for the Pit Doc
MO-207 / 1 Hour
Faculty: Cherri D. Hobgood, MD, FACEP

What you don’t know might kill them! Medical errors are common, and if you see enough patients, eventually errors will occur. Fortunately, most errors are predictable and avoidable. The speaker will guide you through selected case presentations illustrating medical errors and identifying strategies for detection and avoidance of medical errors.

Hospital-Wide Patient Flow: Cracking the Code
SU-113 / 1 Hour
Faculty: Kirk B. Jensen, MD, MBA, FACEP

Are excessive waits, delays, and boarders in your ED inevitable? It can seem that way if your attempts to improve flow only focus on the ED. Improving patient flow is a campaign for the entire healthcare system. The speaker will teach you how to identify and effectively deal with the constraints and bottlenecks that backup patient flow within your hospital. Methods of moving patients out the “back door” of the ED will aid you in opening up the “front door” also will be discussed.

How to Evaluate a New Job and Negotiate the Contract
SU-125 / 1 Hour
Faculty: Robert W. Strauss, Jr., MD, FACEP

Whether you’re fresh out of residency or moving to a new state, this course will help you assess job opportunities. How do you define your goals, determine what is available to meet those goals, and negotiate a contract to ensure that your interests are protected? The speaker will address factors to consider when seeking a new job and review basic principles of contract negotiation.

Improving Front-End ED Flow: Successful Change Management
SU-76 / 1 Hour
Faculty: Kirk B. Jensen, MD, MBA, FACEP

Is it grasping at something to reduce your door-to-provider time, or is it the new lean machine? Will it break our age-old traditional practice of treating the urgent and emergent patients prior to the routine patients? We know this routine process can lead to an increase in patients leaving without being seen, increase in patient complaints due to long waits, and a decrease in patient satisfaction. But does a provider in triage make economical sense? Is it anything more than a shell game? ED implementation of team triage has resulted in shorter waits to see a doctor, fewer walkouts, and improved patient satisfaction. So what is it and how do I institute it in my ED? Better yet how do I change the culture in my ED? The presenter will explore the triage practice and answer these questions.

Number Needed to Treat: Pinpointing ED Interventions that Matter Most
MO-219 / 1 Hour
Faculty: David H. Newman, MD, FACEP

The number needed to treat is a bare-bones statistical concept that is extremely easy to understand. This concept offers a unique view into the overall impact of medical interventions including therapeutic hypothermia, therapies for coronary ischemia, non-invasive ventilation, migraine drugs, Rhogam, antibiotics for multiple conditions, CPR, proton pump inhibitors for gastrointestinal bleeding, and others. Rather than relying on specialty society recommendations, advertising, consultants, or external pressures, the number needed to treat is where the truth lies.

Observation Units, CDUs, and Chest Pain Centers: The State of the Art in 2011
SA-71 / 1 Hour
Faculty: Michael A. Ross, MD, FACEP

You’ve been approached by your hospital administration to develop an observation unit, or better yet, a chest pain center. Perhaps you face issues with crowding, saturated inpatient bed capacity, and EMS diversion and you’ve wondered if a clinical decision unit (CDU) might be a part of the solution. Your QA director has pointed out that there seems to be a problem with missed Mls, TlAs that return as a stroke, or door-to-balloon times. These and other issues will be covered in this lecture. The speaker will review the pros and cons of an observation unit, CDU, and chest pain center. This course will give you the tools you need to know to develop and run these programs.

Oh No, Not Another Meeting! Conducting Effective Meetings
SU-160 / 1 Hour
Faculty: Robert W. Strauss, Jr., MD, FACEP

“Oh no! Not another meeting!” The speaker will review when and when not to have a meeting and how to make the most effective and rewarding meetings possible. Learn how to guide the overbearing, the sarcastic, the bashful, and the detractor. Discover effective methods for opening and closing discussions.

Optimizing Patient Flow in the Emergency Department
SA-22 / 1 Hour
Faculty: Kirk B. Jensen, MD, MBA, FACEP

Improving patient flow in your ED is a deeply important issue. Even the most talented and compassionate healthcare providers are only as good as their surroundings allow them to be. When patients flow smoothly through your ED, it improves patient care, access to services, and the well-being of your team. The speaker will identify and discuss barriers to efficient patient flow, review strategies to improve workflow patterns, identify methods to build effective relationships, and discuss structural redesign.

Patient Satisfaction: Point/Counterpoint
MO-244 / 1 Hour
Faculty: James G. Adams, MD, FACEP, Jennifer L. Wiler, MD, MBA, FACEP

Service quality in the ED is on everyone’s radar, but what does it really mean? Is there any validity to the surveys? How can you use these to improve the security of your contract and to improve the outcomes of your patients? During this course, the speakers will discuss the pros and cons of patient satisfaction surveys.
Physician Compensation Structures: Show Me the Money!
MO-186 / 1 Hour
Faculty: Robert W. Strauss, Jr., MD, FACEP

Emergency physicians work in a variety of practice environments and participate in various compensation packages. Does it really matter if you’re an employee or an independent contractor? It might! In a productivity model, you should get credit for the work you do, but what happens if you’re stuck on a few slow night shifts? Incentive-based compensation models are designed to stimulate behavior change for the good of the group, the department, the physician, and the patients. Since generally we get what we incentivize, should we pay for patient satisfaction, showing up for meetings, etc.? The presenter will discuss advantages and disadvantages of several compensation plans and focus on how to take full advantage of each arrangement.

Psychology of Waiting
SA-59 / 1 Hour
Faculty: Kirk B. Jensen, MD, MBA, FACEP

“ Federal Express has noted that “waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time consuming, and incredibly expensive.” We intuitively know this from our own experience as well as from our patients. Much has been written in the business literature about managing the waiting experience. During this course, the speaker will familiarize you with the current literature and give practical tips to improve your patients’ ED experience.

Dermatologic Disorders

Approach to the Unknown Rash
MO-191 / 1 Hour
Faculty: Heather M. Murphy-Lavoie, MD

How do you approach the unknown rash? Knowing how to identify and classify a skin lesion is an essential component in developing a systematic and organized approach to any lesion. The speaker will present guidelines for the proper diagnosis of various dermatologic conditions using case presentations to illustrate these concepts.

Classic Pediatric Rashes
SU-99 / 1 Hour
Faculty: Ghazala Q. Sharieff, MD, FACEP

Do children with rashes still stump you? The speaker will review pediatric rashes, from classic childhood exanthem to unusual and life-threatening cutaneous disorders. Measles, varicella, roseola, Kawasaki’s disease, impetigo, and staphylococcal scalded skin syndrome will be discussed using a case-based format.

Cocktail Party Conversations: Hey Doc, What’s This?
SA-65 / 1 Hour
Faculty: Gil Z. Shlamovitz, MD

Ever been at a party and get asked to identify that unknown lesion or rash someone’s had for days, months, or years? What you learn during this case-based presentation will make you the star of the party! The speaker will describe how to recognize ten common and clinically significant rashes as well as look-alike rashes. The appropriate management and disposition of each rash will be discussed. In addition, pearls for distinguishing look-alike rashes will be presented.

The Death Rash: Lethal Rashes You Can’t Miss
MO-229 / 1 Hour
Faculty: Heather M. Murphy-Lavoie, MD

Many patients who present to the ED with the complaint of a rash are not in immediate danger. A concerning minority, however, have life-threatening disorders that require immediate recognition and treatment if they are to have any chance of survival. From autoimmune to infectious disorders, this speaker will identify rashes you cannot miss!

Dermatology Jeopardy

TU-261 / 1 Hour
Faculty: Catherine A. Marco, MD, FACEP

Compete against your colleagues while reviewing the dermatologic manifestations of common and unusual illnesses.

Manifestations of Irritations from Infestations: Icky Creatures and Bites
SU-138 / 1 Hour
Faculty: Gil Z. Shlamovitz, MD

Many patients present to the ED with a variety of bites and infestations including bedbugs, lice, scabies, maggots, and crabs. The speaker will review the difference between each, how they present, and current treatment strategies for all.

Recognizing the Top Ten Pediatric and Adult Rashes
SU-153 / 1 Hour
Faculty: Heather M. Murphy-Lavoie, MD

What is it, and what can I do about it? This is what emergency physicians really want to know when faced with a patient who has a rash. The speaker will describe how to recognize ten common and clinically significant rashes as well as look-alike rashes. The appropriate management and disposition of each rash will be discussed. In addition, pearls for distinguishing look-alike rashes will be presented.

Spot On: Dermatologic Therapy for Emergency Skin Conditions
TU-309 / 1 Hour
Faculty: Catherine A. Marco, MD, FACEP

Pharmacologic management of dermatologic conditions isn’t really that simple. The speaker will review classes of dermatologic pharmacology, including emollients, drying agents, and steroids. Other treatments for common cutaneous conditions such as antibiotics, antifungal agents, antivirals, chemotherapeutic agents, and immunomodulators also will be discussed. Learn what to use and what complications might develop.

Tattoos, Earrings, and Other Body Modifications: ED Implications and Complications
SA-60 / 1 Hour
Faculty: Rachel L. Chin, MD, FACEP

Body modification has been practiced for thousands of years by many cultures. Tattoos, earrings, and scarring recently have become popular among the young, and various surgical procedures have rapidly increased among the middle-aged. What does all of that ink actually mean? Is it cultural or gang related? The significance, affiliations, and symbolism behind tattoos will be discussed. Potential complications of tattooing, body piercing, scarring, and surgical procedures that might present to the ED will be reviewed. The speaker also will review the potential implications to ED care, such as airway management, imaging, and antibiotics.
Advanced Bedside Echocardiography Lab
SA-14; SA-51 / 3 Hours
Faculty: J. Christian Fox, MD, RDMS, FASEP; Seric Cusick, MD; Zareth Irwin, MD, Deborah S. Kanu, MD; Shane Sumner, MD, RDMS; Warren Wrichmann, MD, MBA

Focused cardiac ultrasound is an essential diagnostic test that emergency physicians should be comfortable performing at the bedside. This lab is designed for emergency physicians with a strong fundamental proficiency with EM bedside ultrasound who would like to improve their echocardiography skills. (This lab is limited to 25 participants.)

Avoiding Unnecessary X-Rays: Evidence-Based Rules for Radiography
MO-203 / 1 Hour
Faculty: Tina M. Latimer, MD, MPH

Does your patient have a healthy glow after his or her trip to the radiology suite? Have you been as prudent and thoughtful with your radiologic study and plain film requests? The speaker will summarize the strongest evidence to help clinicians understand the high- and low-risk criteria for ordering plain radiographs. Case study examples will incorporate rules for ankle/foot, knee, chest, pelvis, skull, and abdominal radiographs.

Bedside Echocardiography: When Seconds Count
SA-53 / 1 Hour
Faculty: Cliff A. Rice, MD

The benefits of quick-look echocardiography during resuscitations are numerous and life-saving. Do you start fluids or vasopressors, defibrillate, continue chest compressions, or withhold care? All are options that would be facilitated by this important radiologic procedure. The speaker will present the most recent evidence supporting the use of bedside echocardiography during cardiac resuscitation, emphasizing the ability to distinguish between PEA with and without mechanical activity, and rapid assessment of cardiac output.

Bedside Ultrasound: New Views, Better Care
SU-147 / 1 Hour
Faculty: Arun Nagdev, MD, RDMS

New applications for bedside ultrasound have been adopted for greater patient safety as well as improved and efficient treatment. Confirming a suspected diagnosis or making that needle stick safer is done with greater confidence and safety when augmented by ultrasonography and is becoming standard in many hospitals. The speaker will use case-based examples of central line placement, peripheral IV access, inferior vena cava measurement, vertebrae for ultrasound-guided lumbar puncture, and the use of ophthalmologic ultrasound. (This course is a prerequisite to the “Bedside Ultrasound: New Views/Better Care Lab.”)

Bedside Ultrasound: New Views, Better Care Lab
MO-176; MO-211; MO-236 / 2 Hours
Faculty: Arun Nagdev, MD, RDMS (Moderator); Caitlin Bailey, MD; Justin O. Cook, MD, FACEP; Resa E. Lewiss, MD; Daniel Mantuani, MD; Sachita Shah, MD

New applications for bedside ultrasonography have been adopted for greater patient safety as well as improved and efficient treatment. Confirming a suspected diagnosis or making that needle stick safer is done with greater confidence and safety when augmented by ultrasonography and is becoming standard in many hospitals. The presenters will demonstrate how to visualize deep veins for central line placement, peripheral IV access, inferior vena cava measurement, vertebrae for ultrasound-guided lumbar puncture, and the use of ophthalmologic ultrasound. (Prior attendance in “Bedside Ultrasound: New Views, Better Care” is required. This lab is limited to 25 participants.)

Beyond CT Imaging: Rational Use of MR Technology
MO-228 / 1 Hour
Faculty: Phillips Perera, MD, RDMS

The latest and greatest radiologic advances are now available in your ED. How do you rationally integrate this new technology into your emergency medicine practice? Variations of, and indications for, this tremendous radiographic tool will be reviewed. Using a case-based format, the speaker will convince you that your patient’s future is now.

C-Spine Imaging: Making Sense of Who to X-Ray, CT Scan or MRI
SA-02 / 1 Hour
Faculty: Peter Viccellio, MD, FACEP

Between NEXUS, Canadian C-spine rules, and recent studies on C-spine CT, it is more confusing than ever to know who needs imaging and what kind. It’s even more confusing with children. The speaker will discuss the clinical rules regarding who needs imaging. The speaker will then use evidence-based medicine to clarify which imaging modality (x-ray, CT, MRI, flexion/extension views) emergency physicians should use to evaluate patients with potential C-spine injuries.

I Didn’t Know You Could Ultrasound That!
SA-19 / 1 Hour
Faculty: Cliff A. Rice, MD

Ultrasound is frequently used for many life-threatening diagnoses in the emergency department. However, the useful application of ED ultrasound is wider than you think. The speaker will highlight emerging and innovative uses for ultrasound diagnostics in the ED, including peritonsillar abscess evaluation, joint effusions, fractures, and foreign body localization.

Don’t Blink: Plain Film Diagnoses You Cannot Afford to Miss
MO-170 / 1 Hour
Faculty: Terry Kowalenko, MD, FACEP

Expertise in interpreting plain film radiography remains a vital skill for emergency physicians. Most often, emergency physicians are the first to interpret plain films and they receive the official radiologist interpretation at a later time. A deadly diagnosis occasionally can be made based on plain film radiography alone. Through case studies, the speaker will review scenarios of five dangerous radiographic diagnoses that were missed by the initial interpretation. Participants will acquire the skills needed to identify these diagnoses.

Scientific Assembly Website updates...ACEP continuously updates the Scientific Assembly Website to enhance your registration process and to help bring you the most current meeting and destination information. Please visit www.acep.org/sa for more details.
Driving too FAST: Pitfalls in FAST Scan Imaging Lab
SA-11; SA-27; SA-49 / 2 Hours
Faculty: Barry C. Simon, MD (Moderator); David K. English, MD, FACEP; Aaron J. Harries, MD; Mary B. Johnson, MD; R. Starr Knight, MD; Aparajita Sohoni, MD

When that trauma patient comes in, how sure are you that your FAST scan technique is adequate and that the study is truly negative? Does your confidence drop when the patient is large? Do you have “operator-dependent anxiety”? The faculty will discuss common pitfalls in the performance of FAST scans that lead to false negative results. They will review images of commonly missed subtle FAST scan findings that can be misinterpreted as normal. Techniques to maximize our ability to perform the FAST scan adequately in a variety of different patients and clinical scenarios will be demonstrated. (This lab is limited to 25 participants.)

Pulmonary Ultrasound: Who Needs a Chest X-Ray?
SA-72 / 1 Hour
Faculty: Michael B. Stone, MD, RDMS

Pulmonary ultrasound is a novel non-invasive pulmonary imaging technique that can provide rapid diagnosis and expedite therapeutic intervention. The speaker will review the diagnostic applications for pulmonary ultrasound. Ultrasound images of pulmonary pathology including pneumothorax, hemothorax, and CHF will be presented. The use of pulmonary ultrasound to differentiate CHF from COPD also will be discussed. The speaker will also review the “Slide Sign,” the “Comet-tail Artifact,” and other important diagnostic signs.

Reading a Head CT: What Every Emergency Physician Needs to Know
SU-80 / 1 Hour
Faculty: Andrew D. Perron, MD, FACEP

The evaluation of head CT scans is quickly becoming a necessity for emergency physicians. The speaker will discuss the nuances of reading head CT scans and illustrate invaluable pearls. A refresher of normal anatomy will be complemented by a case-based review of commonly missed pathologic conditions. These case studies include trauma, fractures, hemorrhage, infarcts, edema, hygroma, and shear injuries. The speaker also will discuss methods to avoid errors associated with reading head CT scans.

Reading a Trauma CT
SU-115 / 1 Hour
Faculty: Andrew D. Perron, MD, FACEP

The CT scan in trauma has become the standard of care in ruling out splenic, liver, aortic, pulmonary, intracranial, and aortic injury. The presenter will review the major findings that must be looked for on the trauma CT. Tips to rapidly and efficiently review the CT as well as a review of differentiating bleeding in different organs from normal tissue will be provided.

Risky Radiology: Balancing the Patient’s Risk and Yours
SU-166 / 1 Hour
Faculty: Terry Kowalenko, MD, FACEP

As an emergency physician, you need to know the most commonly missed radiographic findings. The speaker will highlight published data and insurance (malpractice) company data on the radiographic findings most commonly missed by emergency physicians. The speaker also will demonstrate examples and discuss strategies so that you don’t miss one of these on your next shift.

Soft Tissue Sonography
SU-103 / 1 Hour
Faculty: John L. Kendall, MD, FACEP

Imaging of soft tissue pathology is time consuming. CT and MRI require prolonged delay to diagnosis and are expensive. Focused sonography by the emergency physician provides a rapid cost-effective evaluation of pathology. The speaker will use a case-based approach to the application of musculoskeletal sonography in the ED.

Ten Most Commonly Missed Radiographic Findings in the ED
SU-142 / 1 Hour
Faculty: Terry Kowalenko, MD, FACEP

As an emergency physician, you need to know the most commonly missed radiographic findings. The speaker will highlight published data and insurance (malpractice) company data on the radiographic findings most commonly missed by emergency physicians. The speaker also will demonstrate examples and discuss strategies so that you don’t miss one of these on your next shift.

Venous Ultrasound in the ED: From Access to DVT Detection
SU-166 / 1 Hour
Faculty: John L. Kendall, MD, FACEP

During this course, the speaker will describe the use of ultrasonography in the ED to locate and evaluate venous anatomy for catheter placement and identification of thrombus. Participants will observe how to use bedside ultrasonography in the evaluation of a patient with possible deep venous thrombosis (DVT), incorporating the compression-decompression method. The speaker also will describe the use of ultrasonography for vascular access, as recommended for patient safety. (This course is a prerequisite to the “Venous US in the ED: DVT Skills Lab.”)

Venous US in the ED: DVT Skills Lab
MO-180; MO-213; MO-239 / 2 Hours
Faculty: John L. Kendall, MD, FACEP (Moderator); Brandon H. Backlund, MD, FACEP; Andrew J French, MD; Clif A. Rice, MD; Molly E. Thiessen, MD

In this hands-on lab, participants will practice vascular access and identify the deep venous system in the legs. Compression-decompression ultrasonography will also be performed on healthy models. (Prior attendance in “Venous Ultrasound in the ED: From Access to DVT Detection” is required. This lab is limited to 25 participants.)
Emergency Medicine Continuous Certification

This track is designed to help you prepare for ABEM’s LLSA test in the Emergency Medicine Continuous Certification (EMCC) program. Two, 1-hour review sessions devoted to the 11 articles in ABEM’s “2011 LLSA Reading List” will be presented. Each lecture will focus on 5-6 articles. Speakers will critique the articles and review the key concepts presented. All 2011 articles will be presented on Monday, October 17 to allow you to customize your course selection.

Please note: The syllabi for these courses consist of photocopies of the faculty’s slides. Because of copyright considerations, reprints of the journal articles on which the courses are based cannot be provided. However, ACEP members have free internet access to these articles at the LLSA Resource Center at www.acep.org/llsa.

Maintaining Your ABEM Certification: Review of 2011 Lifelong Learning and Self-Assessment Articles: Part I
MO-196 / 1 Hour
Faculty: Joshua S. Broder, MD, FACEP


Maintaining Your ABEM Certification: Review of 2011 Lifelong Learning and Self-Assessment Articles: Part II
MO-208 / 1 Hour
Faculty: Luis M. Lovato, MD, FACEP


How Do I Complete Part 4 (Assessment of Practice Performance) of My ABEM EMCC Requirement? The Nuts and Bolts Answers
MO-216 / 1 Hour
Faculty: Kevin M. Klauer, DO, FACEP

Part 4 of the EMCC process, the Assessment of Practice Performance, is now being implemented. Since this is a requirement for ABEM recertification you want to know “How do I do it?” The speaker will outline the Part 4 requirements and walk you through the online forms and paperwork you must complete. The speaker will explain how QA processes hospitals already in place can be used to meet the requirements, as well as providing examples of activities non-hospital based emergency physicians can use.

Medical directors and managers also need to know how they can help members of their groups comply with Part 4 requirements. The speaker also will describe how managers can set up systems to track and document their physicians’ required Part 4 activities.

Maintaining Your ABEM Certification: Preparing for the 2011 LLSA Test
TU-269 / 2 Hours
Faculty: Diane M. Birnbaumer, MD, FACEP; Susan B. Promes, MD, FACEP

Are you prepared to take ABEM’s 2011 Lifelong Learning and Self-Assessment (LLSA) test? This fast paced course will help prepare you by reviewing all of the 2011 articles with emphasis on the key information that could be tested in the 2011 LLSA exam. Participants are encouraged to sign onto the ABEM website prior to the course to familiarize themselves with the test questions and format of the exam. ABEM restrictions do not allow distribution of the actual LLSA test questions.

Dental Skills Lab
MO-178; MO-212; MO-238 / 2 Hours
Faculty: Kip R. Benko, MD, FACEP (Moderator); Keith Conover, MD, FACEP; Joseph Mattis, MSN, CRNP; Gary F. Pollock, MD, FACEP; Michael A. Tarturro, MD, FACEP

Dental injuries can be painful and disfiguring. Emergency physicians need to know what types of repair can be done in the ED, how to relieve pain and prevent further injury, and when to refer the patient to a specialist. This hands-on workshop will feature anesthetic techniques, simulated by each participant on a partner using a sheathed needle and gloved hands. Participants also will learn how to seal fractured teeth, stabilize loose teeth, and treat avulsions and dry sockets. *(Prior attendance in "Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks") is required. This lab is limited to 50 participants."

Essential Ophthalmologic Procedures and Examinations
SU-101 / 1 Hour
Faculty: Kelly P. O’Keefe, MD, FACEP

Isolated eye complaints are rarely life threatening, but can lead to significant short- and long-term morbidity, including permanent visual loss. The emergency physician must recognize and diagnose emergency conditions, provide appropriate initial therapy, and ensure correct disposition. The speaker will review the essential ophthalmologic procedures that are within our emergency practice. Slit lamp examination, foreign body removal, rust ring removal, patching, use of ultrasound, tonometry, and other emergency ophthalmologic procedures to include lid elevation, staining the eye, Seidel’s test, irrigation, and the choice of drops/ointments will be reviewed and demonstrated. A review of the ocular examination to include testing of visual fields, EOM’s, afferent pupillary defects, examining the fundus, and dilating the pupil also will be included.

Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks
SU-134 / 1 Hour
Faculty: Kip R. Benko, MD, FACEP

Facial wounds can be a frightening and painful experience for the patient. Using illustrative cases, the presenter will describe the anatomic approach to facial nerve blocks. These blocks may be used for local anesthesia to repair such regional facial trauma as eyelid lacerations or oral trauma and dental pain. *(This course is a prerequisite to the “Dental Skills Lab.”)"
How Do I Get That Out of There?: Ear, Nose, and Throat Foreign Bodies
TU-306 / 1 Hour
Faculty: Jason R. Knight, MD

You read the chief complaint and groan asking yourself, “How am I going to get that out of there?” The list of items people stuff up, push in, or swallow is almost endless. What about live bugs in the ear? Just when you think you’ve seen it all, another tyke proves you wrong. The speaker will teach you how to differentiate between a nuisance and a life-threatening situation. What can you recover in the ED, and when should you call the specialists? Learn “tricks” that will increase your success rate and reduce complications.

Nightmare ENT Emergencies
SA-70 / 1 Hour
Faculty: Teresa S. Wu, MD

At any hour, patients can appear crying out for rapid stabilization and life-saving procedures, creating a nightmare for your ED. The speaker will lead you through a myriad of bleeding and swollen ENT monsters. Tricks and treats will be tossed in your bag to help you and your patient survive the next ENT nightmare.

The Ole “Red Eye”
TU-286 / 1 Hour
Faculty: Jason R. Knight, MD

The red eye is a very frequent complaint in the ED, ranging from the benign, self-limiting to serious vision-threatening etiologies. How do you make the correct diagnosis? A careful history, with attention to co-morbid illnesses and time course, in conjunction with a complete ophthalmologic examination is paramount. What are the historical “red flags” and the physical findings that necessitate immediate treatment and referral? How do you recognize the need for immediate versus elective ophthalmologist consultation? The presenter will discuss the key historical features, clinical presentations, physical findings, and management of the more common causes and the unusual “zebra’s” of the red eye.

Slit Lamp Skills Lab
SA-12; SA-28; SA-50 / 2 Hours
Faculty: Kelly P. O’Keefe, MD, FACEP (Moderator); Nadia Abrahamsen, MD; Amy S. Archer-Uyemishi, MD, FACEP; Charlotte Derr, MD; FACEP; Tamas Gaspar, MD; James P. Gillen, MD, FACEP; Sarah Temple, MD; Veronica T. Tucci, MD, JD

During this hands-on workshop, participants will rotate among three stations, and the basics of slit lamp equipment and examination for the emergency physician will be described. Stations will include removal of foreign bodies from simulated eyes, a review of application and use of different types of tonometers, and review of a slide show to present and discuss various ophthalmologic pathology. (This lab is limited to 35 participants.)

To Tell the Tooth: Dental and Oral Emergencies
SU-104 / 1 Hour
Faculty: Kip R. Benko, MD, FACEP

Dental pain and traumatic injuries are common complaints in the ED. There are many important clinical clues the emergency physician should not miss when the patient’s mouth is speaking out. Dental problems ranging from fractures to subluxations to dry sockets and odontalgia will be reviewed. Techniques for treating these injuries and producing effective pain management will be presented, and tips for recognizing those emergencies requiring immediate referral will be emphasized.

Top Ten Eye Emergencies: Don’t Be Blind to the Diagnosis
MO-257 / 1 Hour
Faculty: Jason R. Knight, MD

What are the most feared eye conditions an emergency physician will be called on to evaluate and treat? Beyond pink eye and simple corneal abrasions, what should be considered? During this practical course, the presenter will use case studies to review anatomy and necessary examination of ocular emergencies. The evaluation and treatment decisions the emergency physician faces in ophthalmologic dilemmas, from subtle to obvious, will be discussed. Presentations of conditions requiring prompt intervention, including conjunctivitis, keratitis, scleritis, episcleritis, uveitis, optic neuritis, amaurosis fugax, central retinal artery occlusion, acute-angle closure glaucoma, and retinal detachment will be described. Complications associated with commonly performed eye surgeries also will be discussed. Pick up clues that will help you determine what can wait until the morning and what must be seen now.

Tricks of the Trade: Head and Neck Procedures
SU-154 / 1 Hour
Faculty: Teresa S. Wu, MD

Caring for head and neck complaints can be tricky. However, with a few tricks up your sleeve, you can quickly and confidently care for most of these concerns. The speaker will review head and neck emergencies along with high-yield procedures. Topics will include lateral canthotomy, perforator abscess drainage, septic hematoma evacuation, nasal fracture treatment, mandibular dislocation reduction, and cauliflower ear care.

Visual Diagnosis in Emergency Medicine: Head and Neck
SA-37 / 1 Hour
Faculty: Gil Z. Shlamovitz, MD

The practice of emergency medicine requires the clinician to integrate a brief, focused history and physical examination with different visual clues in order to develop an accurate diagnosis. The speaker will present a multimedia journey of real cases including visual signs and video clips of common, uncommon, and potentially life-threatening conditions.

Advanced Health Policy: Your New Way of Life
SA-01 / 1 Hour
Faculty: Brent Asplin, MD, MPH, FACEP

Like it or not, the future of emergency medicine is changing and you will have a new way of life on the job because of it. The speaker will help you understand healthcare costs and spending and how emergency medicine fits into the big picture of controlling spending. The speaker also will discuss how emergency medicine can have an effective role in the Medical Home and Accountable Care Organizations (ACOs). Strategies will be provided to deal with admission denials, 30-day readmissions, and the pressures to discharge these patients.
Compassionate Care or Death Panel? The Dilemma of Futile Treatment in the ED
MO-206 / 1 Hour
Faculty: Jean T. Abbott, MD, FACEP (Moderator); Arthur R. Derse, MD, JD, FACEP; Jerome R. Hoffman, MA, MD, FACEP

We have all read the articles about “Death Panels.” The dilemma of futility in emergency treatment contributes to emergency providers’ emotional stress—primarily when people have unrealistic expectations. Do we have a moral and ethical obligation in regards to futile care? There needs to be fundamental change in how we practice, but how do we get there? The moderator will present cases to illustrate the dilemma of futility. The panelists will role-play, demonstrating the professional challenges arising from requests for futile treatment. They also will illustrate techniques to define and communicate appropriate expectations in patient care to family and other professionals. Suggested strategies for implementation into your ED and community will be summarized to assist you in changing local medical and community standards.

The EDs Trifecta for Success: Documentation, Contracting, and Taming Payors
SU-123 / 1 Hour
Faculty: Wesley Fields, MD, FACEP; Edward R. Gaines, III, JD, CCP

The ED is the front door of today’s admissions and is a revenue generating center for the hospital. It is no longer considered a weak link in the health system. The speakers will analyze how components within the ED practice financially benefit the hospital, the practice, and the patient. The speakers will review defensible and revenue generating ED documentation including updates for issues of Present on Admission (POA) and Hospital Acquired Conditions (HAC). Strategies for taming the payor community by looking at RACS, PERMS, and Private Payor Conduct, as well as those for managed care contracting also will be discussed.

The EM Workforce: Will You Have a Job in the Future? How Can We Make it Work?
MO-230 / 1 Hour
Faculty: Carlos A. Camargo, MD, DrPH, FACEP; Angela F. Gardner, MD, FACEP

Can emergency physicians be replaced? Board certified physicians cannot physically staff all the EDs in this country. Can family doctors? Should we support new residency programs? In a country with fewer resources, how do we turn out reasonable care? The current system we have is changing. What should we do? Are we trapped in tradition? The speakers will discuss the shifting workforce in emergency medicine and the implications for the future. They will debate the concept of reasonable care and how to provide it with reasonable resources using different staffing models including nurse practitioners and physician assistants. They also will discuss the role of organized emergency medicine in training caregivers and developing standards for care.

The Future of Medicare Reimbursement: Will Outcomes Equal Incomes?
MO-182 / 1 Hour
Faculty: Michael A. Granovsky, MD, CPC, FACEP

Emergency physicians deserve to get paid appropriately for the care they deliver. Who and what will determine our incomes? Will outcomes equal incomes? How does healthcare reform impact reimbursement? The speaker will discuss Medicare costs, how the expansion of technology plays a role in cost, and how cost containment may occur in the future through the use of quality metrics and episodes of care. These types of changes will affect Medicare payments. The value-based emergency care task force made recommendations regarding how emergency physicians should be reimbursed. This also will be discussed and may be used in the future to ensure fair payment for emergency physicians.

Looking Ahead at Healthcare Reform: How Hospital-Based Practices Can Financially Prepare for the Impact
SU-114 / 1 Hour
Faculty: Wesley Fields, MD, FACEP; Edward R. Gaines, III, JD, CCP

The Patient Protection and Affordable Care Act can be described as one of the most sweeping changes to the US economy ever. The impact of this legislation is noticeable in many areas of hospital-based practices. The speakers will illustrate the impact to group practices, both from a revenue and expense standpoint, including corporate costs for the practice, individual costs and corporate revenue, and volume changes. The speakers also will summarize specific policies that are forecasted to come into effect in 2011 and beyond and discuss ways these policies and regulations will affect the practice’s financial goals.

Medicine and Politics - An Insider’s View on Why You Need to Get Involved
SU-139 / 1 Hour
Faculty: Gordon Wheeler (Moderator), Nathaniel R. Schlicher, MD, JD; Mary Jo Wagner, MD, FACEP

Attend this course to get the building blocks for developing change in medicine at the state and federal levels. The School of Political Advocacy is designed to help physicians understand the critical importance of their involvement in the political process at a state and federal level by getting to know their legislators. Building relationships is one of the basic steps in order to accomplish this task. The speakers will give suggestions on how to develop a relationship with your legislator, how to prepare for a visit, and what should be done during and following your visit.

The Nuts and Bolts of Physician Reimbursement
MO-198 / 1 Hour
Faculty: Jennifer L. Wiler, MD, MBA, FACEP

Many physicians leave dollars on the table and few can afford to work for free. Therefore, an understanding of physician reimbursement is essential. The speaker will discuss CPT coding and how it applies to emergency medicine, explain pertinent reimbursement issues including PQRI and the future of RVUs, and review commonly missed codes. Specific tricks of the trade will be identified to maximize RVUs.
The Perils and Opportunities of Healthcare Reform  
SA-58 / 1 Hour  
Faculty: Brent Asplin, MD, MPH, FACEP  
Emergency physicians are “on the front lines” and will see the many challenges that lie ahead with our new federal health care reform legislation and current economic climate. The speaker will discuss the current funding realities of America’s healthcare system and compare this to other countries. The details of the recent legislation will be reviewed as well as how it will impact physicians. You will leave this session able to identify some of the unanticipated effects and possible opportunities of this legislation.

The Quality Agenda (Colin C. Rorrie, Jr. Lecture)  
MO-220 / 1 Hour  
Faculty: Helen Burstin, MD, MPH, Jay A. Kaplan, MD, FACEP  
With the focus on healthcare reform, there are increasing government requirements on quality of care, performance measures, and an emphasis on safety. Governmental agencies are currently trying to define emergency medicine practice and tie reimbursement to their vision of proper care. Panels sponsored by CMS, the NQF, National Priority Partners, Robert Wood Johnson, and AHRQ are considering standards regarding specific conditions, transitions of care, care coordination, ED throughput, and imaging. The speakers will discuss which upcoming priorities for quality patient care and safety are likely to affect emergency medicine and how emergency physicians can shape quality measures.

Revving up RVUs! Update on Reimbursement FAQs  
SU-163 / 1 Hour  
Faculty: Michael A. Granovsky, MD, CPC, FACEP  
ACEP has an exhaustive list of frequently asked questions on emergency medicine reimbursement that is reviewed and refined annually. The speaker will respond to FAQs on topics such as coding and billing for ultrasound, ECGs, x-rays, moderate sedation, teaching physicians, and mid-level providers. Real-life examples to illustrate the intricacies behind the importance of correct documentation will be provided.

Revving up Your RVUs through Critical Care and Observation  
MO-246 / 1 Hour  
Faculty: Michael A. Granovsky, MD, CPC, FACEP  
Many of us care for critical care and observation patients. The speaker will help you maximize your RVUs when caring for these patients in order to get paid for what you do.

RVU Killers: The Most Common Reimbursement Documentation Errors  
SU-116 / 1 Hour  
Faculty: Michael A. Granovsky, MD, CPC, FACEP  
We all know the axiom, “If it isn’t written, it wasn’t done.” To attain the appropriate medical record and obtain the correct reimbursement, it is important that documentation is as accurate as possible. The speaker will outline many of the most common documentation errors, including errors of omission and errors of commission that may lead to trouble from governmental and private payers.

What happens in Washington? How will this affect you and your patients?  
SA-38 / 1 Hour  
Faculty: Nathaniel R. Schlicher, MD, JD (Moderator); Wesley Fields, MD, FACEP; Randy L. Pilgrim, MD, FACEP; Gordon Wheeler  
What’s happening in Washington? How will this help you? How will this benefit your patients? The speakers will analyze which sections of healthcare reform are being implemented, ongoing implementation challenges, regulatory changes, and payment reforms that will affect your practice and patients.

The High-Risk Oncology Patient  
SU-136 / 1 Hour  
Faculty: Diane M. Birnbaumer, MD, FACEP  
Patients with cancer are frequently at risk for a variety of life-threatening complications. Using a case-based format, the speaker will discuss the evaluation and treatment of syndromes including tumor lysis, spinal cord compression, superior vena cava compression, neutropenic fever, and hypercalcemia.

Reversing Medications that Cause Bleeding  
SA-09 / 1 Hour  
Faculty: Jonathan E. Davis, MD, FACEP  
For patients with internal or external bleeding, rapid reversal of an antithrombotic agent is essential. Using a case-based format, the speaker will review management of patients treated with agents that cause bleeding. The review will include reversal of agents such as low-molecular-weight heparin, unfractionated heparin, clopidogrel, and warfarin, and the indications for such interventions.

TTP, HUS, HIT, ITP...HELP!  
TU-290 / 1 Hour  
Faculty: Sanjay Arora, MD  
The emergency practitioner frequently encounters patients with low platelets. Distinguishing the common and benign from the rare and life-threatening causes of thrombocytopenia is fraught with pitfalls and dangers. The management of patients with dysfunctional platelets (anti-platelet medications, renal, or liver disease) presents unique challenges. The speaker will tackle critical issues relating to low or dysfunctional platelets by presenting an approach to the identification and management of platelet abnormalities that may be encountered in the ED.

When Direct Pressure is Not Enough: Methods of Hemostasis  
MO-224 / 1 Hour  
Faculty: Jonathan E. Davis, MD, FACEP  
You have tried everything: direct pressure, elevation, even a pressure dressing. Nothing is working. Now what? The speaker will review the evaluation and treatment of a patient with continuous bleeding. Several advances have been made in the development of hemostatic agents, such as collagen hemostat and oxidized cellulose. The discussion will include exsanguinating hemorrhage from wounds or from the GI tract, as well as cases of epistaxis, peripheral vascular disease, and varicose veins.

Hematologic Disorders  

A Bus Full of Hemophiliacs: Bleeding Disorders in the ED  
TU-303 / 1 Hour  
Faculty: Sanjay Arora, MD  
The ED patient with hemophilia engenders a number of special considerations. Seemingly trivial trauma may, in fact, be life-threatening. Simple procedures are suddenly complicated. The apparently stable patient can unexpectedly decompensate. Through a series of case discussions, the speaker will review the various forms of hemophilia, factor replacement products, indications, and dosing with a special focus the most common high-risk scenarios encountered in the ED. You will learn the basic approach to the injured hemophiliac and how to administer the appropriate therapy.
**Antibiotic Abyss**

**MO-202 / 1 Hour**
Faculty: Fredrick M. Abrahamian, DO, FACEP

With various antibiotics available for the treatment of infections, emergency physicians must understand their indications, adverse effects, contraindications, and cost-effectiveness. Antibiotic resistance is increasing, so we have the same bugs but new drugs. Do all infections need antibiotics? The speaker will conduct an in-depth discussion on newer antibiotics. Specific clinical situations and antibiotic options also will be discussed.

**Approach to the Febrile Child 36-Months-Of-Age and Younger in the ED: Where Do We Stand?**

**MO-251 / 1 Hour**
Faculty: Alfred D. Sacchetti, MD, FACEP

What should you do with a febrile child 36-months-of-age and younger who appears nontoxic and has no identifiable source of infection? How have things changed in the era of the conjugate pneumococcal vaccine? The topic of occult bacterial illness in this age range, including changes since the introduction of new vaccines, will be reviewed. A cost- and clinically-effective approach to the evaluation of these patients will be discussed. The focus will be on children 3- to 36- months-old, the most common ages of children presenting with fever to the ED. The febrile infant 0- to 3- months old will also be addressed. Current published recommendations for the management of fever in children will be reviewed.

**Cruising the Infectious Disease Literature**

**MO-253 / 1 Hour**
Faculty: Fredrick M. Abrahamian, DO, FACEP

So many journals, so little time. Let someone help you get your update. The speaker will review recent literature on infectious diseases, old diseases with new treatments, and new diseases with old treatments. Come and dig the new bugs!

**HIV and the Emergency Department**

**MO-215 / 1 Hour**
Faculty: Rachel L. Chin, MD, FACEP

More than ever, patients are surviving longer with their HIV disease. New retroviral combinations that are highly active present new maladies for the HIV patient and a diagnostic and therapeutic challenge for the emergency physician. The presenter will discuss new diagnostic techniques and the latest drug therapies for patients with HIV-related infections. The Centers for Disease Control and Prevention is recommending “routine” testing for HIV in EDs. Is this feasible and/or is it cost-effective?

**Infections from Abroad: Unwanted Souvenirs**

**SA-20 / 1 Hour**
Faculty: Ravi S. Morchi, MD

It seems as if the world is becoming smaller. More Americans are traveling abroad to exotic locales, and international tourists are visiting the US in increasing numbers. Ever heard about “airport malaria?” What needs to be in your differential diagnosis of the febrile 40-year-old just back from India? Should you be worried about that “funny rash” on the Ugandan businessman? What medical advice do you give your sister who is planning a trip to Vietnam? The speaker will identify infectious hotspots around the world and highlight “must know facts” about travelers and visitors from these areas. Find out what precautions travelers should consider as they plan their next great adventure abroad.

**Infectious Disease Jeopardy**

**SA-05 / 1 Hour**
Faculty: Rachel L. Chin, MD, FACEP

Using a fun Jeopardy-style format with lots of visual cues, the speaker will cover a broad spectrum of infectious diseases. Such things from parasites to animal bites, mumps to HIV, Lyme disease to Rocky Mountain spotted fever will be covered. Rapid-fire hits and facts on the various infectious diseases will be highlighted. Come and test your knowledge about a wide range of infectious diseases while having some fun.

**Rapidly Fatal Infections**

**MO-175 / 1 Hour**
Faculty: Eric D. Katz, MD, FACEP

Patients who arrive in the ED awake and then rapidly deteriorate, or even die, strike fear in our hearts and are always remembered. What infections can do this in the normal host: meningococccemia, necrotizing fasciitis, ascending cholangitis? Did the H1N1 virus help us learn about pandemics? Are there any characteristics that can help identify these infections early and what therapies must be instituted in a timely fashion to affect survival, such as the oscillating ventilator, old treatment for a new disease? Using a case-based approach, the speaker will work through some “killer cases.”

**Real Cases: Bad Outcomes**

**TU-266 / 1 Hour**
Faculty: Fredrick M. Abrahamian, DO, FACEP, Michael Frank, MD, JD, FACEP

Have you ever had an infectious disease case that went bad? Using a case-based approach with a morbidity and mortality conference format, the speakers will walk you through real cases that had bad outcomes, with special emphasis on medical-legal sides of cases. Commentary on each case and how the documentation or course may have been changed to help protect the physician and patient also will be included.

**Spider Bites to Necrotizing Fasciitis: Tissue is the Issue**

**SU-164 / 1 Hour**
Faculty: Ravi S. Morchi, MD

Have you ever seen the patient with the wasp/bee sting who is inflamed or is it infected? What about the patient with what seems like hardly any cellulitis but a little more pain than you would expect? Could this be necrotizing fasciitis? Soft tissue pathology has a broad range. MRSA is on the warpath in all types of patients. When is it appropriate to pack an abscess? Using a case-based approach, the speaker will cover a number of these entities and develop strategies to differentiate them.

**What’s Wrong with Grandma: Infections in the Elderly**

**MO-223 / 1 Hour**
Faculty: Eric D. Katz, MD, FACEP

The geriatric population is exploding. Baby boomers will be entering the EDs at significant rates. Fever in the elderly can be nerve-racking. What are the most common infections in this age group? When do they need to be admitted or sent home? Come and learn about this increasing ED population.
ED Overcrowding: Overcoming Barriers and Improving Outcomes Through an Innovative Learning Workshop

Faculty: Eddy S. Lang, MD (Moderator), Sean M. Lowe, MD; Hawnwan P. Moy, MD; Sean Stickles, MD; Peter C. Wyer, MD, FACEP

Emergency department crowding is here to stay. We all know the significant impact and it seems there is little we can do to solve the problem. Fortunately, successful strategies exist to improve crowding and reduce the adverse effects. Interact with international leaders in ED crowding using small group problem-solving sessions aimed at improvement of knowledge and care in your practice. Discuss implementing strategies for change and overcoming barriers to their use, drawing from lessons learned at the leaders’ own institutions, and those of the participants. The course is appropriate for practicing emergency physicians who work in a crowded ED. Prior to the course, registrants will be contacted to complete an optional pre-course questionnaire that will help them prepare for this session. (This course is limited to 150 participants.)

Surviving Sepsis: Improving Care Through an Innovative Learning Workshop

Faculty: Eddy S. Lang, MD (Moderator), Sean M. Lowe, MD; Hawnwan P. Moy, MD; Robert M. Rodriguez, MD; Nathan I. Shapiro, MD; Sean Stickles, MD; Peter C. Wyer, MD, FACEP

Early goal-directed therapy (EGDT) is becoming established as one of the most effective interventions that can be offered to patients with sepsis. Implementing an EGDT protocol is not straightforward, and hinges on inter-professional collaboration between emergency nurses and physicians, training in new technologies, collaboration with the critical care team, and buy-in from hospital leadership. Interact with international leaders in sepsis/EGDT using small group problem-solving sessions aimed at improvement of knowledge and care in your practice. Discuss implementing strategies for change and overcoming barriers to their use, drawing from lessons learned at the leaders’ own institutions, and those of the participants. Prior to the course, registrants will be contacted to complete an optional pre-course questionnaire that will help them prepare for this session. (This course is limited to 150 participants.)

Acid-Base Made Easy

Faculty: Scott C. Sherman, MD

The differential diagnoses for acid-base problems can be reduced to a workable few by using a minimal amount of laboratory data. Following well-established principles and formulas, the presenter will help you resolve common acid-base problem cases.

Acidosis Alphabet Soup

Faculty: Corey M. Slovis, MD, FACEP

Emergency physicians are familiar with the pneumonic MUDPILES in the evaluation of the patient with high-anion gap metabolic acidosis. Challenging cases will be presented to elevate the diagnosis and management of metabolic acidosis and help get your head out of the mud.

Best Practice of Emergency Care in the Alcohol Impaired Patient

Faculty: Diane M. Birnbaumer, MD, FACEP

Numerous patients present to the ED with alcohol intoxication. Often they are not life-threatening, just usual. However, not all of them are harmless, including ethanol. Alcohol poisoning of all types and beer potomania can cause grave morbidity or mortality. The presenter will discuss the alcohols and the problems they can cause. What about those insurance laws and alcohol intoxication? Are they real? The American College of Surgeons has mandates for trauma centers around Screening and Brief Intervention and Referral to Treatment (SBIRT) in trauma centers, and there are new JCAHO reporting measures around SBIRT for all hospitals. Come and learn about these problematic alcohols.
Glands Gone Bad: Endocrine Emergencies
SU-135 / 1 Hour
Faculty: Jason R. Knight, MD
“"I’m weak and dizzy, I’m hot, I’m cold, and I have no energy."" Vague complaints often lead to extensive and expensive ED workups. While patients with metabolic disorders frequently present to the ED, most endocrine disorders present less often. Recognizing and treating adrenal insufficiency, thyroid storm, hypercalcaemia, and a variety of other endocrine emergencies in the ED patient is of paramount importance. The speaker will share cases designed to broaden your differential diagnosis and provide some suggestions for simplifying the workup of some common complaints.

Advanced Neuroimaging for Acute Stroke and Subarachnoid Hemorrhage: What is the Role of CTA, CTP, and MR Techniques?
SA-63 / 1 Hour
Faculty: Andrew W. Asimos, MD, FACEP
CT angiography (CTA), CT perfusion (CTP), and MR scanning are increasingly available for the evaluation of acute stroke patients. As neurologists and radiologists progressively recommend the use of this technology, emergency physicians need to understand its limitations. Are CTA, CTP, and MR more accurate than non-contrast CT for detecting stroke and determining its extent? Has the reproducibility of perfusion CT and MR sequences been adequately validated? What data supports the ability of these modalities to distinguish the irreversibly infarcted brain from brain tissue that may be salvageable with reperfusion therapy? Can CTA or CTP parameters help predict the likelihood of hemorrhagic transformation of an ischemic stroke or growth of a hemorrhagic stroke? The speaker will provide answers to these difficult questions and more.

Are You Ready to Give tPA in Ischemic Stroke? Practical Considerations for Real-Life Use
SA-18 / 1 Hour
Faculty: Andrew W. Asimos, MD, FACEP
It may work in theory, but what about in the real-life practice in the ED? Emergency physicians are often called upon to make the decision to use tPA in acute ischemic stroke patients. No neurologist? What can the EP do to deal with this common situation? Even with expanding time windows, the focus remains on giving tPA as early as possible. Therefore, clinical actors must occur extremely rapidly. Using a rapid-fire checklist approach, the speaker will review the important, practical steps that physicians must use to safely and thoughtfully make this decision to lyse or not.

As the World Turns: Dizziness and Vertigo in the Emergency Department
MO-227 / 1 Hour
Faculty: Andrew K. Chang, MD, MS, FACEP
Seeing the chief complaint of "dizziness" on a patient chart often evokes a visceral response from the emergency physician. The speaker will show how to quickly categorize dizziness into one of four subtypes. The diagnosis and treatment of benign paroxysmal positional vertigo (BPPV), which is the most common cause of vertigo, will be emphasized. Video clips will be used to demonstrate various diagnostic tests (e.g. Hallpike test, head thrust test) and various therapeutic maneuvers (e.g. Epley maneuver, bar-b-que roll). Turn frustration with this patient complaint into patient and physician satisfaction.

Back Pain: Cases that You Simply Cannot Miss!
TU-292 / 1 Hour
Faculty: Michelle Lin, MD
Back pain is one of the most common symptoms that bring patients to the ED. The vast majority of cases have minor strains, tears, and other mechanical problems that will improve with time. But a few patients will harbor life- or limb-threatening problems that, if not diagnosed properly and rapidly, can lead to paralysis or death. How does the busy clinician find the needle in the haystack? Are there cost-effective methods for deciding who needs a work-up beyond simple history and physical examination? What should that work-up entail? What do you do if you don’t have an MRI available? The speaker will help you develop a strategy to not miss the needle in the haystack.

Better Smart than Lucky: Case-Based Approach to When Medical Disorders Present with Psychiatric Presentations
TU-293 / 1 Hour
Faculty: Michael J. Bresler, MD, FACEP
Is this just another depressed or psychotic patient more in need of a psychiatrist than of you? Don’t be so quick with that clearance. Sometimes patients have a medical disease that presents with predominantly psychiatric symptoms. Is it hyperthyroidism? An anticholinergic overdose? A frontal lobe tumor? Or a bizarre presentation of porphyria, myasthenia gravis or other exotic diseases? Using a case-based technique, the speaker will present a structured way of thinking through the patient with an acute psychiatric presentation to avoid missing the occasional patient with a true medical emergency.

Case Studies of Subtle Presentations of Devastating Neurological Conditions
SU-89 / 1 Hour
Faculty: Scott C. Sherman, MD
How does the expert clinician manage to sort through a sea of seemingly vague and disconnected complaints to pick up that rare but critically-ill patient whose condition is potentially devastating if missed? What clues do astute physicians hone in on and why? What tipped them off? Our patients don’t read the textbook ahead of time and rarely volunteer the key pieces of information needed to come up with the tough diagnosis. Test your skills as the presenter works through challenging cases. Will you sort out the clues and make the right call?

Combative, Convulsing, and Crazy: Care of the Altered and Agitated Patient
SU-110 / 1 Hour
Faculty: Stephen J. Traub, MD, FACEP
Combative, agitated patients who are seizing and/or have altered mentation are a danger to themselves and emergency providers. Are these overdoses or ingestion, results of head trauma, or psychiatric problems? Waiting is often not an option as these patients can deteriorate quickly. Beyond the simple seizure, what clues from the limited history and physical examination can the emergency physician glean about potential causes for this behavior? The speaker will identify life-threatening conditions that must be considered and addressed. Empiric treatments that should be initiated, and methods you can use to keep the patient and ED staff safe also will be discussed.
Cranial Nerves: When is it an Emergency?
SU-122 / 1 Hour
Faculty: Scott C. Sherman, MD

Subtle cranial nerve dysfunction can be the tip of a neurologic disaster. When do patients with facial paralysis need brain imaging? Do all third nerve palsies result from posterior communicating artery aneurysm? Which patients with vertigo require neuro-imaging? Using a case-based format, the speaker will reveal how subtle cranial nerve findings can be the tip of a neurologic iceberg catastrophe.

Life-Threatening Weakness: Strengthen Your Diagnostic Skills
SA-21 / 1 Hour
Faculty: Andrew D. Perron, MD, FACEP

Acute weakness is a common complaint of patients who present to the ED, but most cases are not life-threatening. The speaker will focus on important neurologic causes of life-threatening weakness, such as Guillain-Barré, myasthenia gravis, periodic paralysis, and botulism. Key elements of the neurologic examination and diagnostic tests that are helpful in identifying weakness syndromes will be discussed. Diagnostic tips based on deficit location and clinical presentation will be shared. The speaker also will discuss when to endotracheally intubate these patients.

Non-Status Quo of Status Epilepticus: What to do When the Seizures Won’t Stop
MO-173 / 1 Hour
Faculty: James Ducharme, MD

When the seizures won’t stop you need a plan of action. There are new definitions for generalized convulsive status epilepticus (GCSE), new drugs, and new drug protocols, as well as new technologies such as wireless EEG. What toxins do you need to think about? How do paralytics and sedative drugs used to intubate affect patient monitoring? And even when the visible seizures stop, does the patient have non-convulsive status epilepticus, which is even more dangerous that its convulsing cousin? Attend this course to learn about new approaches to status epilepticus.

The Symptom-Specific Rapid Neuro Examination
MO-235 / 1 Hour
Faculty: Gregory L. Henry, MD, FACEP

What should be on the chart of every headache patient? How about every patient with diplopia or vertigo? Or back pain, or acute weakness? A neurologist might take 30 minutes doing a neurological examination but the reality is that you simply do not have that kind of time. One can do a perfectly reasonable examination that targets the important findings for any given neurological complaint. Using a case-based approach, the speaker will discuss what elements of the history and physical examination should be done and documented on the chart of every patient with each of these common neurological complaints. Learn how to protect your patients from bad outcomes and yourself from a malpractice suit.

The Thunderclap Headache: Subarachnoid Hemorrhage and Beyond
SU-165 / 1 Hour
Faculty: Andrew K. Chang, MD, MS, FACEP

The thunderclap headache was first described in 1986 by Day and Raskin. To emergency physicians this description has become synonymous to “ruling out” subarachnoid hemorrhage, usually by head CT and lumbar puncture. But the differential diagnosis of thunderclap headache is actually quite extensive, so a negative CT/LP does not necessarily mean that lightning won’t strike the patient. In addition to discussing subarachnoid hemorrhage in detail, the speaker also will discuss the diagnosis and treatment of other serious causes of thunderclap headache, such as carotid dissection and cerebral venous sinus thrombosis.

tPA Informed Consent: What Do You Say? How Do You Say It?
SU-106 / 1 Hour
Faculty: Andrew W. Asimos, MD, FACEP

When you decide to give tPA, what do you need to tell the patient or the family? How do you try to crystallize a mountain of data into a brief, understandable nugget that a patient or their family can understand in that distressed moment? Whether you believe in the treatment or not, you need to understand what the data shows and how to communicate it. The presenter will review the literature about tPA use in acute ischemic stroke and discuss how you can best convey that data to inform patients in this complex, time-sensitive situation.

Update in the Management of TIA and Stroke Patients
SA-46 / 1 Hour
Faculty: Michael A. Ross, MD, FACEP

Diagnostic and therapeutic interventions for patients with cerebral ischemic, symptoms continues to evolve and even the definitions are changing. Using a case-based approach, the speaker will explore the latest AHA definition of TIA, the ED work-up and treatment, and admission criteria for patients with suspected TIA. Can the work-up be done in and ED-based Observation unit? The speaker also will discuss the latest options related to the emergency management of stroke patients, including imaging and anticoagulation. The controversies regarding thrombolytic agents in acute stroke will also be explored.

Vertigo Skills Workshop
MO-190 / 1 Hour
Faculty: Andrew K. Chang, MD, MS, FACEP

Vertigo is a common and troubling symptom for patients. It’s also one of the symptoms in which bedside tests can diagnose the underlying cause while bedside maneuvers can treat them. Using a small group workshop, the presenter will first describe these various diagnostic tests and therapeutic maneuvers and then have the attendees practice them on live models. You’ve heard all the terms — Dix-Hallpike, Epley, BPPV, the roll test. Now it’s time to learn how to do them in a hands-on environment. (This course is limited to 30 participants.)

Moving Information in the ED: Hand-Held Devices and the Web
TU-274 / 1 Hour
Faculty: Joshua S. Broder, MD, FACEP

Can you increase your efficiency by using a hand-held digital assistant? In today’s ED, rapidly sending and receiving information in a “trackable” manner has become imperative for safe and efficient practice. Access to information on the Web has exploded in the past decade, and some websites are more useful than others. The presenter will review various ways in which use of a hand-held PDA and accessing the most useful websites can assist the busy practitioner in day-to-day practice.
Non-Invasive Methods for Monitoring Critical ED Patients
SU-128 / 1 Hour
Faculty: Peter M. DeBlieux, MD, FACEP

Patients present sicker and stay longer in the ED these days. In the past, we have relied on invasive methods to monitor these patients. Cost, technical difficulty, and time demands had hindered widespread adoption of this technology. Newer, non-invasive hemodynamic monitoring is available in ED. The speaker will showcase new bedside labs and equipment that allows clinicians to assess vascular status, identify early shock states, and monitor response to resuscitation using non-invasive or minimally invasive technology.

Simulation Lab ABCs: Can You Manage These Critical Cases?
SU-85; SU-120 / 2 Hours
Faculty: Andy Godwin, MD, FACEP (Moderator); Robert J. Vissers, MD, FACEP, FRCPC

Simulation-based training provides the promise of allowing the emergency physician to experience and manage rarely seen clinical problems and perform rarely performed life-saving procedures. Come see if you can save these patients in this simulation lab. One of these patients may come into your emergency department on your next shift. (This lab is limited to 20 participants.)

Toys and Tools: New Devices and Products in Emergency Care
SA-35 / 1 Hour
Faculty: Jan M. Shoenberger, MD, FACEP

Many providers turn to technology hoping to improve efficiency and care. How many of the new devices are really useful or make life easier for the emergency physician? The speaker will demonstrate modern technological updates for ED procedures. You will learn about the array of new instruments on the market, including monitoring equipment, vascular access devices, airway adjuncts, and telemedical technologies.

You Took the Words Right Out of My Mouth! Use of Medical Scribes in the ED
TU-280 / 1 Hour
Faculty: Jason Ruben, MD

The ED is a busy place, but documentation is still important. Are there more efficient ways of getting your clinical evaluation onto the page? Have you ever wished you had a scribe? Emergency physicians are using them, and companies are rising up to supply your ED with scribes. How do you get it started? Are pre-medical students the way to go or professional scribes? How much does it cost? What are the benefits? What are the risks? Come hear about these exciting new ways to be efficient!

High-Risk Injuries and Infections of the Hand
SA-56 / 1 Hour
Faculty: Scott C. Sherman, MD

Hand problems can be particularly challenging for emergency physicians. Failure to recognize and appropriately treat these injuries and infections can result in major disability and long-term complications. The speaker will describe the diagnosis and appropriate management of hand injuries, including tendon and nerve injuries, carpal instability, and uncommon fractures and dislocations. The speaker also will discuss the evaluation and treatment of wounds at high risk for infection.

High-Risk Orthopedic Injuries
SA-68 / 1 Hour
Faculty: Andrew D. Perron, MD, FACEP

Certain orthopedic conditions and injuries require immediate recognition or attention because of their significance for other injuries. These injuries and conditions carry significant morbidity and risk to the patient and practitioner if not immediately recognized and treated. These conditions include hip and knee dislocations, compartment syndrome, supracondylar fractures, and sternoclavicular dislocations. The speaker will review these orthopedic conditions and how to treat them.

Management of Difficult Dislocations
TU-264 / 1 Hour
Faculty: Gregory W. Hendey, MD, FACEP

Have you ever encountered a patient with a dislocated shoulder you could not reduce? How about the hip that seems locked and can’t seem to get back in? What about mandibular dislocations? Some reductions are just difficult. The speaker will review cases on difficult dislocations and give tips to treat them more effectively.

Broken, Not Fractured
MO-204 / 1 Hour
Faculty: Gregory W. Hendey, MD, FACEP

Many orthopedic injuries that emergency physicians care for are not associated with fractures. When there is no fracture, a deeper knowledge of mechanism allows the astute clinician to make the diagnosis. The speaker will jauntily present orthopedic “nonfractures” that are interesting and relevant to emergency physicians. These injuries include peroneal tendon dislocation, Achilles tendon rupture, ruptured quadriceps tendon, ruptured patellar tendon, ruptured biceps tendon, sternoclavicular joint dislocation (anterior and posterior), acromioclavicular lacerary injury, Nursemaid’s elbow, and skier’s thumb.

You Have a “What” Inside You?
Less than Mainstream Medical Devices Encountered in the ED
SU-155 / 1 Hour
Faculty: Jan M. Shoenberger, MD, FACEP

The patient with a deep brain stimulator, an LVAD, or Ilizarov frame comes to your ED and you wonder what it does. Or perhaps it is the difference between a Broviac, a Leon ard, or a VasCath that keeps you up at night. The speaker will discuss the concepts behind some common and not-so-common medical devices and their implications for the emergency physician.
Patients with orthopedic injuries frequently present to the ED. The speaker will describe the "rapid, high-yield" orthopedic examination and "tricks of the trade" used by master clinicians. What are common errors on the physical examination to be avoided? What should I document in my note? What does the orthopedic surgeon want to hear on the phone? What are the most important aspects in timing the follow-up? The speaker will focus on the shoulder, elbow, wrist, knee, ankle, and foot.

Many ED visits present with orthopedic injuries. The speaker will describe the mechanisms of injury and the recognition of pertinent physical findings in the diagnosis of subtle orthopedic injuries that, if missed, may result in long-term problems. Common errors in the early management of several injuries will be identified and the appropriate treatment outlined. Learn the "pearls" that will help you save time, decrease frustration, and avoid poor patient outcomes.

ED visits for recreational athletes of all ages are common. Children playing football, soccer, or competing in gymnastics may suffer different injuries than high school or college athletes. What about the weekend warrior? During this course, you will learn about common injuries in each age group as well as uncommon occurrences such as syncope and sudden death in the seemingly healthy athlete.

You receive a call from EMS about an infant who is "not breathing." Intubation, PALS drug algorithms, and drug doses run through your mind. Thank goodness the child is breathing on ED arrival, but a diagnosis and decisions must be made. What is an acute life-threatening event, and what is in the differential diagnosis? What do you tell the parents about apnea monitoring? What do you say about the AAP statement on infant positioning and pacifier use? What about an infant or toddler with lethargy? Should you perform a spinal tap on all children with petechiae? During this case-based presentation, the speaker will discuss pediatric occult life-threatening disorders that must be detected in the ED.

The American Heart Association published recent guideline changes for cardiopulmonary resuscitation and emergency cardiovascular care which has affected PALS and APLS guidelines. What are the changes affecting pediatric resuscitation in recent years, and what is the pediatric-specific evidence supporting these changes? Are cuffed endotracheal tubes being used with more frequency in infant and small children? Does post-resuscitation hypothermia have a role in pediatric patients? Is parental presence during resuscitative efforts becoming standard practice? Length-based resuscitation has standardized the approach to pediatric resuscitation in both the prehospital and ED settings, but has come under recent scrutiny for possible inaccuracies in predicting weight based on length. This expert will discuss these recent trends and controversies.
Challenging Cases in Pediatric Emergency Medicine
MO-205 / 1 Hour
Faculty: Nathan W. Mick, MD
A limp, unconscious 2-year-old is brought in after an “uneventful” night sleep. A teenager in septic shock following a simple sore throat. A 9-year-old presents with severe respiratory distress after being treated for bronchitis. That fussy neonate: it simple colic or an unusual presentation of midgut volvulus? Most pediatric patients have common complaints, yet hiding among them are potentially life-threatening problems. The emergency physician must pick up certain clues to make the diagnosis. The speaker will discuss several unusual and unique cases in pediatric emergency medicine.

The Eyes Have It: Pediatric Ophthalmologic Emergencies
SU-158 / 1 Hour
Faculty: Gil Benbenbaum, MD, MSCE
A 4-year-old with retinoblastoma, a 3-month-old with congenital cataracts, and a 10-year-old with uveitis and early JRA are all diagnoses you don’t want to miss. Pediatric ophthalmologic emergencies include ophthalmologic presentations of systemic and infectious diseases, traumatic injuries, and diseases that primarily involve the eye. Emergency physicians need to be able to recognize these entities as well as know when to consult an ophthalmologist or refer to a center where an ophthalmologist is available.

Head and Neck Trauma in Children: To Scan or Not to Scan and Other Questions
MO-195 / 1 Hour
Faculty: Judith Klein, MD, FACEP
Head injury is the most common type of injury for pediatric patients. The challenge is not so much as what constitutes a head injury, but how much of a radiologic workup is needed for minor head and neck injuries. Which children need a CT scan, and who can be watched expectantly without risking a missed serious diagnosis? How long should the patient be observed in the ED? Who should be transferred to pediatric trauma centers or ICUs? What activity restrictions should be placed on these patients, if any? What are some of the long-term radiation exposure risks in children? Recent guidelines on minor head trauma, traumatic brain injury, and minimizing radiation exposure in children will be discussed.

Hematology/Oncology Emergencies in Children
MO-205 / 1 Hour
Faculty: Judith Klein, MD, FACEP
It’s 3:00 am and a child comes into the ED with obvious pallor. The hemoglobin is 4 gms/dL, with a normal white blood cell and platelet count. What is in the differential? What if the WBC and platelets are low as well? What are the signs and symptoms of tumor lysis syndrome? Hematologic emergencies in children may not be common, but can be a matter of life and death. Distinguishing between severe lead poisoning and iron deficiency anemia, pneumonia and sickle cell crisis, and abdominal fullness due to neuroblastoma and constipation are all potential diagnoses that can confront an emergency physician.

Interactive Visual Clues in Child Abuse: You Make the Call
SA-69 / 1 Hour
Faculty: Maureen D. McCollough, MD, MPH, FACEP
You evaluate a 9-month-old infant with ecchymoses on various parts of his body. An 8-year-old girl presents with labial trauma after a reported fall on her bicycle. A toddler limps into your ED with a tibial fracture with no clear mechanism. Should you file an abuse report or not? Child abuse is something we cannot afford to miss in the ED. Its presentation can vary from clear-cut to subtle, and differentiation of non-accidental from accidental trauma can be difficult. Using audience participation, the speaker will present a series of images and systematically determine if they represent intentional or accidental etiologies. Patterns of bruising, burns, and traumatic injuries specific for child abuse also will be highlighted.

Life-Threatening Radiographic Emergencies in the Pediatric Patient
SA-42 / 1 Hour
Faculty: Maureen D. McCollough, MD, MPH, FACEP
In the pediatric patient, life-threatening radiographic findings can often be subtle and easy to miss. The speaker will review important and potentially life-threatening findings found on pediatric radiographs. Cases that are specific to the pediatric population including cardiac, abdominal, traumatic, and infectious disease emergencies will be reviewed.

Master Clinician Series: The Pediatric Eye Examination
SU-148 / 1 Hour
Faculty: Gil Benbenbaum, MD, MSCE
How do you examine the uncooperative child or infant with an ocular complaint? Is a Wood’s lamp with fluorescein staining an adequate examination for an infant with a red eye? This expert will discuss the comprehensive pediatric ophthalmologic examination and the essential components that emergency physicians need to perform and document based on symptoms. “Tricks of the trade” for the examination of children for eye disease, including use of the latest devices for visualization of the structures of the eye will be discussed.

Common ED Complaints in the First 28 Days of Life
SU-111 / 1 Hour
Faculty: Richard M. Cantor, MD, FACEP
Even the most experienced emergency physician can experience a little anxiety when treating a newborn. The speaker will help you to distinguish a newborn who has a life-threatening emergency from one who just has overly anxious parents, and all those in between. The workup and management of common, non-critical problems in neonates also will be discussed.

Cruising the Literature: Pediatric Emergency Medicine 2011
SU-91 / 1 Hour
Faculty: Richard M. Cantor, MD, FACEP
Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months and discuss those articles that could affect the way you treat pediatric patients.
**Mistakes You Do Not Want to Make in Pediatric Patients**
SA-57 / 1 Hour  
Faculty: Richard M. Cantor, MD, FACEP  

Besides the obvious challenges of children’s nonverbal clues and their having unique illnesses and presenting symptoms, the diagnosis and treatment can be full of pitfalls. Learn what key features of childhood illnesses should “raise the red flag” and how not to be misled. Key issues such as missed meningitis and appendicitis, as well as other uncommon “legal-based” diagnoses will be discussed.

**“My Child Needs Antibiotics but Not a Lumbar Puncture”: Dealing with the Difficult Parent in the ED**
TU-297 / 1 Hour  
Faculty: Michael Frank, MD, JD, FACEP; Ghazala Q. Sharief, MD, FACEP  

When caring for a pediatric emergency patient, interacting with parents or guardians may be the most difficult aspect of the job. Demands for diagnostic testing and treatment have increased as layperson access to medical information has improved. What is the best way to handle a parent who demands antibiotics, pelvic examination, or unnecessary diagnostic tests? Conversely, what are your options should a parent refuse a lumbar puncture, blood transfusion, or hospital admission? The speakers will provide strategies to diffuse parental anxiety and increase shared decision-making among all parties so that a “best interest” for the child perspective is maintained. Medical-legal aspects of parental demands or refusal of care also will be addressed.

**The Ouchless ED: What’s New in Pediatric Procedural Pain Management**
TU-307 / 1 Hour  
Faculty: Bernard W. Dannenberg, MD, FACEP  

Parental and patient satisfaction concerns have led to recent advances in minimizing pain during procedures in the ED. But are these techniques safe and effective in children? Is one topical analgesic cream better than another? Does iontophoresis really work? Is subcutaneous rather than intravenous fluid infusion ready for prime time? This speaker will discuss these modalities as well as other pain management options in children. The utility of child life services also will be discussed.

**Pediatric Septic Shock Recognition and Management: State of the Art**
SA-07 / 1 Hour  
Faculty: Marianne Gausche-Hill, MD, FACEP  

Early recognition and aggressive management of septic shock in children is necessary to reverse the traditionally bad outcomes of this disease. The speaker will provide an in-depth examination of the recognition and critical initial management of these patients. The most recent approaches in diagnostics and cutting-edge therapeutics including early goal-directed therapy and rapid response protocols will be explored. Evidence-based differences in management of children compared to adults also will be highlighted.

**The Pediatric Risk-Free Emergency Department: Reducing Malpractice Exposure**
SU-79 / 1 Hour  
Faculty: Thom A. Mayer, MD, FACEP; Frederick, C. Place, MD, FACEP  

Pediatric patients typically comprise 25-30 percent of the total volume seen in general emergency departments. However, they also present some of the most risk-prone patients, particularly those with less frequent and more subtle presentations. As evidence-based medicine becomes more and more accepted, these principles can be applied prospectively to dramatically reduce risk in pediatric patients. The speakers describe their experience in developing and implementing a rigorous evidence-assisted approach to “risk-proofing” the ED for five of the most risk-sensitive issues in pediatric emergency medicine.

**Pediatric Procedures**
MO-232 / 1 Hour  
Faculty: Sean M. Fox, MD  

Performing emergency procedures on sick infants and children can be stressful and frustrating. The presenter will describe the indications, contraindications, and techniques for IV placement using the Seldinger technique, intraosseous line placement, and umbilical vein catheters. Airway management techniques including the laryngeal mask airway, and needle cricothyrotomy will be discussed. (This course is a prerequisite to the “Pediatric Procedures Lab.”)

**Pediatric Tricks of the Trade: What They Didn’t Teach You in Residency**
MO-245 / 1 Hour  
Faculty: Nathan W. Mick, MD  

What is the best way to remove tenacious earwax? What options are there when a child refuses to drink contrast for an abdominal CT? Can you really get away with not performing a lumbar puncture on a 4-month-old with a febrile seizure? Would a pediatric emergency physician manage these cases differently than a general emergency physician? A 2-3 year fellowship in pediatric emergency medicine affords the graduating fellow a unique perspective on children relative to a general emergency physician. This speaker will share experiences and insights that are not necessarily taught in any textbook. Diagnostic and therapeutic pearls will be stressed.
Performing emergency procedures on sick infants and children can be stressful and frustrating. In this hands-on lab, you will be given an opportunity to discuss mock-code scenarios and participant experiences with experts and to obtain hands-on practice in several life-saving procedures. Seldinger technique; intraosseous line placement; and airway management techniques including intubation, laryngeal mask airway, and needle cricothyrotomy will be demonstrated. (Prior attendance in "Pediatric Procedures" is required. This lab is limited to 45 participants.)

A pediatric patient is brought in with a lump, rash, or unusual eye finding. Could this abnormality be a harbinger of life-threatening disease? The speaker will present a number of pediatric cases in which the picture tells the story. Presenting conditions such as rashes, cutaneous lesions, or other physical examination findings will be highlighted.

We drill and drill for disasters — nuclear, biological, chemical — but some of the most common disasters in US history have all been blast related. In the past year alone, we have seen explosions at a sugar factory in Georgia, a food factory in Illinois, and a snack factory in North Carolina. Using a case study approach with the ConAgra Food Plant explosion, the speaker will illustrate the Israeli blast response model as it was deployed. A literature review will provide the background, and lessons learned will be reviewed with the audience from pit docs who worked the scene.

A pediatric patient is brought in with a "medication refill" or a "clinic appointment?" Patients with either a misunderstanding of the EMS system or no where else to turn are overburdening the emergency prehospital care system with non-emergent needs. EMS systems are looking for innovative ways to decrease the inappropriate use of the 911 system as a glorified taxi service. However, they are attempting to do so in a socially acceptable manner, connecting patients with the correct resources rather than the ED. The speaker will look at alternate destination programs sending patients to clinics and community health centers if they meet certain criteria in the field, utilizing nurse advice line strategies to avoid dispatching an ambulance, and the deployment of advanced practice providers as a prevention strategy to avoid the 911 call altogether.

Things change rapidly in medicine and out-of-hospital care is no exception. The speaker will bring you up-to-date on the latest EMS literature. A discussion on such issues as vasopressors for asystolic cardiac arrest, the impact of 2010 AHA guidelines, automated CPR devices, airway management strategies, and other current research topics will be included. The speaker also will emphasize the importance of outcomes-based research in the EMS arena.

Have you ever wondered what exactly those "EMS guys" actually do? Or perhaps what the heck that thing is sticking out of your patient’s mouth? Maybe you wonder what the literature says about what EMS is doing to your patients? Ever gone to a lecture and wished they had dropped the introduction, the conclusions, and just given you the pearls? Well here it is, just the pearls. The speaker will cover 20 topics, distilling them down to just the pearls. This is the ultimate lecture for the ADHD emergency physician. The speaker will cover a mix of current literature, and new tools and therapeutic strategies being deployed in the prehospital environment.

Prehospital/Disaster Medicine

“Ambulance Took You Where?” Alternate Destinations and Triage Away Programs

SA-64 / 1 Hour
Faculty: J. Brent Myers, MD, FACEP

Ever seen a patient arrive by EMS for a “medication refill” or a “clinic appointment?” Patients with either a misunderstanding of the EMS system or no where else to turn are overburdening the emergency prehospital care system with non-emergent needs. EMS systems are looking for innovative ways to decrease the inappropriate use of the 911 system as a glorified taxi service. However, they are attempting to do so in a socially acceptable manner, connecting patients with the correct resources rather than the ED. The speaker will look at alternate destination programs sending patients to clinics and community health centers if they meet certain criteria in the field, utilizing nurse advice line strategies to avoid dispatching an ambulance, and the deployment of advanced practice providers as a prevention strategy to avoid the 911 call altogether.

Cruising the Literature: EMS 2011

MO-192 / 1 Hour
Faculty: John P. Freese, MD

What is the next shoe going to drop? It seems that from today’s geo-political climate to the natural disasters that are leading the headlines, there is an emergence of complex humanitarian emergencies. At each turn, emergency physicians are leading the way on many fronts as we learn how to respond to these events. The speaker will focus on planning, all aspects of a ground response, acute care delivery, and models of sustainability for both readiness and in action at the site of these disasters.

Overwhelmed and Understaffed: Ramping Up for Local Disasters

TU-298 / 1 Hour
Faculty: Paul R. Hinchen, MD

START, SMART, JUMP. We have all heard the terms and associate them with the Mass Casualty Incident (MCI) that we plan for but never seems to happen on your shift. Rather we worry about the next “daily disaster.” From the city bus accident to a multi-car collision, has your ED ever been flooded by 5, 10, 20 patients in a short interval of time? Does it seem to happen on each of your shifts? The speaker will focus on ED planning and partnering with EMS agencies to have a clear, concise, and consistent plan to maintain ED operational continuity when the next “daily disaster” rolls through the door. Tools designed for both the ED director and the pit doc will be discussed.

“Pompei, Haiti, Indonesia, Japan...What’s Next?”
Emergency Medicine in Complex Humanitarian Emergencies

SU-162 / 1 Hour
Faculty: Robert L. Norris, MD, FACEP

When is the next shoe going to drop? It seems that from today’s geo-political climate to the natural disasters that are leading the headlines, there is an emergence of complex humanitarian emergencies. At each turn, emergency physicians are leading the way on many fronts as we learn how to respond to these events. The speaker will focus on planning, all aspects of a ground response, acute care delivery, and models of sustainability for both readiness and in action at the site of these disasters.

“Humanitarian Emergencies: Overwhelmed and Understaffed — Ramping Up for Local Disasters”

SU-137 / 1 Hour
Faculty: Robert L. Norris, MD, FACEP

There is a push for law enforcement agencies to look for and employ various new technologies for less lethal or non-lethal force. From sandbags and rubber bullets to stun guns and OC spray, the options for law enforcement officers abound. However, the aftermath is something that prehospital providers are left to deal with. The speaker will focus of the types of less lethal force used by law enforcement agencies, injury patterns associated with these weapons, the concept of the excited delirium syndrome, and treatment options available to prehospital providers caring for these patients.

Ramping Up for Local Disasters

TU-217 / 1 Hour
Faculty: Paul R. Hinchen, MD

START, SMART, JUMP. We have all heard the terms and associate them with the Mass Casualty Incident (MCI) that we plan for but never seems to happen on your shift. Rather we worry about the next “daily disaster.” From the city bus accident to a multi-car collision, has your ED ever been flooded by 5, 10, 20 patients in a short interval of time? Does it seem to happen on each of your shifts? The speaker will focus on ED planning and partnering with EMS agencies to have a clear, concise, and consistent plan to maintain ED operational continuity when the next “daily disaster” rolls through the door. Tools designed for both the ED director and the pit doc will be discussed.

Overwhelmed and Understaffed: Ramping Up for Local Disasters

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Prehospital Regionalized Care: STEMI, Stroke, Hypothermia, and Trauma
TU-276 / 1 Hour
Faculty: John P. Freese, MD

Patients with chest pain seems to flood our lives, but the patient with a true STEMI deserves special attention. What about the stroke patient? The building of a “resuscitation center”? The “trauma network”? During this course, the speaker will focus on reviewing key aspects of regionalization of care and the development of networks or systems of care.

Team-Based Prehospital Resuscitation
MO-248 / 1 Hour
Faculty: Paul R. Hinchey, MD, J. Brent Myers, MD, FACEP

“The guidelines are coming, the guidelines are coming!” Now they at here, what does that mean for you? From ABC to CAB to breaths or no breaths, things are changing in ECC. Across our specialty, we are seeing improved outcomes when you have a system of care in place. This is apparently true in cardiac arrest as well. As the AHA points out, “an integrated team of highly trained rescuers” can move us from our tasks occurring in series to them occurring simultaneously in parallel. EMS systems across the national are experimenting with this in a well-defined fashion and seeing improved outcomes. The speakers will introduce the concept of prehospital team-based resuscitation, as well as strategies for achieving this process in your own community.

“All Stressed Out” in the Emergency Department: Avoiding Burnout Workshop
MO-201; MO-226 / 1 Hour
Faculty: Mitchell B. Cordover, MD, FACEP; Rachelle A. Greenman, MD, FACEP; Jacob M. Meredith, III, MD, FACEP

The stressful aspects of emergency medicine are many, subtle, and cumulative. They can lead to job dissatisfaction and burnout. Emergency physicians work chaotic hours and may suffer disruption of the sleep-wake cycle. In a workshop-style format, the presenters will utilize audience examples in order to identify many of the stressors in emergency medicine and provide strategies for dealing with them effectively. (This course is limited 60 participants.)

Building the EP/RN Team: Communication Best Practices
SU-98 / 1 Hour
Faculty: Randy L. Pilgrim, MD, FACEP; Theresa Tavernero, RN, CEN, MBA

Ever had a bad interaction with a nurse? Ever wonder why an ECG is ordered on the guy with toe pain, but not the pregnancy test on the young women with abdominal pain? The speakers will review the common missteps encountered in physician-nurse communications. Additionally, strategies to empower both nursing staff and medical staff to improve patient flow and experience will be covered.

Call it a Sabbatical, Light Duty, or Whatever: Just Don’t Call it “Retirement!”
TU-260 / 1 Hour
Faculty: Gregory L. Henry, MD, FACEP

One of the advantages of a maturing specialty is a group of elder statesmen physicians to guide and mold the younger generation. One of the disadvantages of a maturing specialty is a group of elder statesmen physicians who are perhaps planning their departure from their roles as senior physicians. As we evolve as a specialty do we need to examine the manner in which these physicians continue to work? Do we alter shift length? Time of day? Add double coverage? Transition them to non-traditional roles within the department? The speaker will examine the evolving role of the maturing physician, the re-defining of “retirement”, and how the social, economic, and emotional needs of the aging physician are changing.

Clinical Pearls From the Recent Medical Literature (Part I)
SA-26 / 2 Hours
Faculty: W. Richard Bukata, MD; Jerome R. Hoffman, MA, MD, FACEP

This course is a long-standing staple of Scientific Assembly. Renowned faculty members, Dr. Bukata and Dr. Hoffman, will once again review and analyze the most significant studies published throughout the medical literature in the past two years. Each article presented will be assessed to determine its relevance to the practice of clinical emergency medicine.

Clinical Pearls From the Recent Medical Literature (Part II)
SU-84 / 2 Hours
Faculty: W. Richard Bukata, MD; Jerome R. Hoffman, MA, MD, FACEP

Dr. Bukata and Dr. Hoffman will review and analyze the second half of the most significant studies published throughout the medical literature in the past two years. Each article presented will be assessed to determine its relevance to the practice of clinical emergency medicine.

Cutting-Edge: Highlights of Emergency Medicine Research
SU-156 / 1.5 hours
Faculty: Debra E. Houry, MD, FACEP (Moderator); Michael L. Callahan, MD, FACEP; Judd E. Hollander, MD, FACEP; Donald M. Yealy, MD, FACEP

Groundbreaking research continues to advance our practice. In this session, a panel of experts will focus on the most interesting abstracts of the 2011 Research Forum. Important trends in research will be discussed, including the latest advances affecting clinical practice. The panel will discuss highlights of current research, notable recent developments, and issues to watch. (No badge or course ticket is required.)

The Economic Meltdown: Planning for Your Retirement in Turbulent Times
SA-55 / 1 Hour
Faculty: Keith T. Ghezzi, MD, FACEP

The collapse of the housing market, wide fluctuations in the stock market, and rising health care premiums. As a practicing emergency physician how can you possibly plan for retirement with so much volatility and uncertainty in an evolving global economy? The speaker will give you advice and suggestions on how to plan for your financial future. (This is a non-CME course.)
SU-124 / 1 Hour
Faculty: Richard E. Wolfe, MD, FACEP

Have you ever wondered what is happening with the EM workforce, the effects of healthcare legislation, or the advances in telemedicine, simulation, and other technologies? Then this course is where you want to be. A “psychic” emergency physician will foretell the future of emergency medicine and expound on movements that are occurring at local, regional, and national levels that will shape our specialty as we move into the next decade. From consumer groups to governmental agencies, the number of stakeholders in emergency care seems to be increasing. Now is the time to set the groundwork to ensure that emergency physicians are leading that charge.

Financial Planning: “Double Down” is Not a Strategy
SA-41 / 1 Hour
Faculty: Keith T. Ghezzi, MD, FACEP

Whether you’re still in residency or have been practicing for a couple of years, making wise financial decisions helps ensure a comfortable future. It can be difficult to stay informed of all the options and benefit packages available. The presenter will outline successful financial planning strategies, review priorities for debt repayment, and assist you in planning for your future. (This is a non-CME course.)

Just the Pearls: Patient Safety, What You Need to Know for Compliance
MO-183 / 1 Hour
Faculty: Cherri D. Hobgood, MD, FACEP

Have you ever wondered why we have redundant identifiers? Now your director wants you to document a new “time out form.” Did 10 new “checklists” show up in your ED? Ever gone to a lecture and wished they had dropped the introduction, the conclusions, and just given you the pearls? Well here it is, just the pearls. The speaker will cover 20 topics, distilling them down to just the pearls. This is the ultimate lecture for the ADHD emergency physician. The speaker will present a mix of various patient safety initiatives as we implement the National Patient Safety Guidelines.

Master Clinician Series: Visual Diagnosis
MO-197 / 1 Hour
Faculty: Gil Z. Shlamovitz, MD

Sometimes you can make a diagnosis without asking the patient a single question. Today’s practice of emergency medicine requires the clinician to process many different visual clues, such as physical examination findings, ECGs, radiographs, and CT scans. The speaker will present a pictorial journey of visual signs of common, uncommon, and potentially serious ED presentations. A discussion of each case will include associated clinical features, treatment, and clinical pearls.

National Emergency Medicine Clinical Pathological Case Conference (CPC) Finals
SA-15 / 4.5 Hours
Faculty: Saadia Akhtar, MD (Moderator)

Now in its 21th year, the National Emergency Medicine CPC finals will provide attendees the opportunity to test their own diagnostic skills as they listen to the final round of cases and discussions from the winners of the regional competitions held in May 2011. Cases will be presented by emergency medicine residents and then discussed by residency program attending physicians. Match wits with faculty members from opposing programs who will use patients’ presenting symptoms and diagnostic test results to arrive at a final diagnosis. Make plans to attend this exciting final round that will decide the national winners for best case and best discussant. You may attend the CPC without registering for the other educational offerings. (No badge or ticket is required. This is a non-CME course.)

News Media Training 101
SU-97 / 3 Hours
Faculty: Shelley Sims; Nan Tolbert

Increase your skills in communicating with the news media. Learn tips and tricks from experts on preparing for interviews and communicating effectively. This session will include a discussion of how to negotiate an interview, what to do when you are misquoted, and how to gain control of an interview. It will also outline the guidelines for serving as an ACEP spokesperson. Taking an ACEP media training class is the first step in being appointed as a member of ACEP’s Spokespersons’ Network. (This is a non-CME course.)

Organizing the Chaos: Tricks for Your Daily Grind
SU-152 / 1 Hour
Faculty: Thom A. Mayer, MD, FACEP

From overcrowding and inpatient boarding to surge capacity issues and patient throughput, the emergency physician has a dynamic position in the ever changing role of clinician, manager, and educator. Paramount to all these demands is providing exceptional patient care. The speaker will focus on time management, and multi-tasking strategies to aid you in harnessing the potential of your team to organize the chaos of an average day to optimize outcomes on the individual patient level.

Scientific Assembly Website updates…ACEP continuously updates the Scientific Assembly Website to enhance your registration process and to help bring you the most current meeting and destination information. Please visit www.acep.org/sa for more details.
Service Recovery: Winning Back the Patient After a Bad ED Experience
MO-234 / 1 Hour
Faculty: Thom A. Mayer, MD, FACEP

Gone are the days of a few meal tickets and a parking token. Now, completing the patient service experience means restaurant style pagers in the waiting rooms and computer-estimated wait times with accompanying tracking boards to measure your progress. When things go awry, patients want real-time solutions to their healthcare system speed bumps. The speaker will focus on the process of service recovery from the strategies that providers can take with their patients to the technologies that are available and forthcoming that ease the process. From preventing the bad experience to service recovery after bad things have occurred, this session will include it all.

So You Want a New Job?: Time to Update Your CV
MO-189 / 2 Hours
Faculty: Barbara Katz; Kevin M. Klauser, DO, FACEP; Susan B. Promes, MD, FACEP

All emergency physicians will need a curriculum vitae (CV) at some time in their careers. Whether you are putting yours together for the first time or are a seasoned pro whose CV needs a fresh format, this is the course for you. The presenters will first focus on an overview of current trends in the preparation of health care CV. The attendees will then split up into small groups and have focused discussion and interaction reviewing individual CVs. Participants are required to bring a copy/draft of their CV for comment and review. (This course is limited to 45 participants. This is a non-CME course.)

Speaking Like a Pro
MO-247 / 1 Hour
Faculty: Amal Mattu, MD, FACEP

Whether speaking to an audience of one patient or lecturing at a national symposium, as physicians we try to communicate in a meaningful, memorable way. In this session, examples of presentation techniques will be critically evaluated in an interactive format. Some of the key secrets professional speakers use to make their presentations excel will be revealed. This is a course you are sure to enjoy whether you’re a beginner or a seasoned pro in need of a refresher.

Stump-Jumping: Overcoming Administrative Hurdles
MO-179 / 2 Hours
Faculty: James G. Adams, MD, FACEP (Moderator); Gregory L. Henry, MD, FACEP; Thom A. Mayer, MD, FACEP; Richard E. Wolfe, MD, FACEP

As a new ED administrator, have you ever had to conduct a narcotics investigation? Review a sexual harassment case with an employee? Moderate an inter-departmental turf battle over ultrasound/trauma/point of care testing? The panel will gather some of the most seasoned ED administrators and use a series of case presentations to equip you with tangible strategies you can utilize to ease the burden of dealing with these sensitive and difficult issues.

Surviving “Gotcha” Journalism
SU-132 / 2 Hours
Faculty: Shelley Sims; Nan Tolbert

Get the survival skills you need to communicate effectively despite aggressive media confrontations and tactics. These professional media trainers will conduct live interviews, fast-paced role-play activities, and timed group exercises. Also included will be a discussion about guidelines for ACEP spokespersons. (This is a non-CME course.)

Top 10 Mistakes You’ll Make When You Switch Jobs and How to Avoid Them
SU-143 / 1 Hour
Faculty: James G. Adams, MD, FACEP

Most emergency physicians will change jobs at least once in their career. Whether you are taking your first job out of residency or making a mid-life career change, these phases of transition can present unique difficulties and challenges for the emergency physician. The speaker will use real world examples from coping with new ED information systems and charting platforms to working with new colleagues and staff to identify the top ten mistakes you will make and offer strategies to help you avoid them.

The Top Articles of 2011
MO-221 / 1 Hour
Faculty: Corey M. Slovis, MD, FACEP

Keeping up with the literature is difficult for any emergency physician. Let an expert make it easier for you by introducing articles from the most recent literature. The presenter will identify those articles with which every emergency physician should be familiar and discuss the impact of these topics on their practice.

Tricks of the Trade: Helpful Hints for the Daily Practice of Emergency Medicine
CMRA
TU-268 / 1 Hour
Faculty: Michelle Lin, MD

Need some hints on how to save time, decrease pain during procedures, calm a screaming child, or just make things a little easier? Who doesn’t? The speaker will present numerous tips and tricks that have been developed by your peers, including new uses for angiocatheters, tourniquets, and other readily available devices.

“I Want My PET Scan Now!”: Balancing Quality with Resources in the Era of the Internet Empowered Patient
MO-210 / 1 Hour
Faculty: Alfred D. Sacchetti, MD, FACEP

Young woman with fever and flank pain — pyelo right? No, it’s her new renal artery aneurysm in the setting of her von Willebrand’s disease and mixed connective tissue disorder, non-specified type. She asks specifically for a “CT with delayed images be ordered,” and mentions “Do you even know what von Willebrand’s disease is?” Does it ever seem that patients aren’t what they seem and are more frequently coming to the ED expecting to be able to order tests from a menu? The speaker will look at providing high-quality, low resource medicine in today’s demanding society and provide tips and tricks to equip you with the evidence-based arsenal to avoid ordering unnecessary tests.

What are the Odds? How to Interpret Diagnostic Tests in Your Daily Practice
TU-278 / 1 Hour
Faculty: David H. Newman, MD, FACEP

What does that positive result mean? Is a negative result safe to go home? Clinicians routinely incorporate implicitly understood concepts of probability, risk, and decision thresholds in everyday diagnostic decisions. By understanding more explicitly a number of basic concepts, however, we can do a much better job of avoiding the types of mistakes that are inherent to this process.
Acute Respiratory Failure: When Oxygen Is Not Enough
TU-291 / 1 Hour
Faculty: Michael N. Cocchi, MD

The patient can’t breathe and the stats are falling despite 100 percent oxygen. What non-invasive options are available to the emergency physician short of endotracheal intubation? And if non-invasive options fail, how can the ventilator best be used to overcome the respiratory failure? The speaker will present some of the toughest cases in which intubation and standard mechanical ventilation may fail. Tips and tricks can then be used to save those patients also will be discussed.

Challenging Cases in Pulmonary Medicine
SA-54 / 1 Hour
Faculty: Tracy Leigh LeGros, MD, PhD, FACEP

A bleeding tracheotomy site. An aspirated foreign body. The asthma patient in extremis. These pulmonary nightmares make the most seasoned clinician moan. These cases include patients with tracheotomies that are oozing or bleeding briskly, massive hemoptysis, and foreign body aspiration. The speaker will teach you how to approach these unique cases in a logical manner that can be useful in identifying methods to facilitate care in some of the sickest patients presenting with pulmonary disease.

Differential Diagnosis of the Acutely Dyspneic Patient
SU-92 / 1 Hour
Faculty: Stuart P. Swadron, MD, FRCP(C), FACEP

It’s unusual to go through a shift without seeing a patient with shortness of breath. Many times the diagnosis is obvious — asthma, COPD, or CHF. But not always. Some patients will present with dyspnea from anemia, or a PE, cardiac tamponade, methemoglobinemia, or acute metabolic acidosis. The speaker will go through a systematic approach to the acutely dyspneic patient, so as not to miss the case that isn’t so obvious. Not-so-typical cases of dyspnea that will challenge the clinician also will be presented.

The Ever Elusive Pulmonary Embolism: A Logical Approach
TU-272 / 1 Hour
Faculty: Michael W. Donnino, MD

Under-diagnosed yet over-tested? Low molecular-weight heparin outpatient treatment — is it a reality yet? Diagnostic strategies for excluding pulmonary embolism (PE) in low-risk patient groups have been helpful for a subset of patients, but the diagnostic approach to this deadly disease has not been standardized. The speaker will review risks for venentromboembolism as well as initial diagnostic strategies. The newest diagnostic and therapeutic modalities for PE will be presented. The massive PE that presents with RV dysfunction or in frank shock will be discussed, as well as, the role of thrombolytics, mechanical or surgical embolectomy.

Mastering Chest Radiology: A Systematic Approach
SU-94 / 1 Hour
Faculty: Tracy Leigh LeGros, MD, PhD, FACEP

Emergency physicians are expected to master the interpretation of plain film chest radiography. Radiology consultation is not a luxury provided to all emergency physicians. Using a case-based format, the speaker will present a fail-safe, systematic approach to interpreting a chest x-ray. Challenging and perplexing radiographs will be reviewed and discussed using this approach. Subtle findings of pneumothorax, pneumomediastinum, diaphragmatic injury, and aortic diseases will be presented and reviewed.

Ventilator Management: So You Think You Know How?
TU-277 / 1 Hour
Faculty: Michael N. Cocchi, MD

Intubating is technically the mostly easy part. What sets the grown-ups apart from the kids is answering tougher questions. Does this patient really need intubation? Should it be avoided? After intubation what settings will maximize the patient’s overall status, where does minute ventilation come in and what are those flow rates important? Come and review some principles of ventilator management—types of ventilators, ventilator settings, and learn or re-learn an important skill set.

Become an Expert Expert Witness
SU-146 / 1 Hour
Faculty: Daniel J. Sullivan, MD, JD, FACEP

What does it mean to be an “expert witness”? How do you do this ethically? The speaker will summarize the qualifications for becoming an expert witness and provide tools and resource materials to assist you when writing legal reports and/or testifying in court. The speaker also will analyze when testimony is unethical and discuss what ACEP and other organizations are currently doing regarding egregious testimony including what it means to be sanctioned.

Emergency Physician Liability Related to Triage, Crowding, and Boarding
SU-93 / 1 Hour
Faculty: Robert A. Bitterman, MD, JD, FACEP

What’s in vogue with the plaintiff attorneys these days? The speaker will use a case-based approach to discuss some of the recent lawsuits against emergency physicians involving ED protocols, lab follow-up, consultant directions, hydromorphone misadventures, and more. You will leave with take-home points that will change your emergency medicine practice and make you and your patients safer.

GOTCHA! The Medical Chart: Anticipating the Lawyer’s Review
TU-263 / 1 Hour
Faculty: Michael J. Bresler, MD, FACEP

During this interactive course, the speaker will review emergency medicine charts and discuss how wording factors into lawsuits. You will learn how specific charting can help avoid getting sued and/or win the case if there is litigation.
Make Yourself a Better Physician: Calculating and Communicating Medical Risk with Your Patients at the Bedside
MO-188 / 2 Hours
Faculty: David H. Newman, MD, FACEP
In emergency medicine, we prioritize tasks, tailor therapies, and make dispositions based on risk. Our stress, frustrations, and many of our actions are direct consequences of a misunderstanding about risk. It is time to understand and use calculated risk when caring for patients with head injuries, chest pain, pulmonary embolus, and syncope. During this course, the speaker will define risk, discuss how to calculate it at the bedside, and use it to make patient care decisions. The speaker will illustrate how to communicate this with your patients in order to better inform them when making their own medical decisions. A discussion of the ethics involved and whether physicians can deal with the philosophical change of who decides the care also will be included.

Medical Liability in the Age of Electronic Health Records
SU-149 / 1 Hour
Faculty: Donald R. Kamens, MD, FACEP, Matthew M. Rice, MD, JD, FACEP
A new federal law mandating the addition of electronic health records (EHRs) has changed the landscape of medical liability. Do EHRs put physicians at greater risk for violating Privacy Laws? Does the addition of EHRs change the standard of care? Will physician departure from clinical decision rules/support protocols be used as evidence of negligence? Physicians will likely be overloaded with information. The speakers will discuss the shifting landscape of medical liability with EHRs, their risks and benefits, and how physicians may be held accountable. What healthcare professionals can do to actively manage EHR-associated risks also will be discussed.

Medical Volunteerism: Medical-Legal, Ethical, and Practical Considerations
MO-172 / 1 Hour
Faculty: Arthur R. Derse, MD, JD, FACEP
Volunteers outpatient emergency medicine domestically and abroad. What healthcare professionals can do to assist in protecting us in these situations. The speaker will review the standard of care, medical-legal risks, and case law. Documentation strategies during times of crisis also will be recommended.

Medical Liabilities: A Short Cut to Resolution
SU-102 / 1 Hour
Faculty: Daniel J. Sullivan, MD, JD, FACEP (Moderator); Terry Kowalenko, MD, FACEP, Gregory P. Moore, MD, JD; Thomas E. Syzek, MD, FACEP
Certain states, institutions, and insurance companies are using alternative methods for claims resolution in order to expedite or prevent medical malpractice claims. Could this work for you? The speakers will compare and contrast what has been tried, what works, and what doesn’t.

Ten Things that Mitigate Your Malpractice Risk: You Can Bet On It!
TU-299 / 1 Hour
Faculty: Gregory L. Henry, MD, FACEP
We can all learn a few take home tips to change our malpractice risk profile. Using a case-based approach, the speaker will discuss five behavioral changes and five EM practice changes that will decrease risk and make you and your patients safer.

Turning Error Into Opportunity
SA-36 / 1 Hour
Faculty: Michael A. Gibbs, MD, FACEP
Emergency physicians spend little time discussing and learning why mistakes occur specifically looking at the “physiology of error.” This is your opportunity. The speaker will review the principle of decision-making error and common features of EM practice that predispose us to the risk of diagnostic and therapeutic errors. Using a case-based approach, common decision-making errors in the acute care environment will be illustrated and proposed cognitive strategies for reducing error will be discussed.

What’s Your Liability? On-Call Issues and Transfers: What Every Emergency Physician Must Know
SA-48 / 1 Hour
Faculty: Robert A. Bitterman, MD, JD, FACEP
As resources become more limited, most of us deal with on-call issues and transferring or acceptance of transfers as part of our everyday duties. There are key things that every emergency physician must know regarding the risks involved with these duties. The speaker will use case-based examples to illustrate emergency physician liability regarding transfers and on-call issues. Take home changes for departmental policies and procedures and recommendations for the individual physician will be proposed to assist in protecting us in these situations.

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EMRA
EMRA is the professional association representing emergency medicine residents and medical students. We are proud to announce our partnership with the American College of Emergency Physicians (ACEP). Our goal is to provide educational opportunities specifically designed for residents and medical students.

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Critical Update in Toxicology
SU-75 / 1 Hour
Faculty: Jeffrey R. Suchard, MD, FACEP, FACMT

The field of toxicology is rapidly changing. There are new advances in exposures and overdose such as intravenous lipid emulsion, shortened course intravenous N-acetylcysteine therapy, and hydroxycoobalamin for smoke inhalation victims. In addition, new therapies that may have increasingly recognized associations, such as thrombocytopenia and antivenin Crotalidae polyvalent immune fab, will be discussed.

Diving Emergencies: What Goes Down Must Come Up
TU-304 / 1 Hour
Faculty: Steven B. Bird, MD, FACEP

The increasing popularity of recreational scuba diving has resulted in increasing numbers of diving-related emergencies. Field therapy, ED treatment, and hyperbaric therapy will be discussed as they relate to the spectrum of diving-related emergencies.

Drug Interactions: Combinations That Can Kill Your Patients
MO-193 / 1 Hour
Faculty: Stephen J. Traub, MD, FACEP

New medications, polypharmacy, alternative drugs, dietary supplements, over-the-counter medications—how can we keep track of them all? Certain combinations can have dire consequences, such as with warfarin therapy. The speaker will review the drug interactions that can harm patients, both in the ED and later on. A discussion on what to look for, what to ask, and how to avoid unfavorable combinations also will be included.

Expedition and Wilderness Medicine for the Emergency Physician
SA-67 / 1 Hour
Faculty: Alan J. Gianotti, MD

Practicing emergency medicine outside the comforts of the ED can be quite a challenge. Whether you are in the street, on top of a mountain, in the jungle, 100 feet under water, or in the arctic, there are tricks that you will find useful. These unique situations demonstrate the emergency physician's ability to function in the most unlikely settings. The speaker will highlight the complexity of practicing emergency medicine in these extreme environments by utilizing resourcefulness and improvisation.

Hot as Hell, Cold as Ice: Temperature-Related Illness and Injury
TU-295 / 1 Hour
Faculty: Eric A. Weiss, MD, FACEP

The spectrum of heat and cold-related illness is a major component of emergency and wilderness medicine. During this course, the speaker will dispel many myths and misconceptions and bring you up to date on the most advanced and comprehensive aspects of environmental heat emergencies and hypothermia. Both field and ED treatment strategies will be discussed.

Life’s a Beach: Dangers from the Deep
TU-273 / 1 Hour
Faculty: Steven B. Bird, MD, FACEP

From evaluating the injury from the unexpected marine encounter to treating it, the speaker will review a variety of toxic and dangerous marine encounters affecting beach goers. Field therapy, hospital treatment, and injury prevention will be discussed as it relates to shark attacks, jellyfish, stinging vertebrates, and marine infections.

NEW Drugs of Abuse
SU-127 / 1 Hour
Faculty: Mark B. Mycyk, MD, FACEP

What's new on the illicit drug scene? Which new drugs of abuse do you need to worry about? With a significant proportion of ED visits related to street drug abuse, the emergency physician must modify typical clinical guidelines for such conditions as chest pain and altered mental status. The speaker will review the newest street drugs, their clinical effects, and unique aspects to their treatment, based on recent literature. Current trends in drugs of abuse also will be highlighted.

New Overdoses 2011
SU-150 / 1 Hour
Faculty: Mark B. Mycyk, MD, FACEP

With new drugs on the market and new drug overdoses in the ED, how can the emergency physician keep up? The speaker will discuss the latest trends in pharmaceutical toxicities, new forms of old drugs, and the newer pharmaceutical agents available to patients presenting with overdose. Toxicity from these agents and initial approach to treatment of each overdose also will be discussed.
One Pill Can Kill: Pediatric Poisoning
SU-161 / 1 Hour
Faculty: Jeffrey R. Suchard, MD, FACEP, FACMT

Several ingestions can result in serious poisonings and are potentially fatal in small doses in toddlers. Early recognition and appropriate management including supportive care and appropriate decontamination treatment is essential to preventing poor outcomes.

Toxicology Lab
SU-82; SU-105 / 1 Hour
Faculty: Christian A. Tomaszewski, MD, FACEP, FACMT (Moderator); Rais B. Vohra, MD

During this lab, a visual display of cases, including a wide range of products and plants, will be presented. Use your senses to solve these interesting diagnostic and treatment challenges that could present at your own ED.  
(This lab is limited to 90 participants.)

The Unstable Overdose
SU-117 / 1 Hour
Faculty: Jeffrey R. Suchard, MD, FACEP, FACMT

How do you manage the patient with an unstable overdose? We all are schooled in the ABCs of resuscitation, but what happens when you paralyze and intubate the critical patient with a salicylate or organophosphate overdose? The outcome could be disastrous. The speaker will review the unique hurdles in handling the first few minutes with a critical overdose patient. The management of the airway, dysrhythmias, and approach to hypotension and cardiac arrest also will be discussed.

Virtual Tox: Visual Clues in Poisoned Patients
SA-81 / 1 Hour
Faculty: Christian A. Tomaszewski, MD, FACEP, FACMT

Many important clues to the diagnosis and treatment of poisoned patients can be visualized easily during physical examination. The presenter will use a compilation of slides to highlight the key aspects of the “toxicological physical exam” by reviewing actual cases and illustrating these important visual clues.

Advanced Wound Closure Techniques
MO-225 / 1 Hour
Faculty: Michelle Lin, MD

The management of lacerations represents a major component in the practice of emergency medicine. Complicated lacerations, such as complicated scalp and irregular wounds, can be especially challenging. The presenter will address the principles of complex wound management and wound closure and discuss the current literature behind advanced management techniques.

Burns: Treatment to the Nth Degree
TU-282 / 1 Hour
Faculty: Brian Lin, MD

Approximately 2.4 million burn injuries are reported in the US every year. Medical professionals treat approximately 650,000 burn patients and 75,000 are hospitalized. The survival and outcome of a critically ill burn patient can be impacted within the first few hours of evaluation and treatment. This course is appropriate for practicing emergency physicians who will be first line in treating the critically ill burn patient.

The Combative, Uncooperative, Arrested, and Threatening Trauma Patient: A Legal, Ethical, and Medical Minefield!
SU-100 / 1 Hour
Faculty: Eric L. Legome, MD, FACEP (Moderator); James G. Adams, MD, FACEP; Matthew M. Rice, MD, JD, FACEP

It is common for the emergency physician, in addition to being a medical professional, to deal with psychological, ethical, and legal issues in trauma. When should alcohol levels or urine toxicology screens be sent? What information should be provided to the police? When can patients sign out and when are they too impaired? Should the police be called on patients? What’s the best method to restrain a trauma patient, what about sedation? A panel consisting of a trauma specialist, ethicist, and a lawyer will discuss options for dealing with these patients.

Evidence-Based Minor Trauma Management
TU-305 / 1 Hour
Faculty: James F. Holmes, Jr., MD, MPH

The management of common minor injuries is a major part of EM practice. Over the last few years, research in the ED has led to safe, efficient, and cost-effective treatments. However, many of these are still not universally practiced or known. The presenter will discuss management strategies, including those for wound care, ankle and knee injuries, head injuries in adults and children, pelvic trauma, and blunt cardiac injury.

Geriatric Trauma: They’re Not Just Older Adults
TU-262 / 1 Hour
Faculty: James F. Holmes, Jr., MD, MPH

Elderly patients are a difficult management task in trauma. Their unique physiology leads to presentations that are often subtle but life threatening. They are at higher risk for worse morbidity and mortality with injuries similar to a younger population. They have unique injury patterns that may require specialized knowledge to diagnose, and they often are excluded from clinical pathways. Specific injuries to be discussed include subdural hematomas, rib fractures, hip fractures, and spinal trauma.

Heroic Procedures You Should Know
MO-171 / 1 Hour
Faculty: Trevor J. Mills, MD, MPH, FACEP

Emergency thoracotomy is a lifesaving procedure that is not without significant risk to the patient and health care workers. Other heroic procedures are done infrequently but will they save lives? The speaker will discuss the indications and describe the proper technique for specific heroic procedures such as thoracotomy, diagnostic peritoneal lavage, cardiac wound repair, cricothyroidotomy, pericardiocentesis, venous cut down, and chest tube thoracotomy.
Hook ‘em Up to the Fire Hose? IV Fluids, Red Blood Cells, Factor Replacements, and More

MO-174 / 1 Hour
Faculty: Luis M. Lovato, MD, FACEP

Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, and other blood products be administered? What new synthetic blood replacement products are available to resuscitate patients? Attend this course to find out when to hook ‘em up, what to give, and when to stop.

It’s Not Only a Concussion: Evaluation, Treatment and Disposition of the Minor Head Injured Patient

SU-159 / 1 Hour
Faculty: Peter Viccellio, MD, FACEP

The emergency management of minor and major head injuries continues to evolve as new research findings are published. There may be serious occult pathology associated with a relatively normal examination. The speaker will review the literature on indications and limitations associated with scanning, admission, observation, and referrals. In addition, special presentation of pediatric and geriatric patients will be presented.

Medical Concerns in the Trauma Patient: Conundrums Combined with Dilemmas

SU-77 / 1 Hour
Faculty: Peter Viccellio, MD, FACEP

Traumatic injuries are often difficult to treat and adding multiple complex medical problems adds significant difficulty. Some medications slow the heart rate and others may mask pain or alter mental status. Multiple drugs affect the coagulation system, some with serious effect on trauma. In addition, certain medical problems may predispose to cardiac or respiratory failure or increased bleeding.

New Concepts in Trauma Care: Lessons from the Wars

SU-151 / 1 Hour
Faculty: Vilhyat S. Bebarta, MD, FACEP

The US has been at war in the Middle East for over 10 years. In that time, there have been important changes in how trauma is practiced based on lessons learned from the physicians in the armed services. During this course, a physician who has practiced in the war zone and has used many of the new treatments will discuss the lessons learned and how some of the new treatments and management practices can be applied to your practice.

Pain and Sedation in the Trauma Patient

SA-04 / 1 Hour
Faculty: David K. Duong, MD, MS

Pain control is an imperative for trauma patients. Many seriously injured patients require both pain control as well as sedation. However, their underlying injury places them at risk for adverse events. The presenter will discuss options that are effective, rationale and provide optimum safety in treating these complex patients. The presenter will also discuss some best practices for providing pain control for the discharged patient.

Pediatric Abdominal Trauma

TU-288 / 1 Hour
Faculty: Judith Klein, MD, FACEP

Pediatric abdominal trauma is often approached, evaluated, and managed differently than that of the adult. The speaker will review the various anatomic and physiologic differences between the adult and child as it relates to treatment.

Thoracic Trauma: Answers to Tough Questions

SA-44 / 1 Hour
Faculty: Julie A. Mayglothling, MD

Does every patient with traumatic pneumothorax and hemothorax need a chest tube? What is the best approach to exclude aortic dissection? Are diaphragmatic injuries adequately diagnosed with CT or is diagnostic peritoneal lavage needed in some instances? Is ED ultrasound effective enough to exclude pericardial effusion? When is ED thoracotomy indicated in trauma? What is the best approach to exclude blunt cardiac injury? The speaker will answer these questions and provide a diagnostic approach for blunt and penetrating chest trauma.

Trauma Case Panel: Stump the Experts

SA-24 / 1 Hour
Faculty: Jeff J. Schaider, MD, FACEP (Moderator); Robert C. Mackersie, MD; Julie A. Mayglothling, MD; Carlo Rosen, MD, FACEP

The initial evaluation and resuscitation of traumatic injuries is difficult. Rapid decisions must be made regarding priorities in the diagnosis and treatment of traumatically injured patients. Significant practice variations exist depending on the resources available and practice location. Decisions regarding work up and treatment of patients evaluated at a non-Level 1 trauma ED prior to transfer are complicated. Bring a trauma case including electronic copies of radiographs (on a jump drive) from your EM practice and present it to the expert panel to see if you can stump the experts in this open microphone format.

Trauma in the Non-Trauma Center: It’s Just You, Baby

SU-107 / 1 Hour
Faculty: Cliff A. Rice, MD

Many emergency physicians do not have the luxury of practicing at a Level 1 trauma center with its multitude of consultants and extensive resources. What do you do when there is no trauma team? You are taught to stabilize and transfer to definitive care, but when you contact the receiving facility do they always ask what the CT showed? During this case-based discussion, the speaker will focus on issues unique to those physicians who practice in rural areas or non-trauma centers. Questions/scenarios from the audience will be encouraged.

Trauma Management: A Visual Approach to Pearls and Pitfalls

MO-209 / 1 Hour
Faculty: Trevor J. Mills, MD, MPH, FACEP

Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition and management of the injury. The speaker will highlight important clinical pearls and pitfalls in the management of trauma patients from a visual perspective. The speaker will also integrate physical examination findings, radiographs, CT scans, and other visual cues necessary for management of trauma patients.

Traumatic Shock, Let’s be Blunt

SA-10 / 1 Hour
Faculty: Carlo Rosen, MD, FACEP

The management of blunt trauma complicated by shock is a diagnostic and treatment conundrum. What injuries should be prioritized? When should the patient receive a massive transfusion? When is permissive hypotension appropriate? When is the patient stable enough for CT or should it never be performed? At what point should ED thoracotomy be performed? The speaker will answer these questions and give you the necessary tools to treat these patients.

REGISTER BY PHONE AT 800-798-1822, EXT. 6
Acute Pelvic Pain: Dealing with the Challenge
MO-249 / 1 Hour
Faculty: Tina M. Latimer, MD, MPH

The patient with acute pelvic pain is common and yet offers a dizzying array of diagnostic possibilities ranging from the trivial to the life-threatening. The physician must contend with subtle signs and symptoms that overlap significantly from one diagnostic category to the other. The presenter will review the diagnosis and management of PID, ovarian cyst disease, torsion, non-pregnant vaginal bleeding, and non-gynecologic disorders that may present principally with pelvic pain. Special focus will be placed on the physical findings, laboratory testing, and the special role of ED ultrasound in the work-up and management of these challenging patients.

Emergency Delivery: Are You Prepared?
TU-284 / 1 Hour
Faculty: Carrie D. Tibbles, MD

No matter how “naturally” a pregnant woman delivers her child, if it’s in your ED, it becomes an emergency delivery. During this course, the speaker will discuss the management of the complications associated with an emergency delivery, identifying necessary equipment, and identifying patients who cannot be transferred to labor and delivery. Are you and your facility prepared for this event?

From X-Rays to Antiemetics: Difficult Decisions in the Pregnant Patient
MO-194 / 1 Hour
Faculty: Alfred D. Sacchetti, MD, FACEP

In no other patient are the risk/benefit decisions for emergency physicians more difficult than the pregnant patient. The speaker will explore the realistic potential radiation dangers associated with common ED radiographic studies and the teratogenic or physiologic effects of frequently used medications. Specific clinical scenarios, including allergic reactions, right-lower-quadrant abdominal pain, pulmonary embolism, minor traumatic injuries, seizures, pain, and various infections will be discussed.

Half-Baked: Emergencies in the Second Trimester of Pregnancy
SA-03 / 1 Hour
Faculty: Charlotte Page-Wills MD

Managing the pregnant patient at the cusp of viability is challenging. Rapidly and accurately determining fetal viability is crucial and can radically change the management of your patient. The speaker will discuss strategies to determine fetal viability both in utero and after delivery. The basic approach to preterm labor, bleeding, and resuscitation of the mid-pregnancy patient also will be covered.

To Section or Not to Section: The Emergency Department Peri-Mortem C-Section
SA-43 / 1 Hour
Faculty: Charlotte Page-Wills MD

Peri-mortem C-section in the ED is one of the most heroic procedures in the EM scope of practice. Peri-mortem C-section is exceedingly rare, and the decision to embark on this procedure must literally be made within seconds to minutes. The speaker will discuss the controversy surrounding this procedure from both the emergency medicine and surgical perspectives. Indications and contraindications will be discussed. The procedural approach to peri-mortem section, as well as post-procedure complications also will be covered.

Third Trimester and Postpartum Disasters
TU-310 / 1 Hour
Faculty: Carrie D. Tibbles, MD

Third trimester and postpartum complications can be an infrequent, stressful, and challenging for the emergency physician. The speaker will highlight the presenting symptoms and latest advances in the treatment of pregnancy-induced hypertension, pre eclampsia, eclampsia, cardiomyopathy, bleeding/previa, abrupt placenta, and early labor. A review of the most recent literature pertinent to these diseases in pregnancy and the postpartum also will be discussed.

Twist & Shout! GU Emergencies: Tricks of the Trade
TU-279 / 1 Hour
Faculty: Gary W. Tamkin, MD, FACEP

Acute scrotal or penile pain can cause a high level of anxiety for the patient or their caretaker, as well as for the health care provider. The challenge in emergency practice is to differentiate conditions requiring prompt evaluation and action from urgent conditions that are amenable to outpatient management. The speaker will assist you in navigating your way through these potentially treacherous waters by providing an evidence-based, best-practices approach to the male complaining of acute scrotal or penile pain.

What Goes in Must Come Out: Tricks of the Trade for Urologic Procedures
TU-279 / 1 Hour
Faculty: Gary W. Tamkin, MD, FACEP

Emergency physicians are confronted with a myriad of genital-urinary emergencies. Rapid recognition and therapy is critical to appropriately manage these patients. Using a case-based approach, the speaker will share tricks of the trade on how to relieve urinary obstruction when Foley placement is challenging, deal with foreskin related emergencies, and how to properly drain vaginal abscesses.
Check-in for attendees that have received their registration packet in the mail prior to the meeting will be available at the Hilton San Francisco. Look for the ACEP Remote Check-In Desk during the following hours:

Friday, October 14 / 8:00 am – 7:00 pm
Saturday, October 15 / 7:00 am – 1:00 pm

Cancellations submitted in writing and received on or before Thursday, September 15 will receive a refund of fees paid less a $50 cancellation fee. No telephone cancellations will be accepted. Cancellations received after Thursday, September 15 will be assessed a $100 cancellation fee. No refunds will be made for a cancellation request postmarked after Friday, October 14. All lab cancellations received after Thursday, September 15 will not be refunded. To cancel, write to ACEP Meeting Registrar, PO Box 619911, Dallas, TX 75261-9911, fax to 972-580-2816 or email meetingregistrar@acep.org.

- **Attendees who register on or before September 16**, the registration packet will be mailed to their selected address. Due to time sensitive materials, international registration packers will not be mailed. Changes to schedules CANNOT be made after this date until registrant is onsite.

- **Attendees who register between September 17 and September 28**. These packets will be printed and ready for pick-up onsite at the Pre-Registration Packet Pick-up (includes International packets). Changes to schedules CANNOT be made after this date until registrant is onsite.

**Scientific Assembly Website updates**... ACEP continuously updates the Scientific Assembly Website to enhance your registration process and to help bring you the most current meeting and destination information. Please visit www.acep.org/sa for more details.
SCIENTIFIC ASSEMBLY REGISTRATION

Register Online: acep.org/sa • TELEPHONE: 800-798-1822, ext. 6
Mail To: ACEP Meeting Registration / PO Box 619911 / Dallas, Texas 75261-9911 • FAX: 972-580-2816 (Available 24 hours)
E-Mail: meetingregistrar@acep.org (For questions or information)

REGISTER BY PHONE AT 800-798-1822, EXT. 6

Last day to register is Friday, September 28. After September 28, you must register onsite.

PLEASE PRINT OR TYPE

ACEP ID NUMBER (From Address Label)

NAME (Last, First, Middle)

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP)

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CITY/STATE/COUNTRY/ZIP+4

PREFERRED TELEPHONE NUMBER (Including Area Code)

E-MAIL ADDRESS (Required to receive conference/evaluation correspondence.)

FAX NUMBER (Including Area Code)

Check if this is an address correction: [Home] [Hospital] [Business]

If you are disabled and require assistance while attending Scientific Assembly, please call 800-798-1822, ext. 6

(Guests may visit the exhibits but may not attend courses without separate registration.)

REGISTRANT BADGE INFORMATION

It may be necessary to abbreviate names or titles for badge entry.

REGISTRANT NAME (Last, First)

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP)

CITY/STATE/COUNTRY

GUEST BADGE INFORMATION (1 guest per registrant)

GUEST NAME (Last, First)

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP)

CITY/STATE/COUNTRY

COURSE SELECTION: Make course selections before returning this form. Your schedule will dictate the number of course entries.

Be sure to block out complete periods for courses exceeding one hour. If you have no selection, leave space empty. Do not overlap courses.

<table>
<thead>
<tr>
<th>COURSE SELECTION</th>
<th>8:00</th>
<th>9:00</th>
<th>10:00</th>
<th>11:00</th>
<th>12:00</th>
<th>1:00</th>
<th>2:00</th>
<th>3:00</th>
<th>4:00</th>
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</thead>
<tbody>
<tr>
<td>SA/Saturday</td>
<td>First Choice</td>
<td>OPENING SESSION</td>
<td>VISIT THE EXHIBITS</td>
<td>VISIT THE EXHIBITS</td>
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<tr>
<td>October 15</td>
<td>Second Choice</td>
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| SU/Sunday        | First Choice | VISIT THE EXHIBITS | VISIT THE EXHIBITS |     |     |     |     |     |     |
| October 16       | Second Choice |               |                   |     |     |     |     |     |     |

| MO/Monday        | First Choice | VISIT THE EXHIBITS | VISIT THE EXHIBITS |     |     |     |     |     |     |
| October 17       | Second Choice |               |                   |     |     |     |     |     |     |

| TU/Tuesday       | First Choice | VISIT THE EXHIBITS | VISIT THE EXHIBITS |     |     |     |     |     |     |
| October 18       | Second Choice |               |                   |     |     |     |     |     |     |
PEER VIII – Physician’s Evaluation and Educational Review in Emergency Medicine, Vol. 8

REGISTRATION FEES
(Please Check All Appropriate Boxes)

Discount Fee	Regular Fee

- Acep Member* ........................................ $650 . . . . . $750
- Physician Non-Member ................................ $895 . . . . . $995
- Acep Resident Member* ................................ $350 . . . . . $450
- Non-Member Resident** ........................... $425 . . . . . $525
- Nurse ...................................................... $395 . . . . . $495
- Nurse Practitioner ..................................... $395 . . . . . $495
- Representative of Developing Countries .... $425 . . . . . $525
- Honorary/Life Members*** ........................ $450 . . . . . $550

- Acep Member Medical Student* ................. $95 . . . . . $195
- Non-Member Medical Student** ................ $195 . . . . . $295
- Administrator/Other ................................ $850 . . . . . $950
- Physician Assistant ................................. $395 . . . . . $495
- International Non-Member ....................... $725 . . . . . $825
- EMT/Paramedic ....................................... $375 . . . . . $475
- Pharmacist ............................................. $395 . . . . . $495

- Acep Member Medical Student* ................. $95 . . . . . $195
- Non-Member Medical Student** ................ $195 . . . . . $295
- Administrator/Other ................................ $850 . . . . . $950
- Physician Assistant ................................. $395 . . . . . $495
- International Non-Member ....................... $725 . . . . . $825
- EMT/Paramedic ....................................... $375 . . . . . $475
- Pharmacist ............................................. $395 . . . . . $495

- Acep Member Medical Student* ................. $95 . . . . . $195
- Non-Member Medical Student** ................ $195 . . . . . $295
- Administrator/Other ................................ $850 . . . . . $950
- Physician Assistant ................................. $395 . . . . . $495
- International Non-Member ....................... $725 . . . . . $825
- EMT/Paramedic ....................................... $375 . . . . . $475
- Pharmacist ............................................. $395 . . . . . $495

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- Pharmacist ............................................. $395 . . . . . $495

PAYMENT METHOD
(Payment is due at time of registration)

- My check for $ _______________ is enclosed. (Payable to ACEP in US currency only)

Please charge to my credit card:

- VISA
- MasterCard
- Discover

Card #: ____________________________
Expiration date: ____________________
Name as it appears on card (Please Print) ________________________________
Signature __________________________
Zip code of billing address ____________________________
Security Code ______________________

ACEP RESEARCH FORUM ATTENDEES

- Yes, I am a Scientific Assembly 4-day registrant and plan to attend the Research Forum, October 15-16
- Presenter
- Non-Presenter

EMRA MEDICAL STUDENT AND RESIDENT FORUMS

- Yes, Register me for the following EMRA Events at Scientific Assembly.
  (there are no fees to attend the EMRA activities)
- Medical Student Forum – Oct. 15
- Resident Forum – Oct. 16
- EMRA Representative Council Meeting – Oct. 17

* Must provide ACEP member ID number
** Must provide letter of verification
*** Member of ACEM, BAEM, or CAEP
**** This fee applies only to new Honorary and Life members designated after 2005. All Honorary and Life members designated prior to 2006 receive complimentary registration.
### Research Forum Registration

Register Online: acep.org/sa • TELEPHONE: 800-798-1822, ext. 6
Email: meetingregistrar@acep.org

**Last day to register is Friday, September 28. After September 28, you must register on-site.**

#### Please Print or Type

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>ACEP ID Number (From Address Label)</td>
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<tr>
<td>NAME (Last, First, Middle)</td>
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<tr>
<td>TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP)</td>
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<tr>
<td>Mailing Address (For Confirmation &amp; Information)</td>
<td>Home □ Hospital □ Business</td>
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<td>CITY/STATE/COUNTRY/ZIP+4</td>
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<td>Preferred Telephone Number (Including Area Code)</td>
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<td>E-MAIL ADDRESS (Required)</td>
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#### Hospital/Business Information for Exhibitor Contact

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<tr>
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#### Registrant Badge Information

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**Please note:** There is no charge to attend Research Forum if you are a 4-day registrant of ACEP's 2011 Scientific Assembly. This benefit applies to all 4-day professional categories listed on the Scientific Assembly registration form. You must complete the entire Scientific Assembly registration form on pages 51 and 52 and mark the Research Forum box on page 52.

#### Guest Badge Information (1 guest per registrant)

<table>
<thead>
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<tr>
<td>GUEST NAME (Last, First)</td>
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(Guests may visit the exhibits but may not attend courses without separate registration.)

**Please Note**

- It may be necessary to abbreviate names or titles for badge entry.

#### Payment Method

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**Please charge to my credit card:**

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<tr>
<td>Card #:</td>
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<tr>
<td>Expiration date:</td>
<td></td>
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<td>Name as it appears on card (Please Print)</td>
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<td>Signature</td>
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<td>Security code</td>
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### Additional Information

- Presenter / $290
- Nonpresenter / $293
- Presenter-one day only / $105
  - Saturday
  - Sunday

**Register by Phone at 800-798-1822, Ext. 6**

---

**FAX NUMBER**

**ACEP ID NUMBER**

**NAME**

**TITLE**

**MAILING ADDRESS**

**CITY/STATE/COUNTRY/ZIP+4**

**PREFERRED TELEPHONE NUMBER**

**E-MAIL ADDRESS**

**FAX NUMBER**

**CHECK IF THIS IS AN ADDRESS CORRECTION:**

**REGISTRANT BADGE INFORMATION**

**GUEST BADGE INFORMATION**

**PAYMENT METHOD**

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**Register Online:** acep.org/sa • TELEPHONE: 800-798-1822, ext. 6
Email: meetingregistrar@acep.org (For questions or information)

**Mail To:** ACEP Meeting Registration / PO Box 619911 / Dallas, Texas 75261-9911 • FAX: 972-580-2816 (Available 24 hours)
In an effort to keep meeting costs down and registration fees as low as possible, the American College of Emergency Physicians is asking that you book your hotel room at one of the hotels listed below through our housing company, Momentum Event Network, LLC. ACEP negotiates hotel contracts on your behalf, and if our housing blocks are not filled, ACEP pays penalty fees. Special room rates have been contracted in an effort to provide affordable lodging options. Staying at a hotel that does not appear on the list below will exclude you from special ACEP programs taking place at the official hotel. In addition, booking a hotel reservation via other means may leave you susceptible to cancellation by the hotel.

The hotels listed below are only those included in the ACEP block of rooms. These hotels will not accept reservations if contacted directly. Shuttle service will be available between the hotels and Moscone Center South as indicated below. To make hotel reservations, visit our website at www.acep.org/sa and click on the Hotel & Travel link, or call Momentum Event Network, LLC at 855-827-8200 (U.S. & Canada) or 612-767-8260 (outside U.S. or Canada). Reservations can also be made by fax or mail. See enclosed Hotel Reservation Request Form or Hotel room rates are subject to applicable state and local taxes (currently 15.58% per night) at time of check-in.

Shuttle service will be provided between the following hotels and Moscone Center South:

**Hilton San Francisco (Headquarters Hotel)**
333 O’Farrell Street ......................... San Francisco, CA 94102  
- $201 single / $222 double

**Westin St. Francis**
335 Powell Street. ............................ San Francisco, CA 94102  
- $285 single / $285 double

**Grand Hyatt San Francisco on Union Square**
345 Stockton Street. .......................... San Francisco, CA 94108  
- $222 single / $222 double

**Westin San Francisco Market Street**
50 Third Street. ............................... San Francisco, CA 94103  
- $279 single / $289 double

**Palace Hotel**
2 New Montgomery Street. .................. San Francisco, CA 94105  
- $259 single / $259 double

*The following hotels are within walking distance to Moscone Center South; no shuttle is necessary:*

**San Francisco Marriott Marquis**
55 Fourth Street. ............................. San Francisco, CA 94103  
- $254 single / $254 double  
**Location:** 1 block from Moscone Center South

**W San Francisco**
181 Third Street. ............................. San Francisco, CA 94103  
- $319 single / $319 double  
**Location:** 1 block from Moscone Center South

**Air Travel**
ACEP has made arrangements with Campbell Resources to handle airline ticketing for Scientific Assembly. To make your reservations through Campbell Resources, call 800-875-2540 or 972-789-5611, Monday through Friday from 8:00 am – 5:30 pm CST, or email your request to travel@campbell-travel.com. Be sure to mention that you are attending the ACEP Scientific Assembly. You may be able to obtain a lower fare by asking for connecting flights, rather than direct flights. Please specify your preference when speaking with the travel agent. Campbell Travel will assess a $25 fee per transaction to the total amount of the purchase. This travel agency offers the lowest airfares available at the time of booking. Campbell uses real-time automatic tracking systems to compare ticket prices with other available flights on an ongoing basis until the ticket is printed and mailed. Be sure to mention that you are attending the ACEP Scientific Assembly.

**Ground Travel**
San Francisco is one of the easiest cities in the world to navigate. Public transportation options abound, including world-famous cable cars, to provide fun choices. San Francisco International Airport (SFO) lies just 14 miles south of downtown San Francisco. Approximate time to downtown ranges between 20-30 minutes depending on the time of day and mode of transportation. Shuttles will be available from designated hotels to Moscone Center during Scientific Assembly. Refer to shuttle service on page 7.

**Taxi Information**
Taxi service is available from SFO to downtown. Approximate fare to a downtown destination is $30-44. Taxis may add a $2.00 pass-through fee to all airport fares leaving SFO. Voluntary ride sharing for two or more persons with a maximum of three destinations is permitted.

For additional information on airport transit, visit the Web site for San Francisco International Airport, www.flysfo.com and click the Ground Transportation link.

Note: The information and figures in this document are subject to change. For the most up-to-date information, please visit our website at www.acep.org/sa.
HOTEL RESERVATION REGISTRATION

REGISTER ONLINE: www.acep.org/sa
MAIL TO: ACEP Housing Center / Momentum Event Network, LLC / 6119 Yorkshire Drive / Dallas, TX 75230
TELEPHONE: 855-827-8200 (US or Canada) or 612-767-8260 (Outside US or Canada) Monday-Friday 9:00 am-5:00 pm (CST)
FAX: 214-368-3046
E-MAIL: bfett@momentum-event.com

RESERVATION DEADLINE: September 16, 2011

PLEASE PRINT OR TYPE
Confirmation will be sent from Momentum Event Network by e-mail, or mail. Do not expect a confirmation from the hotel. (Please print or type)

NAME (Last, First, Middle) ____________________________
COMPANY/HOSPITAL ____________________________
STREET ADDRESS ____________________________
E-MAIL ADDRESS (Required for Reservation Acknowledgement) ____________________________
CITY, STATE, COUNTRY, ZIP+4 (if applicable) ____________________________
TELEPHONE (Including Area Code) ____________________________
FAX (Including Area Code) ____________________________

HOTEL PREFERENCES

Rooms are assigned on a first-come, first-served basis. Please list at least two choices. If your hotel choice is not available, you will be assigned to the next available hotel in order of preference. Please keep in mind that many of the attendees will be making their reservations through the ACEP Housing Center, and a limited number of rooms are available in each hotel. Failure to receive your first choice does not constitute an error. Rates do not include tax, which is currently 15.58% (subject to change). Please note that the Hilton San Francisco will be the official headquarters hotel for the 2011 Scientific Assembly.

GUARANTEE/CANCELLATION POLICY

A major credit card number is required to secure each room before a reservation may be processed. Early departures are subject to penalty fees set by the hotel. A charge of first night’s room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no show). After September 16, cancellations will be charged $25 cancellation fee. Cancellations within 72 hours prior to the day of arrival will be charged a first night’s room and tax. Credit cards will only be charged if cancelled within the penalty period.

BILL MY CREDIT CARD
☐ VISA ☐ MasterCard ☐ Discover

Card #: ____________________________
Expiration date: ____________________________
Cardholder’s name ____________________________
Signature ____________________________

ROOM TYPE REQUESTED
☐ King Bed ☐ Double Beds
☐ Non-smoking ☐ Wheelchair Accessible
Other: ____________________________________________
Number of persons in room: ____________________________

COUNCILLORS
☐ I am an ACEP Councillor. – Please provide Promo Code below (Promo Code will be sent to Councillors)
WHO SHOULD ATTEND

- Emergency Physicians
- Emergency Nurses
- Nurse Practitioners
- Residents
- Medical Students
- Physician Assistants
- Emergency Department Medical Directors
- Hospital Administrators
- EMTs/Paramedics
- Other healthcare providers engaged in the practice of emergency medicine

Earn up to 28.5 Hours of AMA PRA, ACEP, and AAFP Credit. Earn 28 Hours AOA Credit.