



# 36<sup>th</sup> ASCEND 2020

## October 27, 2020

### *Conference Handouts*

Agenda

Individual Session

- Learning Outcome(s)
- Content Outline
- References

## 36<sup>th</sup> ASCEND 2020

### Agenda

October 27, 2020

7:30 - 7:45am	Registration	Networking / Coffee
7:45 – 7:50am	Welcome Remarks	Rachael Smith, MSN, RN <i>President, Connecticut Emergency Nurses Association</i>
7:50 – 8:50am	KEYNOTE ADDRESS <b><i>Care of the Burn Patient</i></b>	Jason Bresky, RN, CCRN Burn Outreach Coordinator, Connecticut Burn Center, Bridgeport Hospital
8:50 – 9:50am	GENERAL SESSION <b><i>Patient Agitation and Healthcare Workplace Violence: A Systems Approach</i></b>	Ambrose H Wong, MD, MSED Yale University School of Medicine (YUSM)
9:50 – 10:10am	BREAK	Networking / Coffee
10:10 – 11:10am	JENNIFER B. HODGES MEMORIAL LECTURE <b><i>Triumphs and Tribulations in Emergency Nursing</i></b>	Patricia Kunz-Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN, Immediate Past President of the Emergency Nurses Association Board of Directors, UK Healthcare Enterprise, Director of Emergency Services
11:10 – 12:15pm	LUNCH with CTENA	State of the State / Announcement of CTENA Officers
12:15 – 1:15pm	GENERAL SESSION <b><i>Pediatric Respiratory Emergencies</i></b>	Karen Santucci, MD, FAAP YNHH Pediatric Emergency Attending, Professor of Pediatrics and Emergency Medicine (YUSM), Chief Medical Officer - Greenwich Hospital
1:15 – 2:15pm	GENERAL SESSION <b><i>Psychiatric Care in the Pediatric Emergency Department: Identifying and Preventing Suicide Amongst Youth</i></b>	Steven C Rogers, MD, CPST Connecticut Children’s Medical Center, Director of Emergency Behavioral Health Services
2:15 – 2:30pm	BREAK	Networking / Movie Snacks
2:30 – 4:00pm	<b>ENA 50<sup>th</sup> Anniversary Celebration Film <i>“In Case of Emergency”</i></b>	<b>ENA is proud to partner with filmmaker Carolyn Jones on the Emergency Nurse Project – a full-length documentary which takes an up-close, personal look at this special group of health care professionals.</b>

# Care of the Burn Patient

Jason Bresky, RN, CCRN

Burn Outreach Coordinator, Connecticut Burn Center, Bridgeport Hospital

## Learning Outcomes:

At the end of the program, participants will:

- Be able to accurately assess burn injury depth and surface area
- State the trending causes of burn injury
- Verbalize increased understanding of proper burn care and dressing of wounds
- State burn prevention tips for vulnerable patients

## Content Outline:

Introduction

History and facts about the Ct Burn Center at Bridgeport Hospital

Personal history with the Ct Burn Center

Qualification of speaker

Assessment of the Burn Patient

Review of anatomy and functions of skin

Descriptions and examples of burn injuries and terminology

Identification of inhalation injuries

Critical burns

Care for Burn Injuries

Basic burn care and pitfalls

Priorities in care for critical burns

Current trends in etiology

Examples of social media challenges

Electronic devices

Abuse

Scalds

Audience participation

Expanding case studies

Q&A

## References:

American Burn Association. *Advanced Burn Life Support*. PowerPoint presentation retrieved from Bridgeport Hospital intranet.

Heard, J., Liu, Y., Herrera, S., & Romanowski, K. (2018). Hot water challenge: an emerging threat. *Journal of Burn Care & Research*. <https://doi.org/10.1093/jbcr/iry006.376>

Herndon, D. (2017) *Total burn care* (5th edition). Edinburgh: Elsevier.

Roussel, L. O., & Bell, D. E. (2016). Tweens feel the burn: “salt and ice challenge” burns. *International Journal of Adolescent Medicine & Health*, 28(2), 217–219. <https://doi.org/10.1515/ijamh-2015-0007>

Serror, K., Chaouat, M., Legrand, M. M., Depret, F., Haddad, J., Malca, N., ... Boccara, D. (2018). Burns caused by electronic vaping devices (e-cigarettes): A new classification proposal based on mechanisms. *Burns* (03054179), 44(3), 544–548. <https://doi.org/10.1016/j.burns.2017.09.005>

# Patient Agitation and Healthcare Workplace Violence

Ambrose H Wong, MD, MEd  
Yale University School of Medicine (YUSM)

## Learning Objectives:

At the end of the program, participants will:

- State that agitation is a unique symptom that causes dual threats to occupational and patient safety
- Identify that patient agitation and workplace violence requires a system approach
- Describe the important of teamwork and simulation in agitation management

## Content Outline:

Introduction

Qualification of speaker

Use of Poll Everywhere

Audience engagement through Poll Everywhere

Agitation as a Symptom; Care Paradox

Review of literature related to patient agitation

Disproportionate workplace violence in healthcare industry

Exposure to violence

Violence and Patient Injury; Care Paradox

Addressing Agitation using Systems Approach; Agitation Framework

Review of systems-based strategies

Joint Commission recommendations

Agitation Management

Interprofessional dynamics

Teamwork in the agitated patient

Using Simulation

Attitude changes based on simulation

Safety Floor Plan

BEST Code

## References:

Phillips, J. P. (2016). Workplace Violence against Health Care Workers in the United States. *New England Journal of Medicine*, 375(7), e14. <https://doi.org/10.1056/NEJMc1606816>

Wong, A. H., Taylor, R. A., Ray, J. M., & Bernstein, S. L. (2019). Physical Restraint Use in Adult Patients Presenting to a General Emergency Department. *Annals of Emergency Medicine*, 73(2), 183–192. <https://doi.org/10.1016/j.annemergmed.2018.06.020>

# Triumph and Tribulations in Emergency Nursing

Patricia Kunz Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN  
Immediate Past President of the Emergency Nurses Association Board of Directors,  
UK Healthcare Enterprise, Director of Emergency Services

## Learning Outcomes:

At the end of the program, participants will:

- Synthesize emergency nursing successes and challenges

## Content Outline:

Emergency Nursing Triumphs

50th Anniversary of ENA

In Case of Emergency Documentary

Courageous Cultures

Our voices were heard in the pandemic

No Silence on ED Violence

Diversity, Equity and Inclusivity

Emergency Nursing Tribulations

Global pandemic

Workplace violence

Crowding

Behavioral health care

Self-Care and resilience

Courageous Cultures

Overcoming “FPSO”

Courage Crushers

Positive intent

## References:

Hurt, K. & Dye, D. (2020). *Courageous Cultures*. Harper Collins Leadership: Nashville

Harvard Business Publishing. (2020). *Leading Through a Pandemic*.  
<https://www.harvardbusiness.org/leading-through-a-pandemic/>

# Pediatric Respiratory Emergencies

Karen Santucci, MD, FAAP

YNHH Pediatric Emergency Attending, Professor of Pediatrics and Emergency Medicine (YUSM),  
Chief Medical Officer – Greenwich Hospital

## Learning Objectives:

At the end of the program, participants will:

- Verbalize increased understanding of how to proceed when face with pediatric respiratory emergencies
- State increase comfort in the diagnosis of pediatric respiratory emergencies
- Review the presentation of children with perplexing chief complaints, of potentially life-threatening etiologies

## Content Outline:

Introduction

Statement of objectives

Qualification of speaker

Review of ABC: Airway, Breathing, Circulation

Review of Pediatric Respiratory Emergencies

Foreign Body Aspiration: Case Review, Risk, Mis-diagnoses, and Management

Epiglottitis, bacterial tracheitis: Case Review, Pearls, and Management

Lemierre's Syndrome: Case Review, Clinical Manifestations, Diagnostic Tools, and Treatment

Retropharyngeal abscesses: Case Review, Pearls, and Management

Peritonsillar abscesses & Severe laryngotracheobronchitis

Audience participation

Expanding case studies

Q&A

## References:

Hafiza QZ, N., & Bee See Goh. (2019). Foreign Body Aspiration in Children: A 5 Year Review in an Urban Hospital. *International Medical Journal*, 26(3), 180–182.

Nur Izzati Ishak, & Goh Bee See. (2019). The Same Old Story of Delayed Diagnosis of Airway Foreign Body: What Should We Learn? *International Medical Journal*, 26(5), 431–433.

Root RW, Barrett TW, & Abramo TJ. (2013). A 10-month-old with Lemierre syndrome complicated by purulent pericarditis. *American Journal of Emergency Medicine*, 31(1), 274.e5-7.

Udassi, S., Tuli, S. Y., Giordano, B. P., & Udassi, J. (2015). Adolescent With Fever, Hypotension, and Respiratory Distress. *Journal of Pediatric Healthcare*, 29(3), 289–293.

# Psychiatric Care in the Pediatric Emergency Department Population: Identifying and Preventing Suicide Amongst Youth

Steven C Rogers, MD, CPST

Connecticut Children's Medical Center, Director of Emergency Behavioral Services

## Learning Objectives:

At the end of the learning activity, participants will:

- Verbalize the aims of focusing on injury and suicide prevention
- State the prevalence of youth in the US and specifically in CT
- Recognize the symptoms and risk factors of suicide through use of evidence-based screening
- Understand how to provide lethal means counseling in order to reduce risk

## Content Outline:

Review of Injury and Mental Health

Prevalence

Seasonal Variation of presentations

Trends in pediatric mental health presentations

Suicide

Prevalence and Trends

Rates among Nation versus Connecticut

Youth Risk Behavior Surveillance

Identify, Connect, Prevent

Early Identification

Parental/Self- recognition

Screening: PSC/HEADSS/ASQ/PHQ9/CSSRS

Connection to Clinical/Community Support Services

Emergency Mobile Psych Services (EMPS)

Access Mental Health

Harm Prevention

Lethal Means Restriction (LMR) Counseling

## References:

DeVylder, J. E., Ryan, T. C., Cwik, M., Wilson, M. E., Jay, S., Nestadt, P. S., Goldstein, M., & Wilcox, H. C. (2019). Assessment of Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. *JAMA Network Open*, 2(10), e1914070.

Inman, D. D., Matthews, J., Butcher, L., Swartz, C., & Meadows, A. L. (2019). Identifying the risk of suicide among adolescents admitted to a children's hospital using the Ask Suicide-Screening Questions. *Journal of Child & Adolescent Psychiatric Nursing*, 32(2), 68–72.



## ENA 50th Anniversary Celebration Film\*

### *“In Case of Emergency”*

ENA is proud to partner with filmmaker Carolyn Jones on the Emergency Nursing Project – a full-length documentary which takes an up-close, personal look at this special group of health care professionals.

Every day, in thousands of emergency departments across the globe, nurses do amazing things and often without the recognition they deserve. To celebrate and recognize all emergency nurses for their hard work, perseverance and indelible impact on society, ENA is proud to partner with filmmaker Carolyn Jones on the award winning documentary film “In Case of Emergency.” The film takes an up-close, personal look at this special group who take on all challenges on the front lines of health care.

All of our country’s biggest public health challenges—from COVID-19 to the opioid crisis to gun violence to behavioral health and lack of insurance—collide in emergency departments (EDs). Nearly half of all medical care in the U.S. is delivered in EDs, and nurses are on the frontlines of that care, addressing our physical and emotional needs and sending us back out into the world. In Case of Emergency is a documentary that follows emergency nurses and their patients in seven unique settings across the U.S., from urban to rural, shedding light on some of the biggest health care crises facing Americans today and the opportunity that emergency nurses have to help break a sometimes vicious cycle for patients under their care.

#### **Renowned Documentarian**

Carolyn Jones has spent the last several years interviewing, photographing and filming nurses across America while traveling to places facing some of the nation’s biggest public health issues. Her documentaries include *The American Nurse*, which was featured in the State Department’s American Film Showcase, and *Defining Hope*, recently broadcast over 1,000 times on PBS stations nationwide. Learn more about Carolyn Jones and the film.