URGENT & EMERGENCY CARE CLINICAL PEARLS

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Learning Objectives

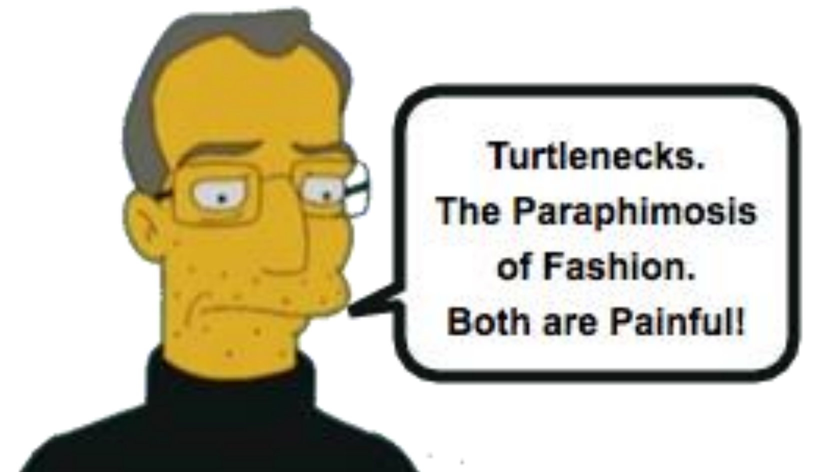
1. Review common and uncommon urgent / emergent conditions to help you recognize and treat them more efficiently

2. Optimize patient flow and resource utilization in clinic, urgent care and emergency department

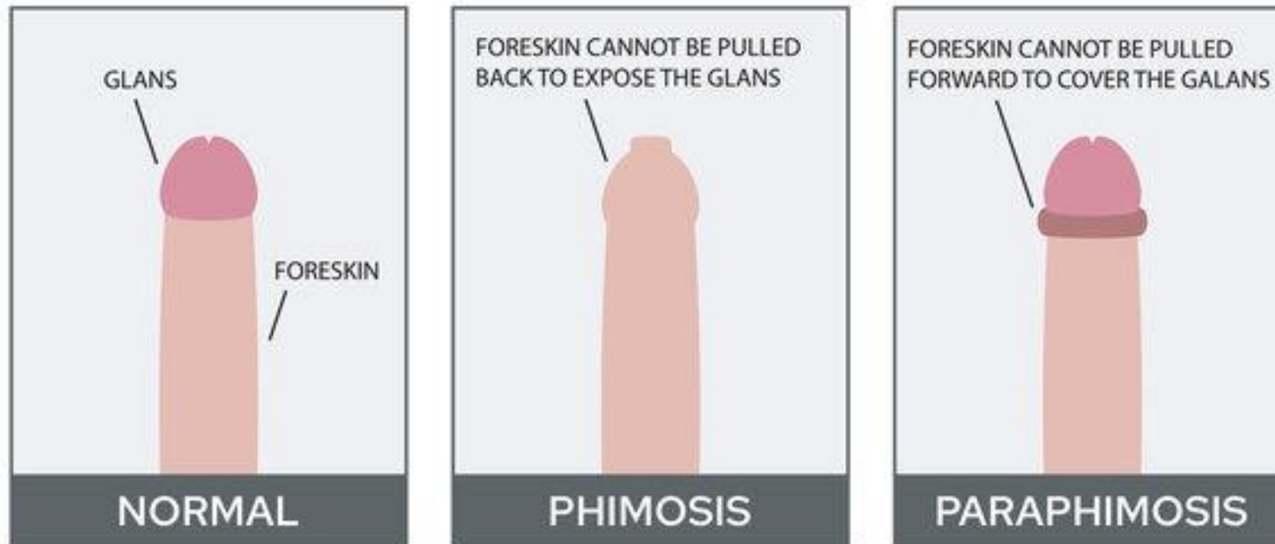
3. Add tips and tricks to your medicinal tool bag to enhance your procedural competency

Paraphimosis

How do you remember the difference - phimosis versus paraphimosis??



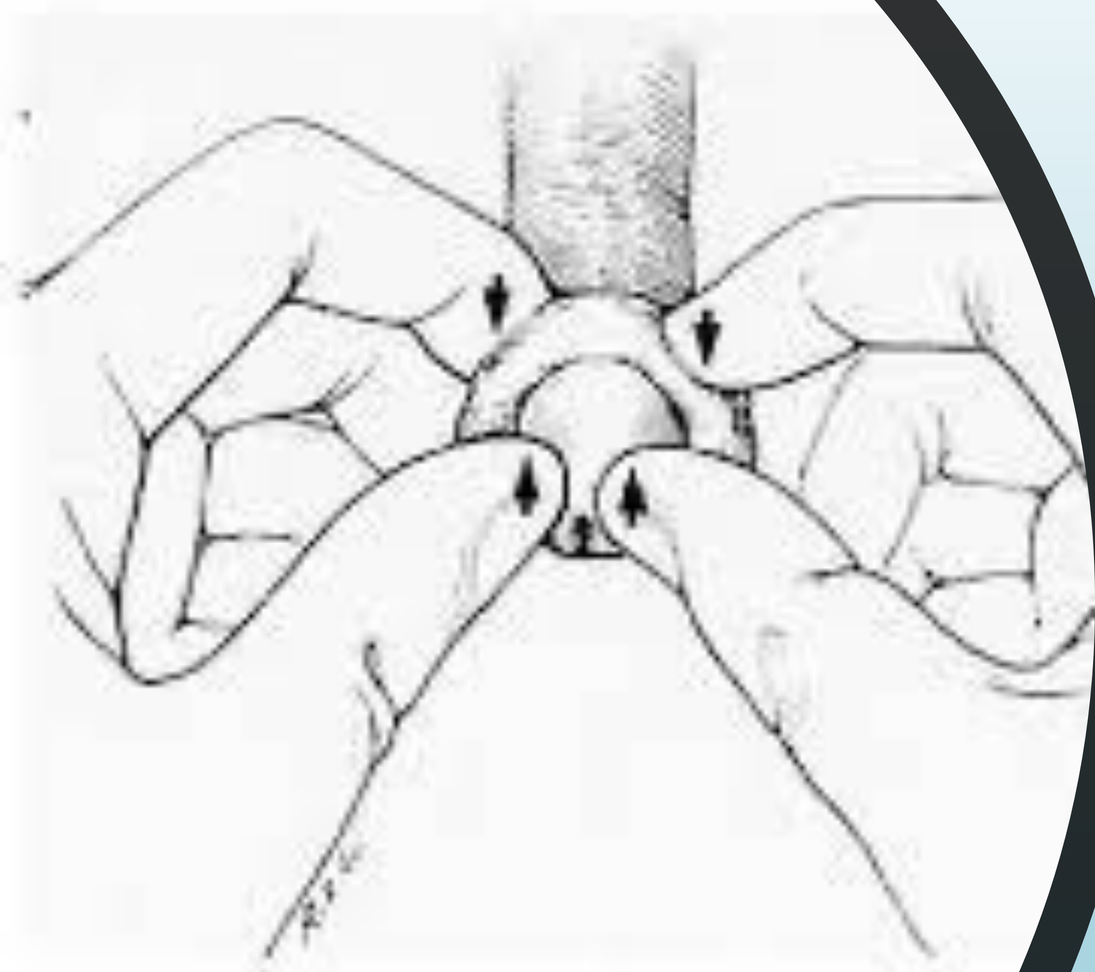
Paraphimosis



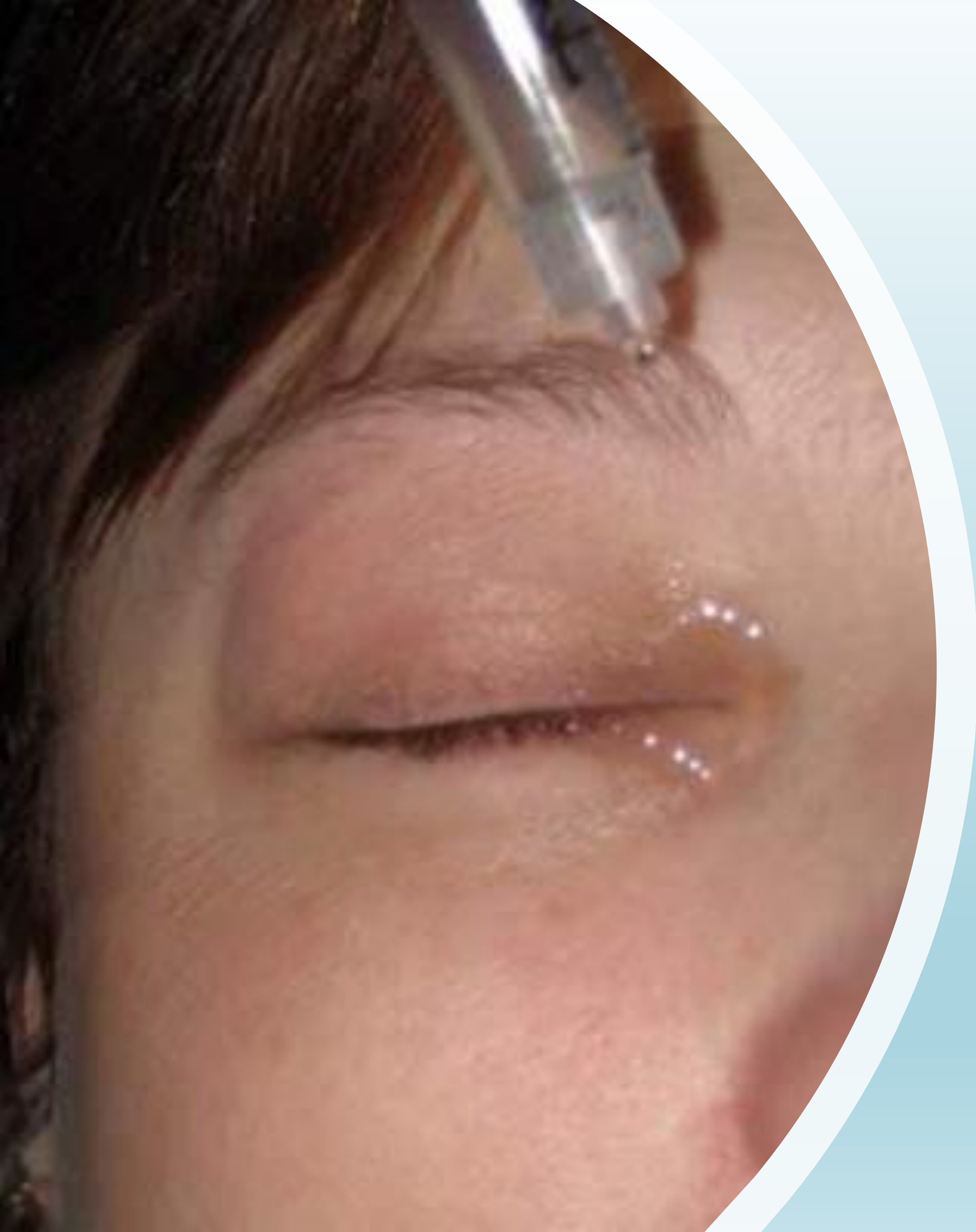
Paraphimosis - uncircumcised or partially circumcised penis has skin retracted and cannot be moved back over the head of the penis and is a **MEDICAL EMERGENCY** because the tightness can restrict blood flow and cause tissue damage.

How you gonna Fix It??

- Get pain under control
- Sugar, Ice and compression
- Manual reduction



MANUAL REDUCTION



Easy Eye Drops

- Struggle with insertion of fluorescein and tetracaine??
- https://youtube.com/shorts/vZJdPxoVDZE?si=9X8a_no7jqIq5IT4

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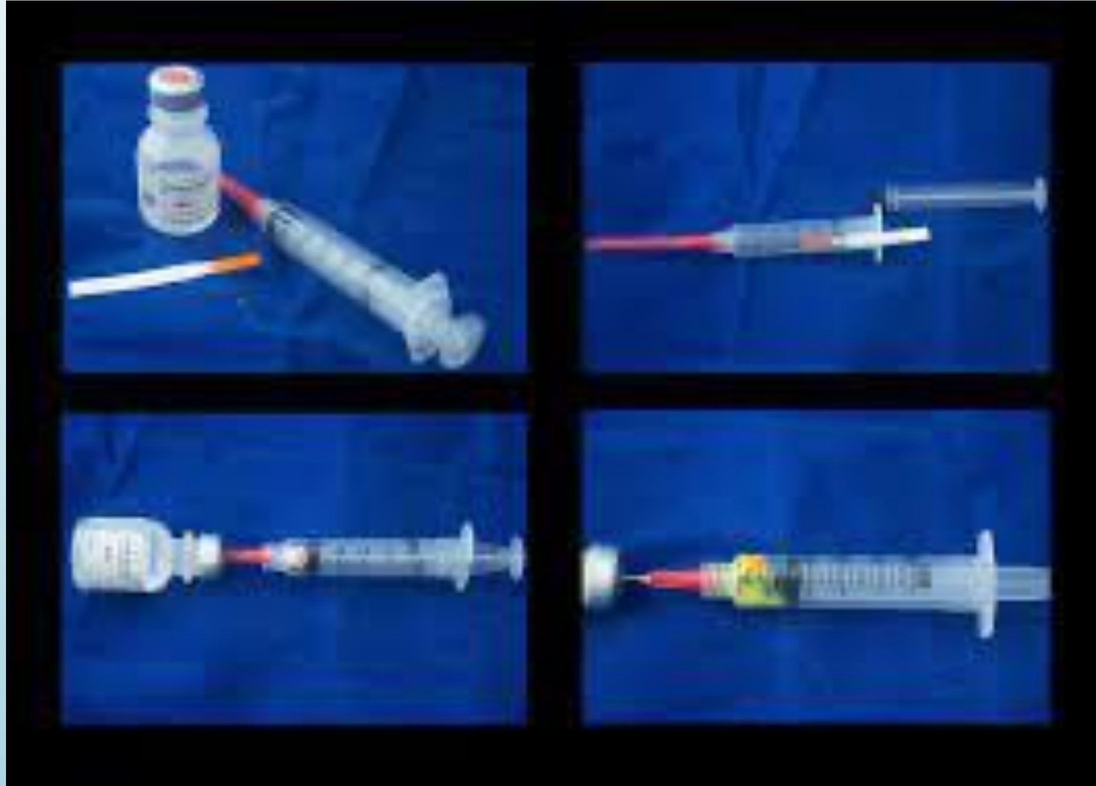


FLUORSCEIN MADE EASY AS 1-2-3

- Old Practice - Groan, give glucagon while I call the surgeon and tell him the glucagon didn’t work and he should come in.
- New practice - Journal of Diseases of the Esophagus - The official journal of diseases of the esophagus - April 2019 issue
- Effervescent Tablets to the rescue!!

Acute esophageal food bolus impaction

Pour 1 or 2 packets of E-Z-GAS II into a medicine cup. The patient, once placed fully upright and with an emesis basin in hand in case of failure, was instructed to pour the contents quickly onto the back of their tongue and immediately chase it with water, swallowing with and maintaining a chin-tuck position. Patients were encouraged to try to hold the mixture in their esophagus, resisting the urge to belch or regurgitate, for as long as possible.

Esophageal Food Impaction 55 > 17 %

- During the study period, 239 patients with AEFI met the inclusion criteria. Of the 45 patients who received EA monotherapy, 25 (55.6%) responded successfully, compared with 11 of 62 (17.7%) who received glucagon monotherapy ($P < .001$) and 16 of 93 (17.2%) who had no therapy ($P < .001$). Ten of 39 patients (25.6%) who were given both glucagon and EA responded successfully. The other 177 patients had endoscopy, which was successful in all cases.
- Median hospitalization charges for patients who responded successfully to EA alone were $1,136, compared with $2,602 for responders to glucagon alone ($P < .001$) and $1,194 for those who cleared their bolus spontaneously ($P < .001$). All patients who received EA monotherapy had lower median hospitalization costs ($2,384) than all patients who received glucagon monotherapy ($9,289; $P = .03$) and all patients who received neither ($8,386; $P = .02$).
- Effervescent agents are a safe, effective, and cost-saving initial strategy in the treatment of acute esophageal food impaction.

QUICK WEE

NEED TO GET A URINE SAMPLE FROM AN INFANT IN NAPPIES??

Brit Quick Wee

Quick-Wee method resulted in a significantly higher rate of voiding within five minutes compared with standard clean catch urine (31% *v* 12%, P<0.001), difference in proportions 19% favouring Quick-Wee (95% confidence interval for difference 11% to 28%). Quick-Wee had a higher rate of successful urine sample collection (30% *v* 9%, P<0.001) and greater parental and clinician satisfaction (median 2 *v* 3 on a 5 point Likert scale, P<0.001).

Quick Wee

- The number needed to treat was 4.7 (95% confidence interval 3.4 to 7.7) to successfully collect one additional urine sample within five minutes using Quick-Wee compared with standard clean catch urine

- Quick wee

Buzzy Bee

- *Less painful injections or venipuctures??*

- Works on gate theory pain where painf fibers can't transmit a paniful stimulus if they are being stimulated by vibration.

- Cold blocks afferent pain fibers.

- Some effect may be due to distraction

- Ethyl Chloride – Similar idea

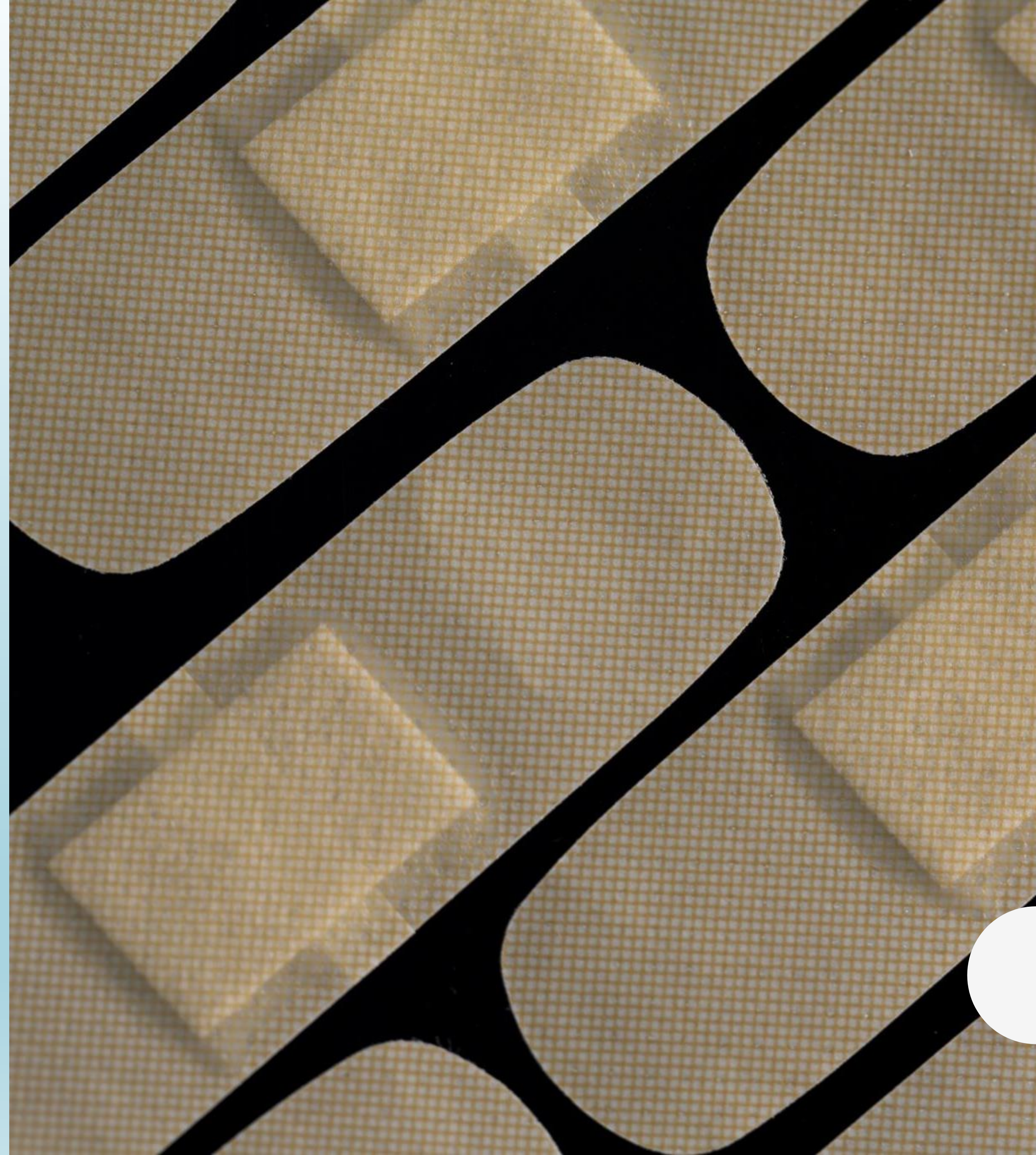
BUZZY BEE

Parents' satisfaction (n = 32)	No n (%)	Probably not n (%)	Don't know n (%)	Yes n (%)	Definitely n (%)
My child was comforted by the use of the Buzzy System during the procedure	0	1 (3.2)	6 (18.8)	17 (53)	8 (25)
It was a positive experience	0	1 (3.25)	4 (12.5)	12 (37.5)	15 (46.9)
I think the Buzzy System is easy to use	0	0	1 (3.1)	8 (25)	23 (71.9)
I would like to use the Buzzy System in the future for tests done on my son/daughter	0	0	6 (18.7)	12 (37.5)	14 (43.8)

Buzzy Bee

Tissue adhesive barrier using tegaderm

- 1. Use folded tegaderm and cut out an area slightly bigger than laceration area
- 2. Apply adhesive film to area and make sure no glue can seep under it
- 3. Close wound using adhesive glue and then remove adhesive barrier



As easy as 1-2-3

- 1. Cut and Apply
- 2. Glue
- 3. Remove

Incision& Drainage using loops

- Who hates packing and repacking abscess??
- What if there was a better way?? Especially for hard to pack areas

Loop drainage

Loop Incision

In a prospective trial, researchers randomized 217 adult and pediatric patients with skin abscesses to traditional incision and drainage with packing or incision and drainage with the loop technique. The primary outcome was treatment failure, defined as need for additional procedures, parenteral antibiotics, or operative intervention on follow-up.

Treatment failure rates did not differ between groups among adults; however, among children, failure rates were significantly lower in the loop-treated group (0% vs. 21%). There was no difference in clinician's ratings of ease of the two procedures. Overall, loop-treated patients had less pain and easier wound care at 36 hours and higher satisfaction at 10-day follow-up.

Post procedure

- 1. Have patient move the drain back and forth through the wound once or twice a day like dental floss. This will help to keep incisions open.
- 2. Clean area with soap and water for first couple of days.
- 3. Cut and remove the loop once drainage stops and overlying cellulitis resolves – Typically around day 7-8

Constant bleeding fingertip avulsion injury

Immerse in lidocaine / epinephrine solution

1. 10 mL of lidocaine with epinephrine
2. Soak for 5-10 minutes
3. Get hemostatic (tourniquet)
4. Apply dermabond

A better way to treat BPPV???

- Benign paroxysmal positional vertigo (BPPV) is the most common of the inner ear disorders.
- BPPV can affect people of all ages but is most common in people over the age of 60.
- Half Sommersault

Severe nausea, quick relief

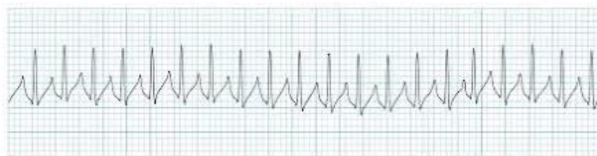
Inhalation of isopropyl alcohol vapor

Several studies have found that this decreases nausea in more than 50 percent in much faster time frame than Zofran, promethazine and placebo.

Time to symptom relief – less than 10 mins and no downside. No statistical difference in need for rescue therapy.

- Medical alcohol prep 1-2 cm under nose
- Instruct to inhale and exhale thru the nose 3 times
- Repeat q 10-15 minutes

SVT without IV access and vagal maneuvers have failed



- REVERT

Outcomes:

•**Primary:** Return to sinus rhythm at 1 min after intervention

•**Secondary:** Use of adenosine, Hospital admission, Length of Stay in ED, and Adverse Events

Results:

•428 patients with SVT included in primary analysis

•**Primary Outcome:** Return to NSR at 1 min

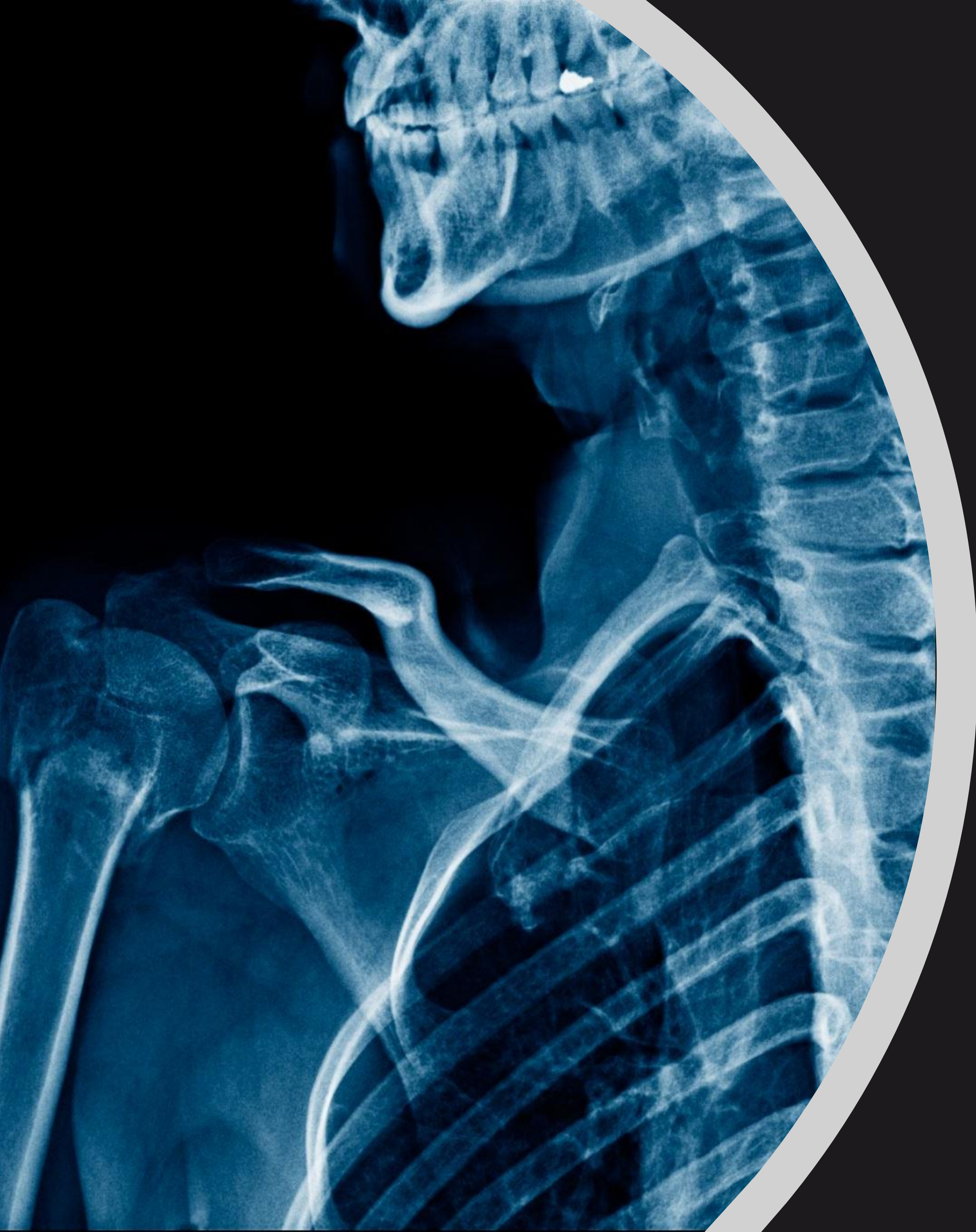
- Standard Valsalva Arm: 37/214 **(17%)**
- Modified Valsalva Arm: 93/214 **(43%)**
- Absolute Difference = 26.2%
- **NNT = 3**

Nursemaid Elbow Reduction

2 ways to reduce nursemaids

- Hyperpronation was found to be more successful than supination-flexion technique as a first attempt (85% vs. 53%), second attempt (50% vs. 28%), and as a crossover technique (100% vs. 50%) when supination-flexion failed.

- Nursemaids elbow or “radial head subluxation” is a common injury in young children in which radial head slips under the annular ligament resulting in pain and inability to supinate the forearm.



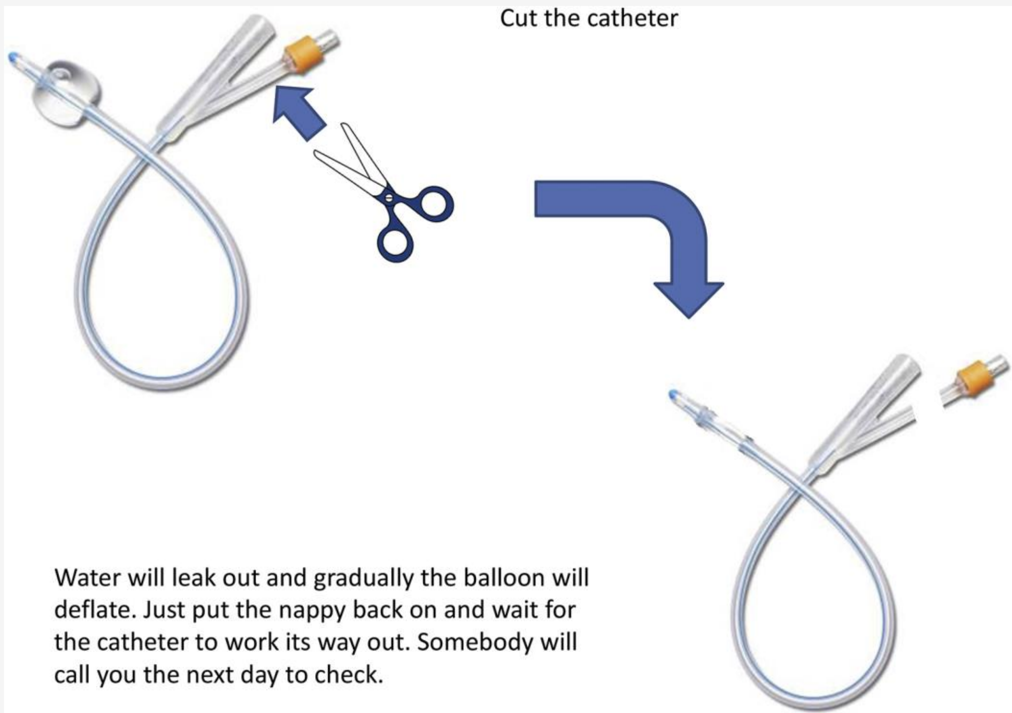
Patellar reduction

- **Gently extend the lower leg**. The patella may reduce spontaneously. If the patella has not reduced, use your other hand to apply gentle force to the lateral edge of the displaced patella, and push the patella medially back to its normal location between the femoral condyles

- Mahomes Patella

- Patellar dislocation / reduction

Stuck foley catheter



- **Trick of the Trade**
- **Option 1**
- Cut the Foley catheter's balloon port. This should remove the one-way valve device of the balloon port, and the balloon's contents should spontaneously drain. The Foley can then be easily removed.
- **Option 2**
- If option 1 fails, gently pass a thin guidewire into the inflation channel along the length of the Foley catheter. This should push away any foreign material (exudate, crystals) that have formed along the path. This should allow the balloon to drain spontaneously.
- **Option 3**
- Instill 10 mL of mineral oil into the inflation channel and wait 15 minutes. This should chemically dissolve the thin balloon. Repeat once if unsuccessful. This yields a 85-90% success rate of Foley removal.

Fish hook removal

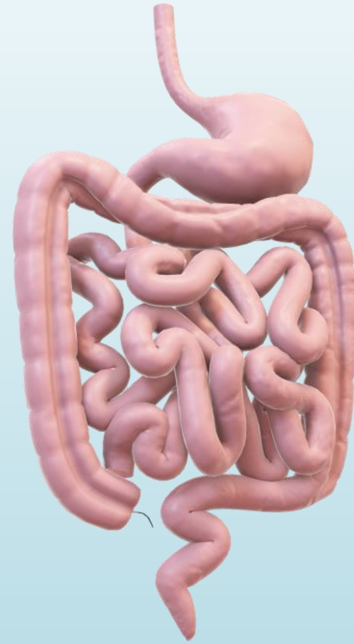
- [Fish HOOK string method]

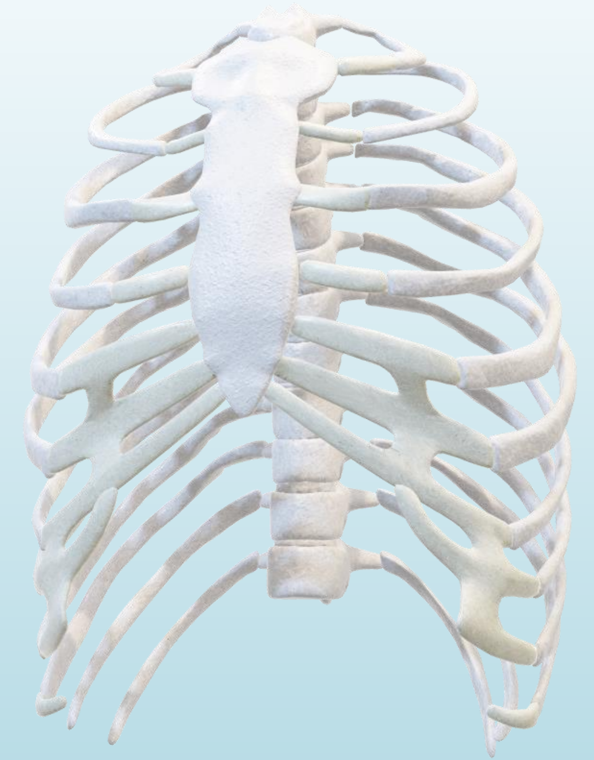
- **Technique**

1. A string or suture should be wrapped/tied around the midpoint of the bend of the hook.
2. Exert downward pressure on the shank of the fishhook to dislodge the barb as much as possible from the local soft tissue.
3. Using a quick motion, pull parallel to the barbed tip with the suture.
4. Be careful as the fishhook will be propelled out very rapidly and can cause additional injury.

You've got all the tools – You know everything I know!

Go out and be legendary!!





- Dr. Benton

The End.....Almost

Be A Tigger Not an Eeyore......

References

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- EM / UC RAP – Online / App