



Vol. XLIII No. 1



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2 From the President

Diana Nordlund, DO, JD, FACEP

"We've wrapped up January with Winter Symposium, and congratulations are due to the whole team for another successful event. In addition to the excellent educational content, the College welcomed the newest Leadership Development Program class at our first in-person gathering of the year and enjoyed the collegiality and camaraderie that being together brings. I am happy to report that, to my knowledge, no ACLs were blown out on the slopes this year; better yet, acrophobia was dramatically battled during a daring traverse of the new timber-towered suspension SkyBridge, and body surfing was brought to a new level (though whether to a high or low remains to be seen) in Avalanche Bay."

3 From the Editor

Sara Chakel, MD, FACEP

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5 Reimbursement Column

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6 MCEP Resident Case Report

Etienne Galbreath, DO; Anthony Shabro, DO; and Dominique Hill, MD, FACEP from St. Mary Mercy Hospital, Livonia, MI

Submissions to the March/April 2023 Newsletter should be received by the Chapter office no later than April 1, 2023.

We've wrapped up January with Winter Symposium, and congratulations are due to the whole team for another successful event. In addition to the excellent educational content, the College welcomed the newest Leadership Development Program class at our first in-person gathering of the year and enjoyed the collegiality and camaraderie that being together brings. I am happy to report that, to my knowledge, no ACLs were blown out on the slopes this year; better yet, acrophobia was dramatically battled during a daring traverse of the new timber-towered suspension SkyBridge, and body surfing was brought to a new level (though whether to a high or low remains to be seen) in Avalanche Bay.

As we look ahead to the rest of 2023, one wonders what the year will bring. We will continue to work for increased legal protections against violence for Emergency Medicine physicians and other professionals when providing care in the ED. We'll continue to build strength in cross-specialty coalitions. We will further cultivate our already vigorous involvement in local, regional, state, and national internal governance and general furtherance of Emergency Medicine. We'll continue to deepen our service

to our members, our profession, and our patients.

It bears noting that, as of the first day in February, we've seen the sun in at least parts of the state for three days in a row now — three days in a row! — and it's too early to discern whether that is an extremely auspicious sign or if it's all downhill from here. Only Punxsutawney Phil can tell us for sure.



Diana Nordlund, DO, JD, FACEP

The College continues to advocate for the EM Doc: From rural to tertiary, from independent practice to employed, from resident to retired. The team is here to answer your questions, address your concerns, and fight for your needs. We're in this together. §

2023 BOARD ELECTIONS

All active members of the Michigan College of Emergency Physicians interested in serving on the Board of Directors are encouraged to submit their names to the 2023 Board Nominating Committee for consideration as the Committee develops the slate of candidates. New Board members will be selected by the membership during the Annual Meeting that takes place at the Michigan Emergency Medicine Assembly to be held at the beautiful Grand Hotel on Mackinac Island at the end of July. **Four** 3-year positions on the Board are open for election this year, with two incumbents.

Those interested in Board service should e-mail their notice of intention to the Chapter office, mcep@mcep.org, no later than **March 1, 2023**. Please include with your notice a brief biographical sketch, a copy of your curriculum vitae, current photo, and your preferred contact information. Any questions regarding Board service and expectations should also be directed to the Chapter office. Thank you! §

Critical Care in the ED

March 23, 2023 - Virtual Zoom Meeting

The banner features a dark blue background with a white ECG line at the bottom. Above the ECG, there are four circular icons: a person with a cross, a pill, a first aid kit, and a syringe. The text "Critical Care in the ED" is in large white letters, and "March 23, 2023 - Virtual Zoom Meeting" is in smaller white letters below it.

"The days are long, but the years are short." – Gretchen Rubin

As February turns slowly into March and this mild Michigan winter begins to melt into spring, I had planned to reflect upon the above quotation, as it resonates both in personal and professional life as we approach the three-year anniversary of the COVID pandemic's ugly appearance in Michigan.

Then came February 13, 2023. I don't think there's a single emergency physician in the state who is not touched in some way by this tragedy. Many of you were undergrads or medical students at Michigan State University (MSU). Others completed or are currently in residency training in Lansing or at a program associated with the MSU-Statewide Campus System (SCS). Some, including several members of the current MCEP Board of Directors, work at Sparrow Hospital or have worked there previously. Still others are clinical teaching faculty for MSU at other hospitals throughout the state. Most frighteningly, several of you have family or friends who are part of the current campus as students or employees. Even if none of the above descriptions fit your situation, through involvement in MCEP and by working in the state of Michigan, we all have some connection with East Lansing.

As far as February 13 goes, this was an ordinary Michigan day for most, until the waning evening hours when chaos broke out in East Lansing. Sadly, this was the second time in two years that a mass shooting occurred in our state. There was much fear and uncertainty as we collectively watched events unfold in real time. I thought of the emergency department team at Sparrow, caring for shooting victims and tensely preparing to care for an unknown number of additional casualties, adrenaline running high as the situation remained unresolved for the next several hours. I monitored text messages and social media to see people slowly mark themselves safe. I grieved to think of others also waiting for messages that were never sent.

As February continues to plod towards March, we begin to process another senseless mass shooting. We mourn three young lives cut inexcusably short and five more that have been violently disrupted. We support our colleagues who were directly on the front lines as February 13 drew to a close, knowing that any of us may one day be faced with a similar call to action. We will continue to help care for the mental and physical well-being of tens of thousands of persons directly impacted by the advice to, "Run, hide, fight."

There is a push to do something, anything, to prevent future similar tragedies. If answers and solutions were easy, we would not be addressing this again and again and again. As debate and politics heat up, let's come together as emergency physicians and speak up for our patients, our communities, our workplaces, and ourselves. Let's support research and evidence-based solutions. Let's focus on that which brings us together, not that which divides us.



www.mcep.org

In closing, I reiterate that, "The days are long, but the years are short." This month finds us addressing a situation that is both unique to MSU this month but also much too generalizable across the past few decades. We have printed MCEP's statement of support for MSU in this issue of News and Views, but I will also reprint an excerpt from our prior statement of support following the Oxford High School tragedy:



Sara Chakel, MD, FACEP

"Firearm injuries continue to be a significant public health issue in the United States. MCEP stands with the [American College of Emergency Physicians](#) in supporting research into public policies that may reduce the risk of all types of firearm-related injuries. We ask legislators, researchers, and the public to come together to implement expedient solutions to this ongoing public health crisis. "There are no sidelines – only front lines." – The American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)"

Take care of yourselves. Give yourself the space you need to process and to grieve. Support your students, your colleagues, your family, and your friends. MCEP is here to support you. Go Green. Go White. §

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102nd MICHIGAN LEGISLATIVE SESSION BEGINS

On Wednesday, January 11th, the 2023-24 session began in the House and Senate. Later that week, committee rosters for both chambers were released – earlier than in the past decade. Also unprecedented was the swearing in of the first Black House Speaker, Joe Tate of Detroit. The first female Senate Majority Leader in history, Winnie Brinks of Grand Rapids, was being sworn in across the Capitol Rotunda. Governor Gretchen Whitmer kicked off her second term with her State of the State speech on January 25th.

As I mentioned, committee rosters were announced for the two-year cycle. Please review the House and Senate committee rosters that are a focus for MCEP's legislative efforts. If you have a relationship with your current state senator or state representative, please let MCEP leaders know so we can help you leverage that relationship for the profession.

• HOUSE HEALTH POLICY

- Julie Rogers (D) Kalamazoo (Chair)
- Karen Whitsett (D) Detroit (Majority Vice Chair)
- Curtis VanderWall (R) Ludington (Minority Vice Chair)
- Brenda Carter (D) Pontiac
- Jim Haadsma (D) Battle Creek
- Cynthia Neeley (D) Flint
- Carol Glanville (D) Walker
- Betsy Coffia (D) Traverse City
- Jennifer Conlin (D) Ann Arbor
- Alabas Farhat (D) Dearborn
- John Fitzgerald (D) Wyoming
- Reggie Miller (D) Van Buren Township
- Carrie Rheingans (D) Ann Arbor
- Graham Filler (R) St Johns
- Mike Mueller (R) Linden
- Greg VanWoerkom (R) Norton Shores
- John Roth (R) Green Lake Township
- Kathy Schmaltz (R) Jackson
- Jamie Thompson (R) Brownstown

• SENATE HEALTH POLICY

- Kevin Hertel (D) Saint Clair Shores (Chair)
- Sylvia Santana (D) Detroit (Majority Vice Chair)
- Paul Wojno (D) Warren
- John Cherry (D) Flint
- Veronica Klinefelt (R) Eastpointe
- Erika Geiss (D) Taylor
- Michael Webber (R) Rochester Hills (Minority Vice Chair)
- Roger Hauck (R) Mount Pleasant
- Mark Huizenga (R) Walker
- Jim Runestad (R) White Lake

• HOUSE DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROPRIATIONS (DHHS)

- Rep. Christine Morse (D) Texas Township (Chair)
- Rep. Jasper Martus (D) Flushing (Majority Vice Chair)
- Rep. Phil Green (R) Millington (Minority Vice Chair)
- Rep. Rachel Hood (D) Grand Rapids

- Rep. Felicia Brabec (D) Ann Arbor
- Rep. Amos O'Neal (D) Saginaw
- Rep. Ranjeev Puri (D) Canton
- Rep. Alabas Farhat (D) Dearborn
- Rep. Natalie Price (D) Berkley
- Rep. Philip Skaggs (D) East Grand Rapids
- Rep. William Snyder (D) Muskegon
- Rep. Ann M. Bollin (R) Brighton
- Rep. Luke Meerman (R) Coopersville
- Rep. Thomas Kuhn (R) Troy
- Rep. Donni Steele (R) Orion

• SENATE DHHS APPROPRIATIONS

- Sylvia Santana (D) Detroit (Chair)
- Kristen McDonald Rivet (D) Bay City (Majority Vice Chair)
- Jeff Irwin (D) Ann Arbor
- Mary Cavanagh (D) Redford Township
- John Cherry (D) Flint
- Darrin Camilleri (D) Brownstown
- Rosemary Bayer (D) Keego Harbor
- Rick Outman (R) Six Lakes (Minority Vice Chair)
- Lana Theis (R) Brighton
- Mark Huizenga (R) Walker
- Roger Hauck (R) Mount Pleasant



*Brett Marr, Lobbyist
Muchmore, Harrington, Smalley
& Associates*

VIOLENCE IN THE EMERGENCY DEPARTMENT AND MEDICAID REIMBURSEMENT

MCEP has been working with MSMS and other health care groups to raise awareness of unnecessary violence in the Emergency Department (ED) workplace. Last session, we supported HB 5682 and successfully got it through the House. The bill ultimately died in lame duck in the Senate, but we are again working with Representative Mike Mueller of Genesee County. We expect to introduce the bill by March and begin working for House passage this spring. Senate consideration will be early summer or may spill over to fall session.

MCEP and MHSA will call on members in early 2023 to help educate new House and Senate members on challenges in the emergency department and with physician reimbursement for Medicaid plans. Our focus will be on Health Policy and DHHS Appropriations Committee members. Over half of the House of Representatives is brand new, so MCEP members will have to engage one on one with these members to help educate them on emergency medicine issues. Stay tuned for further details and requests for engagement! §

MDM RISK—MINOR OR MAJOR SURGERY

By now everyone should be very aware of the 2023 Medicare Physician Fee Schedule (MPFS) documentation guideline changes and should be starting to become comfortable in their implementation. There are certain common questions and uncertainties that seem to be recurring. We will try to address these over the next few months. The new Medical Decision Making (MDM) grid should be something that all physicians become familiar with and have a copy for their reference.

ACEP has assembled 40 FAQs on the new documentation guidelines under the Reimbursement section of the ACEP website. This is available at <https://www.acep.org/administration/reimbursement/reimbursement-faqs/2023-ed-em-guidelines-faqs/>. FAQ #40 has a direct link to the grid for your reference.

One of the most commonly questioned areas that we are currently seeing revolves around the risk column and the reference to a “decision regarding emergency minor or major surgery.” The term surgery can be misleading. A more appropriate term in the context of the emergency department would be “procedure.” The determination that a procedure is a minor surgery versus a major surgery is at the discretion of the physician or qualified health professional performing the service.

Procedures frequently performed in the ED that may be considered minor surgery may include, but are not limited to:

- Simple wound repair
- Foreign body removal
- Incision and drainage
- Non-displaced fracture care
- Reductions of small joints (e.g., fingers and toes)
- Epistaxis management
- Provider placed foley catheter
- Trigger point injections
- Joint aspirations

Procedures frequently performed in the ED that may be considered major surgery may include, but are not limited to:

- Displaced fracture care
- Complex wound repair
- Reduction of an intermediate joint dislocation (e.g., TMJ, acromioclavicular, wrist, elbow, or ankle)
- Reduction of a major joint dislocation (e.g., shoulder, hip, or knee)
- Chest tube placement
- Cardioversion
- Endotracheal tube/advance airway support
- CPR
- Pericardiocentesis
- Thoracentesis
- Paracentesis
- Central line/Arterial line placement
- IO insertion
- Fascia iliaca block or other regional blocks

These lists are not all inclusive and CPT/CMS will likely provide examples and further clarity in the future. I would encourage all groups to have discussions with your revenue cycle management (RCM) companies to define internal guidelines based on compliance and comfort level for uniform documentation. §

Don H Powell, DO, FACEP

President- Medical management Specialists

Director of RCM and Advocacy- Emergency Care Specialists



Don H. Powell, DO, FACEP

LET'S DEFEAT COVID-19

By following these steps we will be able to overcome this pandemic and become stronger as a community:

- Regularly wash your hands
- Distance yourself socially
- Try and remain positive

Visit the MCEP website for updates and for our COVID-19 Resource Center here:





PHLEGMASIA CERULEA DOLENS: A CASE STUDY

Etienne Galbreath, DO; Anthony Shabro, DO; and Dominique Hill, MD, FACEP

INTRODUCTION:

Phlegmasia cerulea dolens is a life- and limb-threatening condition which can mimic other causes of back and leg pain. In the setting of acute back or leg pain with signs and symptoms of vascular compromise, a broad differential and timely appropriate imaging are key to preventing a delay in diagnosis of this rare but dangerous condition.

CASE REPORT:

A 48-year-old female with a history of bariatric surgery and prophylactically placed inferior vena cava (IVC) filter presented to the emergency department (ED) with a complaint of bilateral leg pain, paresthesia, and weakness, left greater than right. She had surgical open reduction with internal fixation (ORIF) of the right wrist at an outside hospital 3 days prior.

Physical exam was notable for weakness, with 3/5 strength in left knee flexion, 4/5 left hip flexion, 4/5 right knee flexion, and 4/5 right hip flexion. The patient had decreased sensation below the knees bilaterally as well as inability to plantarflex the toes bilaterally. A pulse could not be identified in the left foot either by palpation or doppler. A faint dorsalis pedis pulse in the right foot was found by doppler. Additionally, the patient had skin mottling in both extremities, left greater than right.

CTA of the abdominal aorta with runoff showed stranding surrounding the left iliac vein suggestive of left iliac deep venous thrombosis (DVT). Venous duplex ultrasound showed acute DVT originating in the IVC below the level of the IVC filter and extending into the right and left lower extremities, external iliac veins, common femoral veins, saphenofemoral junction, great saphenous veins, femoral veins, popliteal veins, and posterior tibial veins.

Vascular surgery was consulted, and heparin bolus as well as infusion were initiated in the ED. The patient was then taken to the OR for mechanical thrombectomy utilizing INARI FlowTrievers with left lateral calf compartmental fasciotomy. Afterwards, the patient developed circulatory shock from obstructed venous return and was started on a norepinephrine infusion. She was taken to the operating room a second time for placement of two EKOS catheters with an infusion of tPA. Postoperatively, the norepinephrine infusion was tapered off. The patient's course was further complicated by the development of rhabdomyolysis with requirement of continuous renal replacement therapy. Additionally, she also developed an abrupt lower gastrointestinal bleed requiring transfusion of two units of packed red blood cells. Ultimately, the patient was discharged to the inpatient rehabilitation service. Of note, she was found to have Factor V Leiden during hypercoagulability evaluation.

DISCUSSION:

Our case highlights major risk factors which can manifest as phlegmasia cerulea dolens – namely, the presence of an IVC filter, recent surgery, and Factor V Leiden, which in this patient was previously undiagnosed. While IVC placement has been demonstrated to be safe and effective in a variety of settings, including in gastric bypass surgery,^{2,6} one study identified a small number of large DVTs in 2 of 58 gastric bypass patients, both of

whom were found to have hypercoagulable conditions.⁶ This is attributed to the presence of the filter as a thrombogenic nidus in hypercoagulable patients.^{3,5} Moreover, in this patient's case, the IVC filter was noted to be deformed during examination intraoperatively, likely increasing its propensity to act as a thrombogenic nidus.

While phlegmasia cerulea dolens is the only formal indication for mechanical/pharmacological thrombectomy in DVT, there are no current formal guidelines on management of this rare condition. Initial treatment commonly involves intravenous heparinization and reevaluation in 6 to 12 hours for more invasive interventions if there is no clinical improvement.⁴ In this case, the patient developed clinical signs and symptoms of compartment syndrome and required urgent fasciotomy. While there is no standard for when compartment pressures should be checked in phlegmasia cerulea dolens, one review found 16% of phlegmasia cerulea dolens cases required fasciotomy.¹

In summary, this case demonstrates the severe complications of phlegmasia cerulea dolens and the need for swift diagnosis of this life- and limb-threatening condition. §

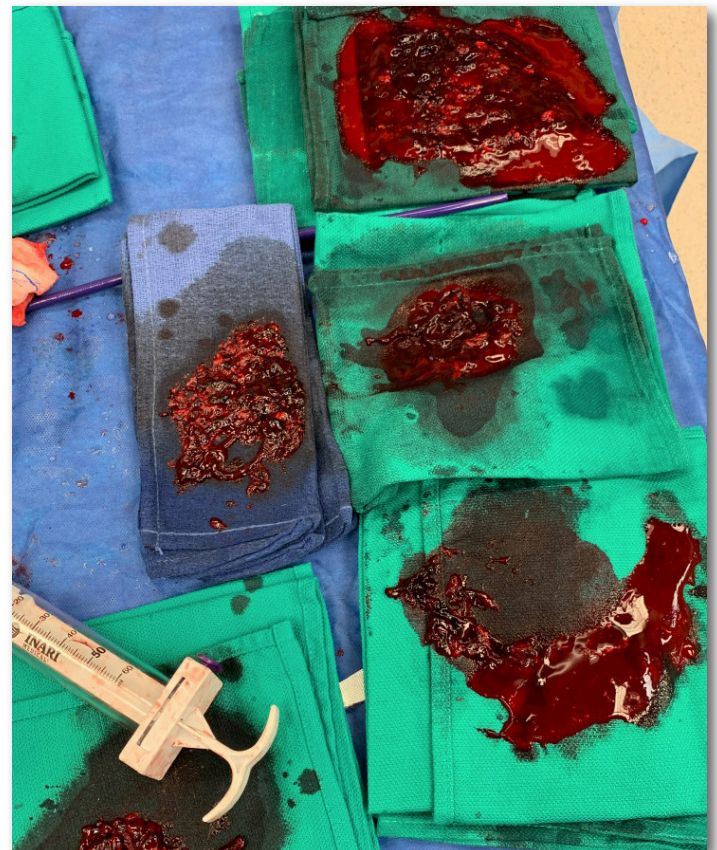


Figure 1. Vascular clot burden status post mechanical thrombectomy utilizing INARI FlowTrievers system.

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ABOUT THE OBSERVATION MEDICINE COMMITTEE

The Observation Medicine Committee consists of Observation Unit (OU) medical directors and physicians who have an interest in Observation Medicine across Michigan. We meet quarterly and work together to assist EM physicians starting or thinking about starting an OU in Michigan. We provide a collaborative platform to brainstorm and discuss issues OU directors may be facing and how best to inform and educate EM physicians and residents about Observation Medicine. Visit our webpage at: <https://www.mcep.org/about-us/committees/obstoc/> to learn more and to find information on:

- Protocols, pathways, and other tools for management of an Observation Unit
- Educational Observation Medicine content
- Observation Medicine educational opportunities such as medical student and resident elective rotations and OM fellowships
- Information about our yearly *Observation Medicine - Science and Solutions* conference. Save the Date for our 2023 virtual conference on September 15, 2023!

Please contact me at margarita.pena@ascension.org if you are interested in joining our committee.

Margarita E. Pena, MD, FACEP

Chair, Observation Medicine Committee



EMRAM SIMWARS

REGISTRATION DEADLINE MARCH 31, 2023

PLEASE CONTACT THE EMRAM/MCEP OFFICE AT MADEYV@MCEP.ORG TO REGISTER YOUR TEAM OR WITH ANY QUESTIONS.

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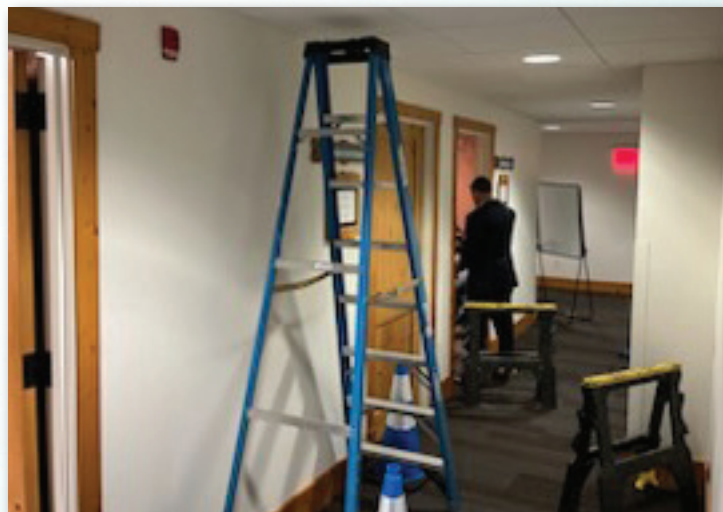
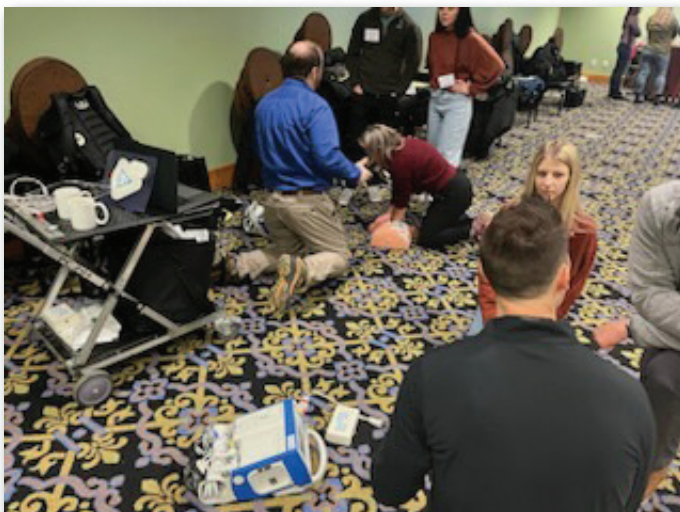
April 26, 2023 - Western Michigan University, Homer Stryker, MD School of Medicine
- Kalamazoo, MI

2023 WINTER SYMPOSIUM



MEDICAL STUDENT FORUM





ANSWER KEY FOR PAGE 11

1. Basal Cell Carcinoma
2. Shingles
3. Hypopyon
4. HHV-8 Kaposi Sarcoma
5. Hyphae on wet mount- Candidiasis
6. Koplik's spots-Measles
7. Pterygium
8. Felon
9. Congenital dermal melanocytosis (Mongolian spots)
10. Boutonniere deformity
11. Janeway lesions - Infective Endocarditis
12. Tinea Corporis



RECEPTION



EMRAM PRESIDENT COLUMN

Key is on Page 9

Fellow residents, ITE season is upon us! Even though we weren't able to offer a formal ITE review this year, here are some high yield images to peruse during your studying:

IMAGE CREDITS

1. https://www.shutterstock.com/image-photo/case-nodular-basal-cell-carcinoma-1639873987?utm_campaign=image&utm_medium=googleimages&utm_source=iptc
2. <https://www.shutterstock.com/image-photo/raised-red-bumps-blisters-caused-260nw-297165590.jpg>
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9. https://en.wikipedia.org/wiki/Mongolian_spot
10. [https://www.verywellhealth.com/thmb/duzGKu6gA5PeW9YUB6c2uoNqvoI=/1500x0/filters:no_upscale\(\):max_bytes\(150000\):strip_icc\(\)/finger-56a6d93a3df78cf772908aba.jpg](https://www.verywellhealth.com/thmb/duzGKu6gA5PeW9YUB6c2uoNqvoI=/1500x0/filters:no_upscale():max_bytes(150000):strip_icc()/finger-56a6d93a3df78cf772908aba.jpg)
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12. <https://dermnetnz.org/topics/tinea-corporis>



Krishna Patel, DO



MCEP Calendar of Events

January 26-29, 2023
Midwest Winter Symposium
Mountain Grand Lodge
Boyne Mountain, Michigan

January 28, 2023
Board of Directors
Mountain Grand Lodge
Boyne Mountain, Michigan

March 1, 2023
Board of Directors
Chapter Office
Lansing, Michigan

March 23, 2023
Critical Care in the
ED Conference
Virtual Zoom Meeting

April 20, 2023
MCEP Legislative
Day w/ LDP
Capitol Building
Lansing, Michigan



April 26, 2023
EMRAMS SIMWARS
Western Michigan University
SIM LAB
Kalamazoo, Michigan

April 30 - May 2, 2023
ACEP Leadership &
Advocacy Conference
Washington, DC

May 6, 2023
Mock Oral Board Review Course
Virtual Zoom Meeting

May 10, 2023
Board of Directors
Chapter Office
Lansing, Michigan

July 30 - August 2, 2023
Michigan EM Assembly
Grand Hotel
Mackinac Island, Michigan

July 30 - August 2, 2023
Michigan EM Assembly
Grand Hotel
Mackinac Island, Michigan

July 31, 2023
Annual Membership Meeting
& Board of Directors
Grand Hotel
Mackinac Island, Michigan

August 16, 2023
EM Career Planning:
Life After Residency
Somerset Inn
Troy, Michigan

September 6, 2023
Board of Directors
Chapter Office
Lansing, Michigan

September 15, 2023
Observation Medicine Conference
Virtual Zoom Meeting

September 26, 2023
MCEP Councillor Meeting
Chapter Office
Lansing, Michigan

October 7-8, 2023
ACEP Council Meeting
Philadelphia, Pennsylvania

October 9-12, 2023
ACEP Scientific Assembly
Philadelphia, Pennsylvania

November 14, 2023
Straight Talk
Reimbursement Course
Somerset Inn
Troy, Michigan

December 6, 2023
Board of Directors
Chapter Office
Lansing, Michigan



Executive Committee

Diana Nordlund, DO, JD, FACEP — *President*
president@mcep.org

Michael Fill, DO, FACEP — *President-Elect*

Therese Mead, DO, FACEP — *Treasurer*

Michael Gratson, MD, FACEP — *Secretary*

Gregory Gafni-Pappas, DO, FACEP — *Immediate Past President*

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Our hearts go out to Michigan State University and the families of the victims of the tragic shooting, as well as those of you on the front lines. Thank you for what you do every day for your patients, our communities, and each other. The College commends you and is here to support you in any way that we can.

Michigan Emergency Medicine News & Views is the official publication of the Michigan College of Emergency Physicians. Deadline for publication of all letters/articles is the 5th of the month prior. All correspondence should be addressed to MCEP News & Views, 6647 West St. Joseph Hwy., Lansing, MI 48917. Telephone (517) 327-5700, FAX (517) 327-7530, www.mcep.org. Opinions expressed within this newsletter do not necessarily reflect the College's point of view. While News & Views believes that the ads it accepts originate from reputable sources, it takes no responsibility for the consequences resulting from, or the responses generated by, any commercial or classified advertisement.



EMRAM Excellence in Teaching Award

The Emergency Medicine Residents' Association of Michigan (EMRAM) announces nominations are open for its 31st Annual Excellence in Teaching Award. This award is given to recognize faculty members who have made outstanding contributions to emergency medicine resident education. The award will be presented at the Michigan Emergency Medicine Assembly President's Banquet scheduled for **Tuesday, August 1, 2023** at the Grand Hotel on Mackinac Island, MI.

Nominations for the Excellence in Teaching Award should be submitted to the MCEP office no later than **March 15, 2023**. Nominations will be accepted from resident MCEP members ONLY. Nominees must be faculty members in any Michigan Emergency Medicine Residency Program as well as an MCEP member. Please, only one nomination per program.

Please submit your letter of nomination, along with a copy of the faculty member's CV to: Madey Costello at madeyv@mcep.org or EMRAM, 6647 West St. Joseph Hwy., Lansing, MI 48917.

Remembering Richard Nowak, MD, MBA, FACP

December 27, 1947 – January 26, 2023
MCEP Past President (1983-1984)



Considering EM or preparing to match to an EM Residency? This is the event for you!

MIDWEST MEDICAL STUDENT EMERGENCY MEDICINE SYMPOSIUM

APRIL 22, 2023

TOLEDO, OH



The symposium will prepare you for the residency match process and give you an opportunity to meet with faculty from dozens of residency programs.

www.ohacep.org/medstudents



4 Things to Know About Treating Patients for COVID

Hospitalizations of patients with COVID have been [ticking upward](#) since the fall of 2022. We can keep more people out of the hospital and from dying by educating our patients about [treatment options](#) for people at increased risk for severe COVID illness.

Here are 4 things to keep in mind about treating patients for COVID:

1. Physicians and other authorized health care providers are being advised to treat high-risk patients—even if their symptoms are mild—to reduce their chances of severe illness, hospitalization, or death.
2. Priority patients for treatment are those 50 and older (especially those over 65) and those with underlying conditions that put them at increased risk for COVID complications.
3. Knowing a patient’s medical history and current medications is critical to guide treatment options.
4. Treatment for high-risk eligible patients must begin within 5 to 7 days of symptom onset, depending on the treatment.

Effectiveness of treatments against Omicron subvariants

Currently authorized or approved treatments for COVID are [expected](#) to continue to be active against the currently circulating Omicron subvariants. Federal health agencies are monitoring data and will issue alerts and recommendations as needed to help physicians provide their patients with the best and most effective treatment possible.

Vaccination remains the best protection

The best advice we can still give our patients is to stay up to date with their COVID vaccine—that includes getting an updated bivalent COVID vaccine as soon as they’re eligible.

Wearing masks in indoor public settings where [the risk that COVID poses to the community](#) is high also helps protect our patients.

