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## **From the President** **Harry E. Sibold, MD, FACEP**

### ***ACEP16: What Happens in Vegas...***

*ACEP16* (the "Scientific Assembly" as you may still think of it) came and went. Unlike the old adage: "what happens in Vegas, stays in Vegas", to those of you who attended, I hope to bring the camaraderie, cutting edge information and current research back to Montana to share with our colleagues and partners here.

As in past years, the agenda for educational offerings was packed full. But, if your schedule and family commitments didn't allow you to attend in person, there is an avenue that I have taken advantage of many years in the past "[Virtual ACEP](#)". This allows you to stream or download courses from *ACEP16* and also get Category 1 CME.

No, I don't get a kickback! I have simply found it a good way to keep up with what my ACEP friends around the country are seeing, even if I can't be there in person.

Take a look at [Virtual ACEP](#) and see if it might be for you. For those of you that were in Vegas...don't let it stay there! Share your experience at *ACEP16* with us!

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## Montana Naloxone and Opiate Abuse Initiatives

Emergency physicians in Montana, like our colleagues across the country, see the effects of drug abuse on the front lines...almost like a bellwether of a looming problem. Unlike times of previous spikes in narcotic abuse in the '80s and '90s, a more active and preemptive approach is being tried in areas across the country.

Though the incidence of heroin abuse is not as high here as some areas of our country, prescription narcotic use and abuse is widespread. Though naloxone will not solve the underlying problems of addiction, it is being touted as a means of saving lives that might otherwise be lost to overdose. The FDA approved the nasal route for Narcan in 2015, and the FDA along with manufacturers have labeled Narcan for lay-person/third party use.

As we move into the legislative session in Montana in 2017, there are collaborations in process seeking to broaden avenues for access to naloxone in Montana. There have been publications incorrectly citing "no route" to lay person access in Montana, which reflects only that no "naloxone specific" statute exists at this time.

As you all know, physicians are free to prescribe naloxone for patients or "third party" use. What is less well known is that an individual can present to a pharmacy that has a collaborative practice agreement for naloxone in place, and purchase it without a pre-existing prescription. Click here to [see](#) the reference. This has long been the case in Montana, before many other states, and is an underutilized pathway.

If you have questions about this, feel free to reach out to [me](#).

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## Update on National Legislation

As many of you know, the DEA has recently interpreted the Controlled Substance Act (Comprehensive Drug Abuse and Prevention and Control Act of 1970) as prohibiting the administration of controlled substances by EMS under a protocol. Over the last 2 years, the ACEP EMS Committee has been one of 3 key stakeholders working for a solution. In January of this year, Rep. Richard Hudson (R-NC) introduced the "Protecting Patient Access to Emergency Medications Act" ([H.R. 4365](#)). A companion Senate bill ([S. 2932](#)) was introduced while the ACEP Leadership & Advocacy Conference was being held in May.

These were key bills that ACEP targeted for support during the May Conference. Dr. Gallea and I made the walk on Capitol Hill to voice support to our Montana legislators...and we were heard! Rep. Ryan Zinke was ahead of the game and quick to sign on in support. Sen. Tester was a very early co-sponsor of the Senate bill also.

4365 has been in "mark-up" (language being discussed and edited) until the end of Sept. It has now come back to committee and we hope that this will come to the floor for a vote before the end of this session. We hope that the Senate bill will move forward out of committee and come to a vote in the Senate as well.

Our Montana legislators are well aware of the importance of these bills, but not every state has co-sponsors signed on in support. If you have colleagues in neighboring states, remind them of the importance of supporting these bills and expressing advocacy with their legislators. This is truly a non-partisan issue that has generated broad support across both sides of the aisle. I will continue to keep you informed as these bills make their way through the process.

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## **From a Chapter Member Tiffany A. Kuehl, MD, FACEP**

### **Bozeman SANE Reaches Out**

The Bozeman Health Deaconess Hospital Emergency Department recently expanded their SANE program to meet the needs of their community in an effort to provide compassionate, immediate care for victims of sexual assault.

Katy Osterloth, MN, nurse coordinator of SANE, and Tiffany Kuehl, MD, medical director of SANE, have developed a well-trained team of nurses with patient centered care as their goal. They recruited more nurses to the program, increased training and support, and developed a 24/7 call schedule.

"Now we have a strong team with 24/7 response," said Dr. Kuehl. "The program is now much more consistent, with better training and better integration with law enforcement and advocacy services. Victims are trusting the medical response more. They feel it's safe to come forward, and that they will be supported."

Smaller Montana communities may not have the staffing resources or nurse training to offer victims SANE exams at all times, the BHDH SANE program would like to be a regional resource for urgent adult and pediatric case referral and for training of SANE nurses. By contacting the BHDH emergency department, a case may be discussed with the on-call nurse expert, who can help provide direction and best plan of action for the victim. If smaller emergency departments would like to refer their nurses for SANE training, please [email](#) Dr. Kuehl.

With round-the-clock availability, Bozeman Health SANE nurses can handle any type of sexual assault, including child abuse, elder abuse and partner violence. Said Osterloth, "Our goal is that every person who comes to our emergency department for sexual assault be provided timely, compassionate and competent care."

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## Adriana's Corner

Please don't forget about [sharing](#) your interesting cases, an article recognizing your fellow colleagues or any photos you'd like posted on the chapter website.

I'd love to add the information onto the chapter website or on the next chapter e-newsletter.

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## Fellow Recognition!

We would like to recognize the following members for receiving the designation of **Fellow** at ACEP16:

H B Kelleher, MD

Ashleigh Magill, MD

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## Clinical News

### **Endovascular Therapy May be Effective for Strokes from More Distal Occlusions**

Endovascular therapy (EVT) may be effective for acute ischemic stroke caused by occlusion of the middle cerebral artery M2 segment, suggests a multicenter retrospective study.

[Read More](#)

### **Pain Scales Often Fail to Capture What ED Patients Feel**

Asking patients in the emergency department to rate their pain on a visual scale or to rank it from zero to 10 doesn't really convey what the patient is feeling, suggests a study from Sweden.

[Read more](#)

### **Researchers Find First U.S. Bacteria With Worrisome Superbug Genes**

New Jersey researchers say they have identified perhaps the first strain of E. Coli bacteria in the United States with mobile genes that make it resistant to two types of antibiotics now

considered last-line defenses against superbugs.

[Read more](#)

## News from National ACEP

### **New Epinephrine Labeling**

There has been a change to the labeling of epinephrine. Epi 1:1000 used for anaphylaxis and asthma is now labeled 1.0mg/ml. Epi 1:10,000 used for cardiac arrests is now labeled 0.1 mg/ml. There has been concern that the current labeling caused confusion and inappropriate dosing.

### **New Crowding Solutions Resource**

A new information paper on the causes, impacts and solutions to the crowding and boarding problem has been approved by the Board of Directors. Members are encouraged to distribute this reader-friendly paper to their hospital administrators or local policymakers who may benefit from a better understanding of why they must, and how they can, address this vexing and dangerous problem. A link to the new paper entitled "[Emergency Department Crowding: High Impact Solutions](#)" is available.

### **Blood Clot Information for Patients Developed**

ACEP (through an educational grant from Bristol Myers Squibb) is providing UNBRANDED resources to patients with newly diagnosed VTE/PE. The program provides text messages to connect patients to video based education which discusses the importance of taking medication and getting follow up. No product name is mentioned or implied. The program is called [Know Blood Clots](#), and is explained on the website. Patients can also text CLOTWEB to 412-652-3744 to sign up for the Know Blood Clots program. If you have questions, feel free to email [Sandy Schneider](#) and I will try to supply further details.

For your convenience, we have created a smart phrase (dot phrase) that you can copy and paste into your electronic medical record then add to the discharge paperwork, which will provide your patients with this information:

"You have been diagnosed with a blood clot. You and your family/caretakers will likely have a lot of questions over the next few weeks. There is a program that that might help. It provides text messages to connect you to videos and other education. In addition the messages will remind you to make a doctor's appointment and get your medicine. Please go to [www.knowbloodclots.com](http://www.knowbloodclots.com) or text CLOTWEB to 412-652-3744. If you don't have a smart phone, perhaps a family member can enroll you. Normal text message charges may apply."

### **New Sections at ACEP**

A sufficient number of members have come together to officially form three new Sections in the College. The Pain Management Section was formed earlier this year and is now being followed

by the creation of the Medical Directors Section and the Event Medicine Section. The new Sections will meet at **ACEP16** for the first time. Members interested in any of these topics are invited to attend the Section meetings and/or join the new Sections.

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