Faculty and fellows,

Today I officially assume responsibility of Interim Division Chief and I am honored to be in this role. I know that transitions are difficult, especially with the challenges that lie ahead, but here are my commitments to you:

- Guide our team through the abyss of the pandemic as the medical director of the division with a continued focus on clinical operations
- Provide strong support of the fellowship/medical education, research, ultrasound, EMS, and quality improvement
- Use the guidance of the leadership council when making decisions
- Be as transparent as possible and provide a forum for discussion
- Advocate for the well-being of our faculty and fellows
- Continue to monitor the financial health of our division and support existing programs without major changes in our structure
- Frequently meet with those in leadership positions
- Be an active representative on the committee for the national recruitment of our Division Chief. I will represent the goals and mission of our faculty when participating in this search.

Most importantly, my door is always open and available to meet. We will navigate this transition together.

Seema Shah
### August Dashboard

<table>
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<tr>
<th>Emergency Department</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Weds</th>
<th>Thurs</th>
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<td>165</td>
<td>156</td>
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<td>0</td>
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<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.6%</td>
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<tr>
<td>Total Patients Admitted</td>
<td>10</td>
<td>12</td>
<td>19</td>
<td>17</td>
<td>17</td>
<td>8</td>
<td>15</td>
<td>19</td>
<td>20</td>
<td>12</td>
<td>22</td>
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</table>
| % Admitted           | 7.0%| 7.3%| 11.7%| 10.9%| 12.2%| 10.9%  | 5.4%| 8.7%| 11.9%| 11.1%| 8.0%  | 13.60%
| Total EDS Patients   | -   | -   | 4   | -    | -    | -     | -   | -   | -   | -   | -    | -   |
| Total Psych Patients | 8   | 5   | 7   | 14   | 10   | 2     | 10  | 2   | 10  | 8   | 2    |     |
| Total Trauma Patients| 4   | 2   | 2   | 4    | 3    | 2     | 3   | 1   | 1   | 4   |      |     |
| ED Only Median LOS (min) | 149 | 151 | 140 | 190  | 164  | 163   | 153 | 143 | 133 | 176 | 149  | 150 |
| All ED Median LOS (min) | 160 | 160 | 147 | 207  | 182  | 172   | 159 | 139 | 191 | 157 | 154  |     |

**Compassion**

**Accountability**

**Respect**

**Excellence**

**Service**

**Dr. Jim Harley**

“Thank you for supporting our orientation learning environment! You rock!”

**Dr. Mario Bialostozky**

“Thank you, Mario, for all of your hard work this year on the US News & World Report survey. This is a very complex project and we’re grateful to have your knowledge and EPIC skills to help us answer hundreds of survey questions. Thank you for all the time and effort you spent analyzing data and meeting with the Specialties. Your work helped us rank again in all 10 Specialties!”
Clinical Director Update

Fareed Saleh, MD, MHA

- **Scheduling:**
  - Guidelines forthcoming with targets for scheduling each academic year

- **Consults:**
  - If any issue with Plastic Surgery, please continue to file RLS report ➔ Specify which physician (i.e., Dr. Thomas Vecchione or Dr. Randall Vecchione)

- **Behavioral Health:**
  - Psych ED open ➔ Ineligible criteria now listed; if there are any delays or issues please let FRS know

- **EPIC:**
  - Sensitive notes ➔ please check this off for any cases with sensitive components (i.e., concern for NAT, issues with combative caregivers)

- **COVID:**
  - Parents can now be tested in ED

- **Education:**
  - PEM Skills Day – 10/15/2020 (Thursday) 13:00 to 15:00
  - Limited space (12 participants) with priority given to those who could not attend first session
  - Please email FRS if interested to ensure preference noted prior to finalizing October 2020 schedule
NEWS FLASH!

We are pleased to announce that Dr. Atim (Uya) Ekpenyong will serve as an Associate Program Director (APD) for diversity for the UCSD Pediatrics Residency Program. Dr. Ekpenyong is an Associate Professor and the Director of Point-of-Care Ultrasound Program in the Division of Emergency Medicine.

In this APD role she will focus on equity, diversity and inclusion in the recruitment of residents and to enhance their training experience in diversity.

Please join us in congratulating Dr. Ekpenyong on her new role!

Ultrasound Spotlight:

17 yo M with history of epilepsy, presents with left shoulder injury after having a generalized tonic clonic seizure. During the episode, he fell from the couch onto the floor and now is unable to move his left shoulder. On exam, he is in moderate pain and his shoulder has limited range of motion. The left shoulder seems to slope downward and the head of the humerus is palpated inferior to the glenoid fossa. He is unable to move his left shoulder but otherwise neurovascularly intact.

While awaiting xrays you opt to place an ultrasound on to his shoulder to confirm the diagnosis. (Figure 1)
**Diagnosis:** Anterior Shoulder dislocation

**Discussion:**

Shoulder (glenohumeral) dislocations are a common clinical presentation in the emergency department, comprising about 50 percent of all major joint dislocations. Anterior dislocations account for 95-97% of all glenohumeral dislocations. Posterior dislocations account for the rest, while inferior and superior dislocations are very rare. Usually x-rays are obtained before reduction to confirm the diagnosis and exclude fractures. Then, are taken again to confirm successful reduction. Post-reduction films are time consuming and the patient may require further sedation if reduction is found to be unsuccessful. POCUS is a portable, safe and cost effective method to be able to evaluate shoulder reductions in real time.

**How to:**

Using a high-frequency, linear array probe or the curvilinear probe, position the probe in the transverse orientation, behind the shoulder and over the scapular spine. Adjust the depth until you can visualize the glenoid and move laterally until the humeral head comes into view. Figure 2 and Figure 3 compares the patient’s left and right shoulders.

![Figure 2 Left shoulder: Humeral head is misaligned with glenoid and deeper into the screen suggesting Anterior dislocation. (G: Glenoid, HH: Humeral head)](image1)

![Figure 3 Right shoulder: Normal alignment of humeral head and glenoid](image2)
**Anterior vs Posterior Dislocations:**

Since you are scanning the shoulder from the patient’s back, with an anterior dislocation the humeral head will be deep on the screen, while a posterior dislocation, the humeral head will be closer to the probe and, therefore, more superficial on the screen. (Figure 4)

**Conclusion:** The patient was successfully reduced and discharged to follow up with orthopedics for follow up concerning for a labrum tear.

**Teaching points:**

1. POCUS allows for a dynamic evaluation of the glenohumeral joint, immediately informing the clinician of a successful reduction or the need for additional shoulder manipulation without having to rely on plain film radiography
2. Position the probe in the transverse orientation, behind the shoulder and over the scapular spine. Move the probe laterally until you can visualize the glenoid and the humeral head.
3. With an anterior dislocation, the humeral head will be deep on the screen, while with a posterior dislocation, the humeral head will be more superficial on the screen (closer to the probe).

**References:**

% of ED Patients Tested for COVID

- In House Testing
- ED Testing Algorithm
- Universal Testing
- RN Standing Order
- AN Swab
- RN Assessment Buttons

COVID Test Response
- Are you interested in a COVID test today?
  - Yes
  - No
- Reason for refusal (if provided)
  - Tested in the past three days
  - Tested in the past 2 weeks
  - Doesn’t think the patient has COVID
  - Test too invasive/uncomfortable for patient
  - Concerned about cost of test
  - Reason not specified by the caregiver
  - Other

Triage Summary
- Koala, Joshua Renee #H3011541 (Acct:827010) (6 y.o)
- ED Arrival Information
  - Expected Arrival
  - Acuity: Emergent
  - Means of Arrival: Car
- Chief Complaint
  - Eye Drainage
- COVID Test Response
  - Most Recent Value
    - COVID Test
      - Are you interested in a COVID test today?
        - No
      - Reason for refusal
        - Tested in the past three days
Reasons for COVID Testing Refusal

![Graph showing reasons for COVID testing refusal with bars representing individual quantities and percentages, and a line graph showing cumulative percentages.]

% Positive p Chart

![Graph showing percentage of positive cases over time with upper control limit (UCL) and center line (CL) indicated.]

Page dimensions: 612.0x792.0
• **Pathways**
  
  o **Skin and soft tissue infections**
    
    • Labs (CBC/CRP/BCx) not required for admitted cellulitis patients
  
  • **QI Course**
    
    • 2\textsuperscript{nd} Session for fellows & faculty: QI Tools, Friday September 18\textsuperscript{th} 830-1030 am
    
    • Prior sessions slides on Dropbox

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**MIS-C Updates:** Michael Gardiner, MD

*The MIS-C pathway has been active for the month of July and we have seen no increase in the rate of labwork being done. We have seen a slight increase in admission rate, and will continue to monitor this data in the coming weeks and months. Additionally, we have expanded enrollment criteria for the KD study to include potential MIS-C patients, and posters have been put up in the ED. Please consider study enrollment for any potential MIS-C patients getting expanded lab evaluation, regardless of if they have any KD signs on examination. If there are no available enrollers in the ED, the Kawasaki service attending can enroll over the phone.*

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**Screening Data: Chief Complaint of Fever + Anything**

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<tr>
<td>Any labs done</td>
<td>55 (31%)</td>
<td>57 (33%)</td>
<td>57 (31%)</td>
<td>75 (33%)</td>
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<tr>
<td>Screen positive</td>
<td>16 (33%)</td>
<td>16 (28%)</td>
<td>15 (26%)</td>
<td>29 (39%)</td>
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<tr>
<td>Expanded eval**</td>
<td>12 (6.7%)</td>
<td>13 (7.4%)</td>
<td>6 (3.2%)</td>
<td>9 (3.9%)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2/6 admitted</td>
<td>9/9 admitted</td>
</tr>
<tr>
<td>Admission</td>
<td>25 (14%)</td>
<td>24 (14%)</td>
<td>28 (15%)</td>
<td>38 (17%)</td>
</tr>
<tr>
<td>Admission w/o alternative diagnosis</td>
<td>7 (3.9%)</td>
<td>7 (4%)</td>
<td>9 (4.9%)</td>
<td>16 (7%)</td>
</tr>
</tbody>
</table>

*Abd pain, diarrhea, vomiting, HA, rash, skin problem, red eye, neck lump, mouth lesions

** 4/8 of GGT, BNP, Troponin, D-Dimer, Ferritin, Coagulation panel, Blood culture, SARS-CoV-2 IgG
Submersion Injury Prevention
Matt Kline MD, Lauren Von Woy MD, Amy Bryl MD, Elise Zimmerman MD

Background: Prevalence/Risk

- Leading cause of death in 1-4yo, 3rd leading cause in 5-19yo
- 2017: 8700 pediatric ED visits for a submersion injury, 25% hospitalized/transferred
- 2017: 444 fatal submersion injuries in California (47% increase since 2013)

Background: Proven Interventions

- Swimming lessons: 88% reduction in drowning in 1-4 yo
- Pool fencing reduces the risk of drowning by ~ 4x
- Close, constant, and attentive supervision of young children
- Lifejackets/Flotation devices
- CPR training
  - Prompt initiation of bystander CPR has greatest impact on survival and prognosis
Quality Improvement Project

- Population/Target Audience for Improvement:
  - Parents/patients who present to ED for submersion injuries

- Key Stakeholders:
  - Matthew Kline, MD; Elise Zimmerman, MD; Lauren Van Woy, MD; Injury Free Coalition for Kids; Amy Bryl, MD

- Global Aim:
  - Decrease incidence of submersion injuries in the pediatric population in San Diego County

- SMART Aim:
  - To provide standardized education and resources related to water safety and drowning prevention to families who present to Rady ED for submersion injuries
  - From 0% To 90%
  - By 12/2020

1. Type “Submersion Injury” into SmartSet Box
2. Select the age category and language preference of patient.

3. Submersion injury DC instructions and resources will populate.

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**Consejos de seguridad en el agua para padres nuevos**

Cuando tiene un nuevo bebé en casa, tome medidas para protegerlo de los peligros del agua en su hogar. Haga lo mismo cuando vaya de visita a casas de amigos y familiares.

Recuerde, los niños se pueden ahogar en tan solo 1-2 pulgadas (2,5 a 5 cm) de agua, y puede pasar de forma muy rápida y silenciosa.

Paremos al alcance de la mano siempre que se encuentre cerca.

No coloque en sitios o sillas para bebés sin seguro de que estén firmemente fijados. Usar sillas para bebés.

---

**Consejos de seguridad para niños pequeños**

1. Use siempre un encendido con llave.
2. Use siempre un encendido con llave.
3. Use siempre un encendido con llave.
4. Use siempre un encendido con llave.
5. Use siempre un encendido con llave.
AAP DC Instructions: English

Do you have a curious toddler?
As your child grows, think about water safety around the house!

Young children are naturally curious – and they are quick to discover new things to explore.

After birth defects, drowning is the No. 1 cause of death for children ages 1-4. Make sure your home and any home you visit are as safe as they can be.

Stay within arm’s reach whenever your child is near water.
An adult will pay constant attention to children in the water.

Have a pool? Be sure it’s surrounded on all sides by a fence that is:
• At least 4 feet high
• Non-climbable
• Has a self-latching, self-closing gate

Use safety gates, or lock the door to the yard or garage, to keep

Empty buckets, bathtubs, and wading pools after each use.

The American Red Cross CPR Classes (online classes available)
https://www.redcross.org/take-a-class/cpr
6540 La Jolla Blvd Suite C120, San Diego, CA 92121
(714) 602-9796

The American Red Cross Learn-to-Swim Program
https://www.redcross.org/take-a-class/swimming/learn-to-swim-providers
5555 Del Mar Heights Road San Diego, CA 92130
(858) 523-4000

San Diego County Parks and Recreation Swim Centers
https://www.sandiego.gov/park-and-recreation/centers/aquatics

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AAP DC Instructions: Spanish

¿Tiene un niño pequeño curioso?
¡A medida que su niño crece, piense en los peligros que representa el agua en su hogar!

Los niños pequeños son curiosos por naturaleza, y descubren rápidamente cosas nuevas para explorar.

Después de los defectos de nacimiento, el ahogamiento es la causa N.° 1 de muerte en los niños entre 1-4 años de edad. Cerciórese de que su hogar y los hogares que visita sean lo más seguros posible.

Permíte al alcance de la mano siempre que su bebé se encuentre cerca del agua.
Asigne a un vigilante del agua, un adulto que preste atención constante a los niños en el agua.

¿Tiene piscina?
Asegúrese de que tenga vallas por los cuatro lados y que:
• Tengan por lo menos 4 pies de altura (1.22 m).
• No se puedan escalar/trapar.
• Tengan una puerta o pestillo que se cierre.

Use puertas protectoras o cierre con seguro la

---

CPR
Swimming Lessons
Watcher Tags
Next Steps:

- Evaluate efficacy of intervention
- Expand DC instructions to all patients during summer months
- Other interventions:
  - Posters in patient rooms
  - Screening questions
  - Waiting Room Kiosk
  - Informational video
  - Provide Watcher tag

Shift Evaluations

Just a friendly reminder to please continue to complete shift evaluations for our fellows. Blank forms are located in the ED workroom. You can also submit evaluations on Survey Monkey or the electronic pdf form as well. If you have more than one shift with a fellow during the week, you can submit one evaluation for multiple shifts. Thank you for submitting these evaluations!

Research Update

Kathy Hollenbach PhD, John Kanegaye MD, Michael Gardiner MD, Margaret Nguyen MD

DEM Research Team Pre-Review

Study types included:

- DEM research needing signature prior to IRB submission
- Studies recruiting subjects in the RCHSD ED (for RCHSD RTA)

- Excluded (may need separate review)
  - QI/pathway
  - Case reports, chapters, reviews
Study types included:

- DEM research needing signature prior to IRB submission
- Studies recruiting subjects in the RCHSD ED (for RCHSD RTA)
- Excluded (may need separate review)
  - QI/pathway
  - Case reports, chapters, reviews

Procedure

- All IRB-ready documents to pemresearch@rchsd.org
- Other instructions from pemresearch or vvillo@rchsd.org
- Face sheet to include Melissa as contact.
- Research team review and reply:
  - Rating of readiness for signature or RTA
  - List of practical/feasible recommendations to improve study

Review Criteria

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<td>Adverse impact on ED flow</td>
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<td>Adverse impact on ED budget</td>
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- Specific comments/recommendations
- Research team available for consultation
Files Names for Review

**Include**
- IRB protocol number
- Brief specific project name
- Document Type
- Version (YYYY MMDD)
- Examples:
  - 98765 Sacto delta irrigation RP JTK 2020 0310.doc
  - 12345 Bacon Isl levee HIPAA JTK 2020 0310.doc

**Please avoid**
- Non-specific:
  - SOC.ppt (or John’s SOC)
  - JTK IRB.doc
  - Data.xls
- “Final” designation
  - XYZ manuscript final.doc

Upcoming Meetings
- AAP NCE, Virtual, 10/2-5/20
  - [http://aapexperience.org/](http://aapexperience.org/)
- ACEP, On Line, 10/26-29/20
  - [https://www.acep.org/sa/](https://www.acep.org/sa/)

Upcoming Abstract Opportunities
- PAS, Vancouver, 4/28-5/5/21
  - Abstract deadline: predicted early Jan 2021
  - [https://www.pas-meeting.org](https://www.pas-meeting.org)
- SAEM, Atlanta, 5/11-14/2021
  - Abstract deadline: predicted early Jan 2021
  - [https://www.saem.org/annual-meeting/education/abstracts](https://www.saem.org/annual-meeting/education/abstracts)

Regional Meetings
- Academic Pediatric Assn., Region IX-X
  - Jan-Feb 2021, TBD
  - Deadline TBD.
    - [https://academicpeds.org/regions/region_9.cfm](https://academicpeds.org/regions/region_9.cfm)
- SAEM Western Regional
Reminders

- Keep CITI certificates updated
- Regulatory binders for all studies
  - See research faculty for questions

Research Hours

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<td>W 8/26 10-4</td>
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Modified KD Study Entry Criteria

- < 18 years of age
- Fever (Tm ≥ 38.0° C)
- One of the following
  - ≥3 day fever AND ≥ 1 or more KD clinical criteria:
    - Rash
    - Red eyes
    - Red lips or mouth
    - Red hands or feet
    - Cervical adenopathy
  - <6 months of age with fever ≥7 days w/o source
  - ≥1 day fever undergoing expanded MIS-C labs
- Requires IV/phlebotomy for ED care
Wellness Minute: Nutrition

Why does it matter?

- Our health!
  - Shift workers have increased risk of: obesity, cardiovascular disease, hypertension, diabetes, digestive issues, mental health issues, fatigue
  - Increased cortisol triggers cravings for high-sugar, high-fat foods
  - Eating a healthy diet lowers risk of chronic disease (especially heart disease, diabetes), stress and inflammation, and COVID-19
- Productivity and patient care!
  - Staying well-nourished improves our performance, memory, energy levels
  - Counseling patients on nutrition may help reduce preventable conditions and ED visits

CA Surgeon General’s Playbook for Stress Relief and Covid 19
Nutrition Education

- Most medical schools offer zero to minimal nutrition education 😞
- National Research Council Committee on Nutrition in Medical Education published recommendations in 1985 recommending a minimum of 25-30 classroom hours in pre-clinical years devoted to nutrition
- A survey in 2012 showed no increase in hours of nutrition education, average was 19 hours (over 2 pre-clinical years)
- However, many patients would like to receive nutrition education from their provider

Let's cover some basics so we can eat better and help our patients eat better!

- Macronutrients: Carbohydrates, Protein, Fats, Water
- Micronutrients:
  - Water-soluble vitamins: B1, B2, B6, B12, C, Folic Acid
  - Fat-soluble vitamins: A, D, E, K
  - Minerals: Calcium, potassium, sodium, iron, zinc
- There is no one best diet, do what is right for you!
- Consider your genes, metabolism, age, dietary preferences, beliefs, etc.

- Carbohydrates: provide brain and muscles with energy
- Complex (Good) carbs: whole grains (brown rice, quinoa, amaranth), sweet potato, corn, fruits
- Simple (Bad) carbs: white foods such as white rice, white bread, white pasta (Choose brown over white!), pastries, soda, juice
Proteins: necessary for growth, repair, maintenance of muscle and tissues
- Eggs, fish, lean meat, beans, legumes, nuts, seeds, Greek yogurt
- Choose grass-fed, pasture-raised meats and wild fish when possible

Fats: support brain and endocrine function, nutrient absorption
- Unsaturated (good) fats: avocado, hummus, olive oil, seeds (pumpkin, flax, chia), nuts and nut butters, fish (wild salmon)
- Omega 3, 6, 9: anti-inflammatory, good for heart health, immunity
- Saturated and trans (bad) fats: fried foods, cakes/cookies/pastries, refined vegetable oils

Water Intake

- Benefits of water:
  - Maximizes cognitive and physical performance
  - Improves headaches, digestion, constipation, metabolism
  - Regulates body temperature
  - Helps our bodies function at their best
  - Goal intake a day: your weight in lbs /2
  - Ex: 140lbs ➔ drink 70oz water
  - Or aim for at least 2-3L a day
  - Keep a large water bottle next to you at work so you don’t forget
  - You can make it taste better by squeezing lemon or adding berries or cucumber
Tips for Eating at Work

- Bring food to work
- Easier to eat healthy
- Don’t have to worry about not having time to go to cafeteria
- Foods good for your brain:
  - Leafy greens and berries have anti-oxidants that protect brain cells and prevent cognitive decline
  - Omega-3 fatty acids improve alertness and concentration
- Healthy snacks: fruits, nuts, vegetables, sprinkle chia and flax seeds on your food
- Avoid large heavy meals, especially late into shift closer to bedtime. Try smaller more frequent meals
- Leads to insomnia, indigestion, abdominal pain
- Avoid sugar-rich products: soda, pastries, bread (remember: simple carbs cause crash)
- If can’t get through a shift without sweets: choose dark chocolate

Shopping Tips

- Read labels
- Most important part: ingredient list
- The more ingredients there are, the more processed it is
- Avoid artificial flavors and colors, dyes, “natural flavors,” preservatives, added sugars or artificial sweeteners
- Avoid refined oils: canola, corn, grapeseed, soybean, cottonseed, vegetable oils (most processed oils)
- Other names for sugar: evaporated cane juice, cane syrup, cane sugar, tapioca syrup, brown rice syrup, molasses, high fructose corn syrup, enriched flour

Counseling patients on nutrition

- All patients seen in ED for constipation, GERD, gastritis, and other weight/diet-related pathology should be counseled on diet
- Tips:
  - Increase high-fiber foods
  - Ask the child to choose 3 fruits and vegetables they agree to eat
  - Avoid white foods, choose colored foods (especially green!)
  - No hot Cheetos/Takis
  - Choose water over soda
Get to know your fellow Faculty!

Heather Conrad:
- Have a wonderful family with 2 great kids
- Survived 3 moves and 4 deployments in 9 years
- Have been a “master” overseer of Covid home school instruction
- I have an extreme love for ice cream especially Hulu Pie from Jakes
- Enjoy working on QI projects with team members and have several abstracts accepted to PAS
- Love taking care of my ED patients!

Gemmie (pronounced, “Jaime”) Devera:
- Published in Annals of Emergency Medicine
- Simulation Faculty at BASE Camp in NYC
- Explored LJ Shores @ low tide
- Ice skated in San Diego!