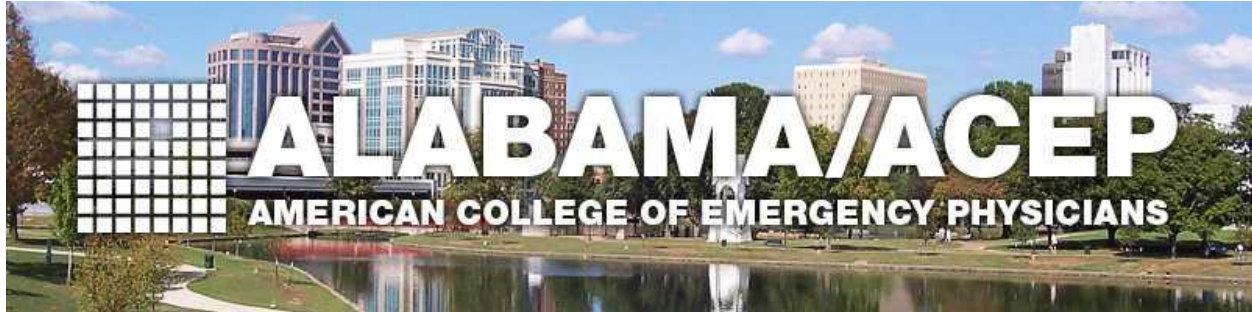


A Newsletter for the Members of the Alabama Chapter - Summer 2022



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President's Letter

Hamad Husainy, DO, FACEP
President, Alabama Chapter ACEP

Dear Colleagues,

What is your favorite season? When I think about this, it seems like a simple unemotional answer, however, as I think about it longer than just a moment, my mind allows this to become more and more complex. I love the freshness of spring, as well as the freedom and carefree nature of summer. I am a huge football fan and love the colors of fall. Lastly, I love cold weather, and Hallmark holiday movies by the fire (now we are getting deep).

As I enter my first year as the president of the Alabama chapter of the American College of Emergency Physicians, I look forward to representing our physicians. I am a clinician and very much care about our patients, however, now, more than ever, we need to be an organization that cares for you and I.

We need to be looking at our current roles and setting policy and putting plans in place for tomorrow. We need to be considering the decision to become an emergency physician and assuring that the brightest and best will consider our specialty. We can be great clinicians if we take care of ourselves and advocate for the best working conditions possible. This includes liability, expectations at work, scope of practice creep, protection while at work, appropriate staffing levels, and appropriate compensation.

After we address the above issues, then we can start getting back to the altruism of medicine, but if we don't, the future is blurry. I am a positive person but, in discussing with many in the profession, it is going in the wrong direction. I believe we can turn the tide. I think that by prioritizing the physician and care team, we will have colleagues return to organized medicine recharged in a way that real change can occur.

I am encouraged and motivated to make these changes and hear from all our EM physicians about what could make their lives better. Most of our lives we are looking ahead to the next chapter (i.e. medical school, residency, first job etc.) This has been a shortcoming in my life and believe corporately we need to look more at the present and now. We need to consider the future, but not lose sight of the present.

I look forward to serving you and all EM physicians in the state of AL and feel free to contact me if you have any needs or just want to talk. So what season is my favorite....my answer has changed over the years. It is THIS season.

Hope you have all enjoyed this warm summer and some time away!!!

Much love and God bless,
Hamad Husainy DO FACEP

EMerald Coast 2022 Recap

Attendees from 18 states gathered in Sandestin, Fla., June 5-9, for the regional meeting of emergency medicine providers. EMerald Coast Conference 2022 provided 37 hours of instruction including optional APP Boot Camp and workshops. Education sessions included topics ranging from patient care, to legal considerations and updates on the state of emergency medicine.



William C. Ferguson, MD, FEMS, of UAB, gave a presentation on The Role of Emergency Medicine in Pre-hospital Care.



Monday evening featured a reception on the Bayside Patio for attendees, exhibitors and their families. Pictured at the reception with his family is out-going president Bryan Balentine, MD, FACEP, of Birmingham. Dr. Balentine served as 2020-2022 AL-ACEP president.



The always popular Garvey Games, a Jeopardy-style quiz competition with residents from across the southeast, was a big hit with attendees. David Garvey, MD, FACEP, AL-ACEP board member from Fairhope, is pictured explaining the rules of play for the competition named in his honor.



Conference attendees had many opportunities to network with exhibitors that filled the ballrooms and halls outside the meeting rooms. In-coming president Hamad Husainy, DO, FACEP, is pictured with his family in the conference center. Dr. Husainy will serve until the 2024 annual meeting.



The 2022 poster completion accepted 17 entries. Winning first place in the research category was Christine Shaw, PGY-2, from Louisiana State University Shreveport. Her poster title was, "Evaluation of provider preference with various intubation techniques in simulated difficult airways."



Back by popular demand, the Sam Heard Memorial golf tournament was played on The Links Golf Club at Sandestin. Participants were ready to roll on the beautiful Tuesday afternoon.

Special thanks to Annalise Sorrentino, MD, and Jaron Raper, MD, for their work in planning the conference.

EMerald Coast 2023 **Save the Date**

Make plans to join us June 5-8, 2023, at Sandestin Golf and Beach Resort.
Details coming soon to www.alacep.org.

The poster features a background image of a beach with waves. At the top, the text 'THE EMERALD COAST CONFERENCE' is enclosed in a green rectangular frame. 'EMERALD' is in orange, 'COAST' is in green, and the 'O' in 'COAST' is replaced by a green medical symbol. Below the frame, 'SAVE THE DATE' is written in large, bold, black letters, followed by 'June 5-8, 2023' in a smaller bold font. At the bottom, a teal banner contains the website address 'www.alacep.org/education-and-cme/'.

THE
EMERALD COAST
CONFERENCE

SAVE THE DATE

June 5-8, 2023

PARTICIPATING ACEP CHAPTERS: ALABAMA | KANSAS | KENTUCKY | LOUISIANA | MISSISSIPPI
MISSOURI | MONTANA | OKLAHOMA | TENNESSEE

www.alacep.org/education-and-cme/

Always think about abdominal aortic aneurysms

Blake Briggs, MD

University of South Alabama (USA)

Nothing strikes more fear and suspense in healthcare than when discussing “abdominal aortic aneurysms” (AAA). Perhaps it is due to their utterly silent growth and potential for catastrophic rupture. In developed countries, the prevalence is estimated between 2-8%, with men nearly twice as affected.¹ From screening, it is estimated nearly 1,000,000 people in the US alone have a AAA.² It continues to remain a very difficult diagnosis due to its ability to remain virtually silent until rupture.

In adults, >3.0 cm diameter at any location along the abdominal aorta is an aneurysm. The most common location for a AAA is the segment between the renal and inferior mesenteric arteries.³

AAA's will naturally expand. The rate is variable and depends on patient factors, most importantly being size. Any aneurysm >5.5 cm is at the highest risk of rupture. Other risks for rupture include fast rate of expansion (>0.5 cm over a 6-month period), those who smoke, females, and those with poorly controlled hypertension.

On average, AAA's expand at a rate of 0.3-0.4 cm per year.⁴ Some aneurysms could remain stable for years then undergo rapid expansion.

The majority of AAA patients are asymptomatic. The history and exam are essentially no help, and therefore it is up to the clinician to think about AAA when a patient presents with risk factors.⁵

Only about 30% of patients will have a palpable, pulsatile abdominal mass. The ability to find these really depends on clinician experience, patient body habitus, and aneurysm size. Of note, palpating a AAA has never been shown to precipitate rupture.⁶

~5-22% of patients with AAA have attributable symptoms.⁷ Symptoms of a AAA include abdominal pain, flank pain, or back pain. Pelvic and groin pain are also classically described. Overall, pain is found in 75% of those with symptoms. Pre-syncope or syncope is seen in 30%.⁸ Large AAAs might have a bruit that can be auscultated, but this is unreliable.

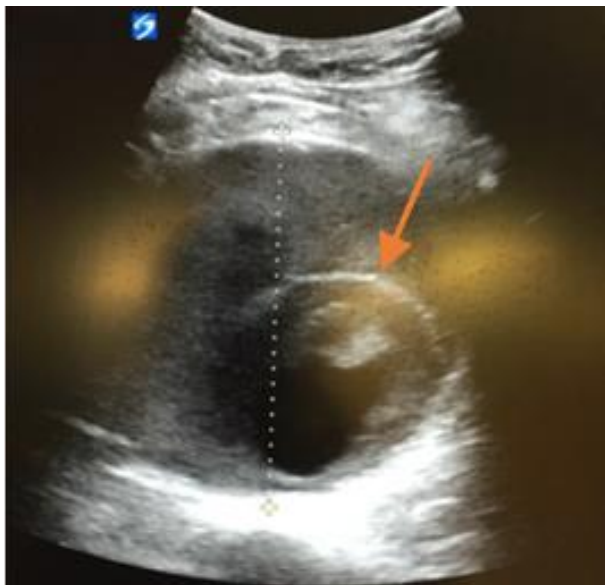
Rarely, limb ischemia has been associated with AAA, as embolus or thrombus from atherosclerotic plaques from the aneurysm break off and travel to the distal extremities.⁹

Rarely, fever, chronic malaise, or weight loss may be present, suggesting an inflammatory aneurysm, often associated with infection.¹⁰

It behooves you to always think about AAA in any patient age >65 who presents to the ED with abdominal pain, back pain, or flank pain. Taking that extra 5 minutes to think about AAA is always the right thing to do.

Look at their prior records: prior CTs with the past few years should show a AAA if present. A high percentage of patients may not realize they have a AAA (20-30%), and others may not understand what you are asking about or if their symptoms are attributable.

You can always just do a quick bedside ultrasound of their abdomen if you are not planning on CT. It is encouraged to measure three transverse views (proximal, middle, distal), followed by 2 longitudinal views. Make sure you capture the point of bifurcation of the aorta to the iliac arteries. Always measure the diameter from the outside wall, as in the picture to the right we caught on bedside ultrasound. One would be initially fooled that the true lumen is only the inner circle (orange arrow), but it should be measured from the dotted line.



This patient has a 9 cm AAA. Notice the measurement in the left image from the outer wall to outer wall (white dotted line) to ensure you do not falsely underestimate the size (orange arrows in both images).

1. Kent KC, Zwolak RM, Egorova NN, et al. Analysis of risk factors for abdominal aortic aneurysm in a cohort of more than 3 million individuals. *J Vasc Surg* 2010; 52:539.
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3. Sandhu RS, Pipinos II. Isolated iliac artery aneurysms. *Semin Vasc Surg* 2005; 18:209.
4. Gadowski GR, Pilcher DB, Ricci MA. Abdominal aortic aneurysm expansion rate: effect of size and beta-adrenergic blockade. *J Vasc Surg* 1994; 19:727.
5. Fink HA, Lederle FA, Roth CS, et al. The accuracy of physical examination to detect abdominal aortic aneurysm. *Arch Intern Med* 2000; 160:833.
6. Lederle FA, Simel DL. The rational clinical examination. Does this patient have abdominal aortic aneurysm? . *JAMA* 1999; 281:77.
7. Sullivan CA, Rohrer MJ, Cutler BS. Clinical management of the symptomatic but unruptured abdominal aortic aneurysm. *J Vasc Surg* 1990; 11:799.
8. Forsdahl SH, Singh K, Solberg S, Jacobsen BK. Risk factors for abdominal aortic aneurysms: a 7-year prospective study: the Tromsø Study, 1994-2001. *Circulation* 2009; 119:2202.
9. Hirose H, Takagi M, Hashiyada H, et al. Acute occlusion of an abdominal aortic aneurysm--case report and review of the literature. *Angiology* 2000; 51:515.
10. Pennell RC, Hollier LH, Lie JT, et al. Inflammatory abdominal aortic aneurysms: a thirty-year review. *J Vasc Surg* 1985; 2:859.

Welcome ALACEP New Members!

Dylana Moore Adams, MD
Jessica M Behrndt, MD
Jeremie Daniel Bourget
Kevin Wesley Bray
Laura Chappell Cazier, MD
Riley Coots, MD
William Elwin Crawford, MD, FACEP
Blake M Davidson, MD
Eric Degeare, MD
Anthony John Dina, MD
Sarah Jane Ehmke
Michael David Ernst
Alejandro N/A Gonzalez Espinoza
Dakotah R Forell, Forell, DO
Paul Henning, MD
Alicia Carole Hereford, MD
Megan D Hershey, MD
Andrew Hubbs, MD
Paul Wayne Kirby, MD
Jacob Garrison Lawing, MD
Mackenzie Link, MD
Carmen J Martinez, MD, FACEP
Ryan Glenn Mcmorries, MD
William Mitchell, MD
David Alex Monaco

Christopher L Newman, DO
Ashton E Paris, MD
Michael Prince, MD
Julio E Rios, MD, FACEP
Victoria Smith, MD
Soterios Channing Stroud, DO
Tyler Briant Sullivan, MD
Jonathan Swanson, MD, DTMH
Kent Alan Taub, MD, FACEP
Elizabeth Vandervort
Devon Gerhard Wade, MD
Sara Lynn Wattenbarger, DO, FACEP

FROM NATIONAL ACEP



ACEP Resources & Latest News

New Monkeypox Emergency Medicine Project Requests Case Images

ACEP has partnered with VisualDx to create the [Monkeypox Emergency Medicine Project](#). Together we are asking you to contribute your confirmed monkeypox case images to the initiative. Images will be deidentified and made freely accessible to ACEP members to better assist recognition, clinical care, and education. It will also be available within the VisualDx system. [Learn more.](#)

More Monkeypox Resources: We are regularly updating our [Monkeypox Field Guide](#) and providing weekly rundowns in the [Emerging Threats Communication Hub](#), an open discussion forum for all ACEP members.

Ask Anything at the Next ACEP Town Hall

Have a question about an ACEP policy? Wonder what ACEP is doing about a certain issue? Want to get the backstory on a College position? Mark your calendars for the next virtual town hall with ACEP President Dr. Gillian Schmitz at 5 p.m. CT on August 17. Dr. Schmitz will give a brief overview of how ACEP is supporting its members and cover current issues and concerns. She'll also be taking time to answer your questions. [Register and submit your questions ahead of time or be prepared to post them in the Q&A during the town hall meeting.](#)

Advocacy at Home: August Recess Toolkit

Elected officials are back in their districts for the month and our [Advocacy At Home: August Recess Toolkit](#) can help you set and prepare for local meetings with federal legislators or staff. This is a great time to share your stories that personalize our calls for policy changes. Find this toolkit and more helpful resources for speaking with media and legislators in [ACEP's Media Hub](#).

Get Your Bike Helmet Ready! Dr. and Lady Glaucomflecken are Speaking at ACEP22

Don't miss these social media sensations as they share their perspectives about the physician, patient and family experience. Join us Oct. 1-4 in San Francisco for the [world's largest EM educational conference!](#) Use promo code CALI to save \$100 before Aug. 26.

ACEP22 Travel Discounts You Need to Know About

- Hotels: Seven ACEP22 hotels have [recently discounted rates](#) for you! If you already booked through OnPeak, your rates will be automatically lowered. If not, you can still book with these discounted rates.
- Airfare: ACEP + TripEasy = [savings up to 20% off flights](#)
- Registration: [Save \\$100 on registration with promo code CALI.](#)

Myth BustED: Patients' Rights in the Emergency Department

ACEP recently launched a "Myth BustED" video series to debunk common misconceptions and educate the public about emergency care. In our first video—[Patients' Rights in the Emergency Room](#)—Dr. Avir Mitra educates patients about laws like EMTALA and the Prudent Layperson Standard that protect access to emergency care. [Watch now to see how ACEP is encouraging patients to always seek care when they need it.](#)

New Bedside Tool for Patients Experiencing Cancer Immunotherapy-related Issues

ACEP has a new point-of-care tool, ImmunoTox, focused on caring for patients who are experiencing adverse events related to cancer immunotherapy. The pathway includes history/physical, testing, management, disposition and immunotherapy pearls. The tool also includes six PDFs for optional download. [Learn more.](#)

Introducing the EM Opioid Advisory Network

Receive clinical guidance, discover tools and resources, and get your questions answered through ACEP's EM Opioid Advisory Network. ACEP's new initiative connects emergency physicians combating the opioid crisis with expert advice on managing Opioid Use Disorder patients presenting in the ED, creating a protocol to initiate buprenorphine, and more. The expert panel is here to help ALL emergency

health care professionals, free of charge. [Learn more.](#)

Virtual Grand Rounds: Trauma is coming up Aug. 31. Topics include a variety of patient populations and circumstances, including pediatric, geriatric, and pregnant patients, plus combat medicine. [Register today.](#)

ACEP is seeking comments on a **draft clinical policy for patients with suspected appendicitis.** [Weigh in.](#)

Podcast: Have you checked out the [newest Frontline podcast](#) episode featuring EM physician and astronaut Dr. Thomas Marshburn?

Now Accepting ACEP23 Course Proposals

As we start our countdown to ACEP22 in San Francisco, we're already thinking about ACEP23 in Philadelphia! ACEP's Educational Meetings Subcommittee is now accepting course proposals for the 2023 Scientific Assembly. [Learn more.](#)

In Memoriam: [ACEP remembers emergency medicine pioneer Jim Roberts, MD, FACEP.](#) One of the first five board-certified emergency medicine physicians, Dr. Roberts became a household name in our specialty through his authorship of *Clinical Procedures in Emergency Medicine and Acute Care*, a prominent book that printed seven editions.

Upcoming ACEP Events and Deadlines

August 17: [Ask ACEP Anything All-Member Town Hall](#)

August 23-25: [Independent EM Group Master Class](#)

August 31: [Virtual Grand Rounds – Trauma](#)

October 1-4: ACEP Scientific Assembly in San Francisco ([Save \\$100 with promo code CALI.](#))

October 17-22: [EM Basic Research Skills \(EMBRs\)](#)

November 11: Last day to submit [ACEP23 course proposals](#)

Contact Alabama ACEP

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Alabama ACEP

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