



CONFERENCE ON DEMAND

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Advocacy

ENA Government Relations - Annual Update

Politically correct? Wait - I work in the ED! Emotional intelligence? It can happen!

This hilarious presentation exposes the dark side of our profession by discussing the day to day reality of our experiences that ebb into the ridiculous or the infuriating. We will review the frequent fliers, drug seekers and all the beautiful people with self-diagnosis that make our day well- our day! Even more enticing will be our discussion of other units and their relationships to the emergency tribe. Why you ask would we talk about these issues and find humor? Because these are the same issues by which we can all potentially cross the line of professionalism and lack emotional intelligence. Amidst the humor we will interject some powerful lessons we ED nurses can use when faced with the ridiculous to the potentially unsafe relationships with patients, staff and other players in our unique practice.

Speaking To Be Heard: Choosing the Right Conversation for Effective Advocacy

This presentation discusses the challenges of becoming an effective emergency nurse advocate in today's world.

Warriors Among Us: Care of Military Veterans in the ED

There are 22 million Veterans in the US. Less than 30% of eligible Veterans are enrolled in the VA Healthcare System. The Veterans Mission Act of 2018 was enacted, and the Veterans' Community Care Program is being created so that Veterans not able to receive timely or appropriate care in the VA system may receive care in civilian healthcare facilities. In addition, National Guard members and Reservists are not eligible for VA Healthcare. It is essential that civilian providers ask the questions, "Have you ever served in the military?" and "Has anyone in your family ever served in the military?" in order to collect a complete history that may assist in developing accurate differential diagnoses, provide appropriate treatments and provide essential referrals.

FAST TRACK: Removing the STOP Signs from "Stop the Bleed" Education

Removing the barriers to reach the individuals that are truly at ground zero when a mass shooting occurs can often be difficult, but not impossible. This presentation outlines the process one emergency department nurse took to train students and staff for an entire school system, on the basics for saving lives, should the unthinkable happen again, in our neighborhood. Bringing a community together to accomplish this training only happened through the dedication and commitment of area leaders.

Behavioral Health

FAST TRACK: Behavioral Health/ Substance Use Peer Support Specialist in the Emergency Department

Our healthcare system is building a comprehensive response to the opioid crisis. In 2018, one of our hospitals became a state-funded pilot for placing certified peer support specialists (CPSS) in the emergency department (ED) to work with patients presenting with opioid-use disorders. Since 2009, EDs in our state have received over 32,000 opioid overdose patients. In 2017, there were more than 5,000 ED visits for overdose. The vast majority of patients were either Medicaid/Medicare or Uninsured/Self-Pay. Despite the effectiveness of peer support in community settings, peer support in hospital settings remains relatively unexplored. One purpose of this pilot is to collect data that supports future funding.

FAST TRACK: Opioid Addiction Spiraling Out of Control...What is working and how to protect yourself and staff from harm

This presentation discusses new treatment options and new DEA requirements for the opioid addictive patient. You will learn about current treatment options for the chronic pain patient to assist with reduction of death and improved long-term addiction care and recovery.

FAST TRACK: Use of Licensed Psychiatric Techs in an Emergency Department Setting to Decrease Violence Against Staff

This session will detail the process of trying to decrease ED violence by hiring and implementing Licensed Psychiatric Technicians (LPT) in an emergency department setting. Discussion will include the role of the LPT in an ED setting, specific examples of how they have been used to deescalate situations, how their presence has benefitted patient care, how their role eased ED nurse stress, and how violence against staff was effected since their addition to our department.

Care considerations for the suicidal patient

This presentation identifies processes, ligature risks, hidden dangers, and misconceptions that put suicidal patients at risk in our departments.

Chronic Disease

Evidence Based Treatment of Vaso-Occlusive Episodes in Sickle Cell Disease

Sickle cell disease is often associated with severe pain that requires treatment with opioids in the emergency department. In 2014, the National Heart, Lung and Blood Institute published evidence-based recommendations for SCD including treatment of vaso-occlusive episodes. In this session recommendations will be reviewed as well as some suggestions for managing SCD patients with large numbers of ED visits.

Clinical

"But It's Not a STEMI!": The 'Oh My' of OMIs

This lecture will discuss the relevance and important of going beyond STEMI recognition to OMI (Occlusion Myocardial Infarction), explore some of the current pitfalls of emergent cath lab activation by STEMI criteria alone, and understand criteria suggestive of OMI.

The HEART Score: will your ACS be admitted or discharged?

The History, ECG, Age, Risk Factors, and Troponin (HEART) Score has been proven to be a reliable indicator of patient discharge risk for patients presenting with ACS symptoms. This presentation will discuss the usefulness of the HEART Score Tool in the emergency department to safely discharge patients. The nursing implication for discharging patients via the HEART Score will also be discussed.

VentilatER: Focused Management for the ER Nurse

The emergency department is an incredible environment that often tasks the teams working within them to provide a variety of complex, and often specialized care to patients with a wide range of injuries and illnesses. Mechanical ventilation has become a commonly seen treatment modality in the emergency department with the availability of critical care beds being limited. Although respiratory therapists are often charged with the management of the ventilator, it is vital that other members of the healthcare team have a firm understanding of the mechanics, the best adaptations per etiology, and the effects of other therapies on mechanical ventilation.

DEEP DIVE: ACT Advocate Training + Human Trafficking: Identification and Treatment of Victims in the Clinical Setting

This presentation will explore core competencies for healthcare professionals in the clinical setting who may encounter potential victims of human trafficking. Learners will be equipped with knowledge to implement a clinical protocol in their organizational setting to ensure best current practices, moving the RN from an individual response level to a collective, holistic, public-health, comprehensive care approach. Learners will be given the most up-to-date statistics, research, and initiatives currently ongoing in the fight against human trafficking. Instruction will be given on developing Nurse-Led diverse interprofessional teams to maximize impact on health outcomes. An estimated 87% of rescued trafficking victims had encounter(s) with a healthcare provider (up to nine times) during captivity in which they were not recognized as victims, missing opportunity for rescue and improved health outcomes.

Paroxysmal Sympathetic Hyperactivity: Utilizing Evidence to Build Best Practice

Evaluating the current field of changing literature in care of patients experiencing paroxysmal sympathetic hyperactivity is a priority as identification, care, and treatment of this syndrome remains variable. A national consensus statement was developed in 2014 that has guided recent new research and changes in practice and patient care. This presentation will discuss and evaluate current and evolving literature supporting nursing

practice for improved recognition, treatment, and management of paroxysmal sympathetic hyperactivity contributing to improved and standardized patient care. In addition, plans, processes and ideas will be shared to utilize the quality improvement process to lead organizational standardization and improve clinical care at the organizational level.

Warriors Among Us: Care of Military Veterans in the ED

There are 22 million Veterans in the US. Less than 30% of eligible Veterans are enrolled in the VA Healthcare System. The Veterans Mission Act of 2018 was enacted, and the Veterans' Community Care Program is being created so that Veterans not able to receive timely or appropriate care in the VA system may receive care in civilian healthcare facilities. In addition, National Guard members and Reservists are not eligible for VA Healthcare. It is essential that civilian providers ask the questions, "Have you ever served in the military?" and "Has anyone in your family ever served in the military?" in order to collect a complete history that may assist in developing accurate differential diagnoses, provide appropriate treatments and provide essential referrals.

No Pulse, No Problem: Understanding How to Prioritize Emergency Care of an LVAD Patient

Now more than ever, patients with advanced heart failure are able to regain many productive qualities of life after receiving an LVAD. When these patients show up in the emergency department, many nurses do not feel comfortable with the therapy, equipment, or some of the emergencies that they present with. This presentation is designed to help you recognize that even these patients without a pulse may not be such a problem after all!

All F'd Up and In Your Assignment: Managing Acute Intoxication in the Emergency Department

A fresh look at every emergency department's constant: the intoxicated patient. Nursing pearls for assessment and initial stabilization that everyone must know!

Cheating Death: Using Old School Technology in New Ways

Innovation is everywhere in emergency medicine. Often, we use "innovation" to describe completely new ideas, new technology, new processes. But sometimes innovation comes in using something in a new way. Thromboelastograms (TEG), resuscitative endovascular balloon occlusion of the aorta (REBOA), and extra-corporeal membrane oxygenation (ECMO) are examples of this sort of innovation. This presentation will discuss each and provide examples of how they are being used in innovative ways to improve patient survival.

FAST TRACK: "What's in a BP: Do you follow the MAP?"

The purpose of this study is to identify if nurses in critical care should be educated on mean arterial pressures (MAP) and evaluate it as part of their regular practice instead of blood pressure monitoring alone. We also considered if monitoring and trending MAP in patients who present with symptoms that may point to pulmonary or cardiac complaints, abnormal vital signs or abnormal lab values would indicate quicker intervention times. Through this case study we hope to show that it may help identify early hypovolemic shock, severe sepsis related to trauma or some other significant life-threatening emergency. Our goal is to show that by broadening nursing assessments to include BP, MAP and PP trending this may possibly improve outcomes for our critically ill patients.

FAST TRACK: Dizziness in Triage-Don't Miss Posterior Stroke!

Case presentation follows a difficult case from triage through discharge from the emergency department. Patient was local firefighter known to ED staff. She presented to triage with dizziness, vision changes and a severe headache. She was found to be significantly hypertensive in triage. Blood pressure was managed, headache pain was managed, 12 Lead and enzymes negative for acute coronary syndrome. Discharged back to work with prescription for antihypertensive medication and recommendation for follow up. Upon return to duty the dizziness persisted, vision changes intensified, and she was later seen at local hospital for confirmed posterior circulation stroke. Return presentation was outside of window for intervention. Following case review, the B.E.F.A.S.T. (Balance, Eyes, Face, Arms, Speech, Time) screening tool will be evaluated for its increased sensitivity to detect posterior circulation deficits.

FAST TRACK: Evaluation of alcohol withdrawal in the emergency department: implementing the use of the CIWA-Ar, a validated and standardized scale

The use of the Clinical Institute Withdrawal Assessment- Alcohol Revised (CIWA-Ar) scale, allows for a more objective evaluation of alcohol withdrawal. A pharmacological treatment associated with the scale

individualizes its management as well as decreases medical complications associated with withdrawal. Due to the heterogeneity of practices observed within the emergency department (ED) and in order to improve practice, the CIWA-Ar scale associated with a standardized prescription was implemented in the ED. These tools were developed within an interdisciplinary team with the objective of reaching out to the critical mass of professionals needed to ensure the success of the project.

FAST TRACK: Immune Checkpoint Inhibitors for ED nurses

Cancer treatment has undergone a revolutionary new development with the use of immune checkpoint inhibitors! However, as with any new medication or medical therapy there can be adverse-related events. As emergency nurses we need to know what these may be and learn how to manage them.

FAST TRACK: Left Atrial Appendage Occlusion Devices - An Update

Stroke prevention in patients with atrial fibrillation has been achieved pharmacology using warfarin (coumadin) initially but more recently with the new oral anticoagulants such as apixaban. However, not everyone with atrial fibrillation can use oral anticoagulants due to increased risk of bleeding. Learn about the new exciting nonpharmacologic intervention for stroke prevention for patients who are not candidates for long-term oral anticoagulation.

FAST TRACK: Mystery, Intrigue, and Murder: Understanding Heart Failure

Heart Failure is the orphan of the cardiology world. There are no great instant turnarounds and no exciting devices. Yet millions of Americans will die with heart failure this year. The battle within the body of a patient with heart failure is simultaneously complex and yet can be simple to understand if knowledge of the internal fight or flight processes of heart failure are understood. This presentation will show participants how heart failure really works and how our understanding of the war within will allow Emergency Nurses to treat Heart Failure patients better and with more safety. Once a participant understands the complex processes in simple terms, the management of Heart Failure and other fight or flight scenarios will all suddenly make more sense.

FAST TRACK: Pain assessment in special populations: It's not just a number - (FastTrack)

Pain as part of presenting complaints is common in emergency departments and similar settings. While emergency nurses understand that pain assessment is a complex, multi-dimensional, and subjective part of our daily work there are special populations that receive inadequate pain management. Proper pain assessment is made more difficult with increased patient volumes, complex co-morbidities, and lack of proper tools to assess special populations. This fast-paced session will review a variety of pain assessment tools for the critically ill & injured, geriatric and pediatric populations.

FAST TRACK: Strategies for Effective Airway Management of the Obese Patient

Using a case-based format the presentation will cover the unique difficulties of effective airway management of the obese patient. The incidence and prevalence of obesity is increasing at a dramatic rate and the impact is seen in EDs across American on a daily basis. The CDC estimates 35% of the population is classified as obese. The World Health Organization has formally recognized obesity as a global epidemic. As with all epidemics, practitioners must be knowledgeable regarding the unique challenges and strategies needed to manage this growing patient population. The bariatric patient experiences multiple types of dysfunction related to pulmonary physiology making them extremely susceptible to hypoxemia and disordered breathing.

FAST TRACK: What's the Deal with Hydrofluoric Acid? A Unique Toxic Electrolyte Imbalance

In the TNCC "Burn & Surface Trauma lecture, one slide tells you not to waste time identifying a chemical burn agent before irrigating, but ALSO tells you that hydrofluoric acid is treated with calcium gluconate. This quick lecture tells you why hydrofluoric acid is such a unique poisoning, with very painful local, and potentially life threatening systemic effects.

Management of Arrhythmias for the Terrified

This one-hour course is designed for registered nurses who work in the Emergency Department. The focus is interpretation of selected arrhythmias and the use of medications and/or electricity. Also addressed will be the avoidance of multiple cardiovascular drugs causing a potential polypharmacia effect.

Not the Weed We Smoked in College: The Impact of Legalized Cannabis on Emergency Nursing Workload

32 US States and the District of Columbia allow the use of medical cannabis, and many allow recreational cannabis. This presentation will review the perceived impact of legalized cannabis on Emergency Nursing workload in adult and pediatric emergency department visits.

Strange Cardiac Syndromes with Funny Names

Although ED nurses routinely see and act in the treatment of a MI or CHF in the ED, there are several uncommon cardiac presentations which demand prompt recognition and treatment. This course will discuss those not-so-common presentations, treatment and expected outcomes.

Teaching the Masses using Social Media: The Efficiency of Podcast Education

A new horizon for advanced and sustained nursing education is here. Podcasting is becoming an increasing tool for educators, leaders, and students alike. But there are variations to quality and usage. This presentation will focus on the mechanics of a quality podcast that promotes stretcher side care. While advancing a facilities mechanism of enhancing patient safety, reducing staff stress, and strengthening staff learning of hot topics and medical advancements.

The Future of Cardiac Arrest: ECMO in the ED

Our presentation will briefly review the latest evidence in cardiac arrest care, highlighting the initiation of extracorporeal membrane oxygenation (ECMO) in the emergency department (ED). The initiation of ECMO in the ED requires strategic planning by a multidisciplinary team. ED nursing plays a pivotal role in this team, including but not limited to: being knowledgeable of the inclusion and exclusion criteria for ECMO; ensuring room and team readiness for cannulation; providing stabilization of the patient before, during, and after cannulation; facilitating transfer of the patient to a higher level of care; and advocating for the patient and family.

The High Acuity of Hematologic and Oncologic Emergencies

Patients presenting to the ED with a hematologic or oncologic emergency is increasingly common. There are over 15 million cancer patients and survivors currently in the US and the number is growing rapidly. Novel anticancer agents are being developed at a rapid pace, but they may produce serious side effects. Emergencies may occur at any time, from presenting symptom to end-stage disease. This population comprises five percent of general emergency department visits and they are uniquely vulnerable. Common presentations include pain, fever, respiratory distress or alteration in mental status. Emergencies may be related to the disease process itself, may be in response to therapy, or the effect of either of these on preexisting illness. Using a case-based format selected significant emergencies will be reviewed.

Time-Sensitive Emergencies: Where Speed Helps and When It Can Hurt

Each day, emergency department staff are faced with quick decisions on patient care that could impact that individual for the rest of their life. Staff have to understand key clinical signs, know when to act upon those signs, and be willing to keep an open mind towards other care issues that may arise. But what do we do when the wrong decision is made? What happens when we are working quickly but end up working in the wrong direction? Time-sensitive issues such as stroke, STEMI, pulmonary embolism, and more will be discussed, and nursing will be asked to think about when speed really can help these patients and how some cases of speed can end up delaying care and cause harm.

Transform care with telemedicine!

Across the nation we face challenges in providing physician coverage in many specialties. With the development of technology, a new delivery system has been created through telemedicine. Now remote locations can have a specialist just a few clicks away opening the opportunities to deliver medical care expertise where it could never be delivered. Telemedicine can make health care more available and improve the quality of patient's lives. Although the technology is amazing, telemedicine is only as good as the processes that are put in place to support it. This presentation will describe how to create implementation strategies to enhance the success of your telemedicine programs with a focus on stroke and behavioral health care in the emergency department.

DEEP DIVE: Identifying Human Trafficking Victims in the Emergency Department & A Survivors Story

The presentation will equip RNs to identify potential signs of human trafficking and how to appropriately respond to potential human trafficking victims that present to the Emergency Department. Red flags and risk factors will be discussed. We will utilize a trauma informed approach on how to intervene with potential trafficking victims. Techniques for motivational interviewing will be identified. Best practices for intervening with victims will be presented. We will review some of the most recent literature on screening for human trafficking in the healthcare setting. A survivor of human trafficking will tell her story. She will outline her childhood experiences that contributed to her being caught up in the world of sex trafficking. She will document her experiences during the time she was being trafficked. She will identify victim centered responses that health care professionals could have utilized that may have allowed for earlier intervention.

Still Taking One for the Team – Why Work Done to Prevent Brain Injuries in Sports Isn't Good Enough

The Centers for Disease Control and Prevention estimate that 300,000 high school athletes sustain a concussion every year. There are other reports saying that at least one concussion happens in every game of American-style football that's played. While most mild traumatic brain injuries heal without issue, repeated head injuries (especially in the presence of a pre-existing unresolved injury) can prove to be life-altering and even life-threatening. This interactive multimedia presentation dives into the prevalence of traumatic brain injuries in the youth athlete population, pathophysiology of the illness, recognition and treatment of signs and symptoms, and the development of equipment and programs necessary to allow young athletes to safely return to competition.

FAST TRACK: Triage Errors Caught by Machine Learning. What We Know and What's Next

Not that long ago, ED triage documentation was done on paper. EMR implementation forced the emergency nurse to change their documentation to fit what could be contained in check boxes. This both decreased the use of free text significantly and morphed triage into a checklist instead of an assessment impacting the quality of Triage. Through the use of machine learning, it is now possible to read the entire record, including free text in the EHR. We will discuss our findings from over 200,000 triage records “read” by a machine finding thousands of documentation errors. Uncorrected, these errors can lead to increased risk to the triage RN, as well as have a negative impact on patient safety.

Disaster Preparedness

FAST TRACK: Removing the STOP Signs from "Stop The Bleed' Education

Removing the barriers to reach the individuals that are truly at ground zero when a mass shooting occurs can often be difficult, but not impossible. This presentation outlines the process one emergency department nurse took to train students and staff for an entire school system, on the basics for saving lives, should the unthinkable happen again, in our neighborhood. Bringing a community together to accomplish this training only happened through the dedication and commitment of area leaders.

Can you R.E.A.C.T to No Notice Events?

Recent no- notice events such as the Las Vegas shooting and the Alaska earthquake will place a stress on local emergency departments as they respond to assist their communities. Using a standard approach in the first hour can help organize a response and have the best outcomes. The REACT framework can be used to respond to small and large scale events in any hospital, so are you ready to REACT to a no-notice event?

IGNITE: Never Let Them See You Sweat: Fourteen Days Without Water

The community hospital experienced a 14-day water loss due to a city water main break. The event began with a boil order from City Officials and resulted in a total loss of water to the hospital and medical office practices. This presentation will include a discussion of the use of Hospital Incident Command System (HICS) to provide control and command of a major utility failure in a community hospital setting to ensure staff and patient safety. This event demonstrates the need for emergency management principles including mitigation, preparedness, response, and recovery. Using these principles provided this organization a roadmap to managing our communication, resources/assets, safety and security, staff, utilities, and patient care during a disaster. Community partnerships are the foundation of emergency response.

The Looming Threat of Terrorism Against United States Hospitals

There have been hundreds of terrorist attacks within hospitals worldwide, including every continent, killing hundreds and injuring thousands of humans. Hospitals are soft targets of terrorism, and yet, many staff are not trained or prepared to handle a terrorist attack within their hospital. This presentation will give a comprehensive analysis of terrorist attacks within hospitals across the globe and will give tactics for hospital personnel to prepare for and mitigate a terrorist attack within the hospital setting. Approximately 100 terrorist attacks have been perpetrated at hospitals worldwide, in 43 countries on every continent, killing approximately 775 people and wounding 1,217 others.

The Use of a Mobile Emergency Department to Assist with Surge Capacity

Surge capacity seems to be an issue all over the country. This presentation will discuss two facilities that elected to use a Mobile Emergency Department to help alleviate the crisis and keep patient flow moving.

Forensics

DEEP DIVE: ACT Advocate Training + Human Trafficking: Identification and Treatment of Victims in the Clinical Setting

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Death Row: What We Can Learn From Nurse Serial Killers

The healthcare profession has produced a disproportionate number of serial killers relative to other professions. Healthcare serial killers represent one of the most monstrous exploitations of power and trust. The access to a vulnerable population, combined with medical knowledge, affords ideal circumstances to commit murder. This being particularly true of emergency and critical care nurses. This lecture will review some of the most notorious nurse serial killer cases and seek explanations for the perpetrators' actions. It will look at identifiable patterns of behavior and potential methods to prevent future occurrences, as well as, the significance of how nurse burnout contributes to this problem.

Improving Patient Outcomes With an In-House Forensic Nurse Examiner Team

The benefit of having forensic nurses in-house in the Emergency Department to provide evidence-based medical forensic care to all victims of violence is immeasurable. Most ED nurses and providers do not have the education, training, or time to commit to the specialized trauma-informed care that is required for this patient population. Additionally, these patients require specific assessments, medications, and resources that are not commonly familiar to ED staff. Forensic nurses have been specifically trained to provide this type of care to many victims of violence, to include the following patient populations: sexual assault, intimate partner violence (IPV), strangulation, human trafficking, child and elder abuse, and trauma patients. Forensic nurses also commonly participate in workplace violence committees. Forensic nurses provide a link to multi-

disciplinary community partners, ensuring continued patient care, access to resources, and improved law enforcement collaboration.

Exploring the Issues of HIV Post Exposure Prophylaxis and Sexually Assaulted Patients

Issues of HIV post exposure prophylaxis (PEP) and sexually assaulted patients explores the issue of poor medication adherence among sexually assaulted patients. Findings of a meta-analysis, retrospective chart review and document analysis are reviewed and nursing and research implications. The meta-analysis identified a priority problem poor adherence to PEP with only 25.7 % of sexually assaulted victims completing a full course PEP. The retrospective chart review included a sample of 246 medical records and explored ecological factors that impact post exposure prophylaxis adherence among SA individuals. The goal of the study was to identify factors that may impact PEP adherence among sexually assaulted women and to identify possible pathways and relationships. Results showed a significant relationship between completing a course of PEP and education level, employment, insurance, when tongue-mouth penetration occurred, and vaginal injuries.

FAST TRACK: The Neurobiological Aftermath of Trauma

Trauma, particularly sexual trauma results in a neurobiological insult to personhood. Research supports evidence of alterations in memory and sense of self. explainable through physiologic outcomes. This presentation proposes to explain memory loss through recovery following sexual assault.

Geriatrics

DEEP DIVE: Improving Emergency Care for Older Adults: Guidelines, Collaboration, Accreditation, and Quality Improvement

This Deep Dive will discuss how the growing population of older adults is challenging the traditional ED model of care. Attendees will learn to utilize the multidisciplinary “Geriatric Emergency Department Guidelines” and American College of Emergency Physicians (ACEP) “Geriatric Emergency Department Accreditation program. Attendees will evaluate several geriatric ED quality improvement (QI) projects and the “business case” for developing “Senior Friendly” ED processes.

Grandma Says She’s Talking with the Little Green Men! Hallucinations in the Older Adult

Geriatric patients are sometimes brought to the ED because they are hallucinating, talking to people that are “not there”, or acting in an odd fashion. Is this a behavioral or crisis issue? Is there a metabolic or medical reason they are acting this way? This presentation will investigate reasons geriatric patients may present with these symptoms, ways to recognize the cause, and ways manage the patient. Upon completion the participant will have created "go to" charts for future reference.

Not just “adultier adults”: caring for geriatric patients in the ED

Geriatric Emergency Department visits are increasing exponentially as the population is aging rapidly. This presentation will review the unique and complex needs of the aging population and discuss tips to provide better care to geriatric patients.

Global Perspectives

Emergency Nursing – A Global Perspective

In October of 2018, ENA hosted a cultural exchange trip to Poland and Norway involving 45 ENA members. The trip allowed these members to experience two healthcare systems very different from the US system. In Norway, members were exposed to a nationally funded healthcare system with a unique primary/secondary gatekeeper system that limited availability of the general public to the emergency department. In Poland, members were also exposed to a nationally funded healthcare system that is struggling financially to meet the needs of Poland. This session will involve a presentation comparing these two unique healthcare systems to participants through both presentations as well as a panel discussion made up of ENA members who were part of the cultural exchange trip.

Global Perspectives Panel: We are more alike than different

This presentation will provide insight in the global community of Emergency Nurses, discuss common challenges facing Emergency Nurses and ways to cooperate between Emergency Nurses worldwide.\

Global Perspectives: Working with marginalized (and vulnerable) populations in a global context

This presentation will discuss humanitarian nursing across the globe. Attendees will learn about the unique challenges and perspectives from different regions.

Developing a Global Education Program to Increase Empowerment for Frontline Leaders

“Here’s the keys. You’re in charge.” Nurses receive little to no training as they transition from stretcher-side nurse to frontline leader or charge nurse. How do we empower and equip frontline leaders for their role efficiently and effectively? This presentation will disseminate original research findings from a multi-site, international research study aimed to empower frontline leaders through blended learning.

Living & Dying on the Streets

Improving our approach to structurally vulnerable populations with palliative care needs in the emergency department.

The future of emergency nursing - what the evidence is telling us

This presentation looks at over 10 years of evidence in the literature of the issues facing emergency nursing globally that are impacting on nursing recruitment and retention. We discuss key themes in the literature as well as how patient expectations impact emergency nursing retention. The causal link between staff and patient satisfaction is discussed in the context of increasing occupational stress on emergency nurses. We will also review the generations of emergency nursing workforce and how nurse managers can better engage with the emerging workforce to ensure that we build successful teams who enjoy longevity in the career of emergency nurses.

The Traditional Role of Emergency Nurses Facing A Disaster in Mexico

In developed countries where there is a warning system for natural phenomena such as hurricanes and floods, they generally tend to have few injuries and deaths during the impact phase; Not being so with other natural disasters like earthquakes, or man-made, as the victims have little time to prepare and/or evacuate. Historically nurses have played an important role in the care of disaster victims, collaborating with the health and safety systems of each country making substantial contributions to the development of training programs for other professionals, however due to our lack of experience and training in Mexico in this field, many times there is confusion in decision making and relations with chain of command. On September 19, 2017, a magnitude 7.1 earthquake struck central Mexico, on the thirty-second anniversary of the 1985 earthquake that killed more than 10,000 people and injured more than 30,000. Just hours before the quake struck, citizens across Mexico participated in earthquake drills in remembrance of that event. This description of the Mexico City response highlights not only the bravery of the nurses but identifies the opportunities to improve how the Mexican emergency care system supports a larger disaster response with the participation of emergency nurses.

DEEP DIVE: Lessons Learned from Extreme Medicine on Five Continents

This presentation will discuss lessons learned from providing medical care and medical training in active war zones in foreign countries, and during natural disasters. Both presenters will discuss their role, present unique case studies, and will review take away educational points that they learned from their experiences. This will include how both presenters learned how to advocate and care for their patients differently, once they returned to the mainland.

Austere Nursing: Emerging Professionals Working Abroad

As world conflicts continue to develop and continued climate change creates ever increasing severe weather patterns, the need for rapid international medical response remains a key priority for international healthcare workers. The presenters will discuss their humanitarian nursing efforts with their organization, Global Response Managements (GRM).

Health and Wellness

FAST TRACK: Humor in Nursing

Humor is not only important in the healing process, but also in the process of caring for the caregiver. Learn how to apply humor to patients and to ourselves in a healing manner. Discuss humor that has worked and how humor has not worked throughout the caring process. Develop a humor toolkit that you can use with your patients, coworkers and yourself.

Infectious Diseases

Exploring the Issues of HIV Post Exposure Prophylaxis and Sexually Assaulted Patients

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FAST TRACK: Acute Flaccid Myelitis: Coming to an ED Near You TEST

Sometimes referred to as, "the new polio", Acute Flaccid Myelitis (AFM) is an acute infectious neurologic disorder causing neuromuscular weakness and polio-like symptoms. Although rare but not new, there has been a steady increase in cases since 2014. This presentation will examine the incidence, symptoms and treatment of AFM in the pediatric patient presenting to the emergency department.

FAST TRACK: Can the implementation of a sepsis screening tool improve door to antibiotic time in septic pediatric patients

This presentation will discuss the issues with the identification of a pediatric sepsis patient. The implementation of a sepsis screen tool embedded within the EMR triage tool. Followed by the barrier to implementation and changes made following a PDSA of the sepsis screening tool. The final will look and discuss the impact the tool has had on patient outcomes.

Leadership & Management

Transitioning from the Emergency Department to Admission- Inpatient Hospital Medicine orders

Hospital medicine is one of the most rapidly emerging medical specialties in the United States. According to the American Association of Nurse Practitioner Database (2018), over 248,000 nurse practitioners are licensed in the United States. Almost eight percent are certified in acute care, and nearly 50 percent are credentialed in the hospital setting. Over the past several years, a mandated reduction in work hours for medical residents has increased the demand for nurse practitioners (NPs) in the hospital setting; however, a deficiency of specialized education has the potential to limit the opportunity for NPs. Hospitalist Nurse Practitioners rely on the Emergency Nurse Practitioner to be educated on the latest guidelines for common diagnoses in order to improve outcomes for the patients admitted to the hospital.

Amplify Your Awesomeness; Leading your ED Care Team to provide High Quality, Patient Pleasing, Efficient Care

The most important thing caregivers can do is instill confidence in patients by consistently providing high quality, safe, and compassionate care. As leaders, it is our responsibility to ensure our care teams have the necessary tools to be able to provide those things. Improvements in the foundations of Emergency Departments, without reinventing the wheel on how things are done or expending exorbitant amounts of resources really can accomplish each of those. Amplifying your Awesomeness is all about developing tools and refining current processes to build a care team that consistently works to make personal and meaningful connections with patients that will positively affect patient's entire hospital stay.

ED Manager's Survival Tips Panel Session

A management role can be exhilarating and challenging, especially for the first-time ED manager. ED leaders are responsible to ensure patient care is provided in a competent, impartial, and empathetic manner. Through questions from the moderator and session attendees, member experts in emergency department management will share leadership tips for current or aspiring managers on topics including ED operations, human resources, legal and regulatory issues, and patient quality and safety.

FAST TRACK: Escaping Traditional Education

Learn how game-based learning can enhance your educational goals in an engaging and meaningful way. Join the adventure as our team interprets clues and solves critical patient puzzles to successfully escape the space they are trapped in. Bring on the critical thinking, teamwork and collaboration!

FAST TRACK: It's Time for a Solution! Overcoming Incivility in our Workplace

As the issue of incivility, lateral and horizontal violence, and bullying continue in nursing, strategies are needed to address and eliminate hostile work environments. Educational activities not only raise awareness of these issues, but often provide skills, training, and knowledge of how to reduce the frequency and impact of incivility. This purpose of this quasi-experimental mixed methods design study was to examine if an educational intervention designed to encourage productive communication and sustained dialogue between emergency nurses could decrease perceptions of incivility and increase nurse's comfort in holding critical conversations.

Every Emergency Department Deserves a Clinical Nurse Specialist

The CNS role is an advanced practice role that can help move nursing practice towards evidence based care and achieve optimal patient outcomes. This presentation will help bring clarity to a role that is often defined as "ambiguous" and offer 5 tips for empowering and enhancing the emergency CNS role.

FAST TRACK: Lessons learned: Social screening in the ED the basic needs your patients have that you were afraid to ask

In our emergency room we noted that many of our clients seemed to have social determinants of health. We decided to start screening for social needs (food, housing, utilities) and the results of our screening was astounding 42% of our clients had at least one need identified. We would like to share how addressing Maslow's hierarchy of needs can be done in an emergency room setting and how frankly it helps our staff to have empathy for clients who struggle to do the healthy things we ask them to do on discharge. If the client is having to choose between food for their child and hypertension medications which may be expensive how do we as caregivers know and address this need? We will share statistics from 3 years of screening and lessons we have learned to address these needs. We have, in our department, put programs in place that are automated and do not fall as more work for the nurse. We will share practical tips and suggestions that can work in any emergency department. It is not just self-pay clients that have social determinants and your zip code does more to determine your health than your genetic code.

FAST TRACK: Out with Annual Skills Lab, In with an Education Committee

Looking for a way to re-invigorate ED staff enthusiasm for education and knowledge? This presentation details the journey from a one-month annual skills lab to the creation of a peer-review and led Education Committee with monthly education and skill topics. This new program not only decreases cost of mandatory education dramatically, it also increases staff accountability, satisfaction, and engagement in continuing education and learning.

FAST TRACK: Smart Thinking: Brain-based learning in emergency nursing orientation

Over 100 new emergency nurses are trained annually in this large hospital system through a formal Emergency Nurse Internship Program. The internship has undergone a complete transformation over the past few years through the application of neuroscience-based learning principles. This presentation will provide an overview of 2 specific program changes and the neuroscience rationale for each.

How Supporting Certification Boosts Engagement, Ownership & Outcomes

Board certified nurses are not just experts in their specialty. They are engaged and resourceful partners, allies and problems solvers equipped to help nurse leaders at every level improve nurse, patient and organizational outcomes. In this practical, research- and case-study-based presentation, learn how an award-winning hospital department increased their specialty certification rate and built an ownership culture with improved outcomes and without breaking the bank. Attendees will leave this session with an understanding of certification support program must-haves, strategies to secure buy-in, tips on navigating common barriers, lessons learned, and a menu of innovative ideas to implement in their organization.

IGNITE: The 10 Things I Hate About You (Millennials)

This presentation will engage the learner to better understand the qualities and characteristics possessed by millennials. By first defining millennials and what has shaped this generation, millennials and learners from other generations will have a better understanding of where these colleagues come from and what shapes their behavior. Modeled after the movie, The 10 Things I Hate About You, the speaker will review the key characteristics and what has shaped this generation. Lastly, the speaker will challenge the learner’s thoughts on how to better engage and interact with this generation.

Lighting the Way to Excellence: Lantern Award Panel Session

Through questions from the moderator and session attendees, this representative panel of 2019 Lantern Award recipients will highlight their emergency departments’ exceptional and innovative practices, and share how achieving this recognition has impacted their ED staff and organization. The application process and recipients’ tips for success in completing the application will also be discussed.

The ED Flow Coordinator; How can it help my department?

Communication between the Emergency Department and the "other units" within the hospital often falls short of what both parties need or are focused on to ensure a high quality, effective, and timely delivery of care. This lack of communication can also, on multiple occasions, delay the admitted patient from leaving the emergency department as timely as possible. By implementing a consistent "point person" deemed the "ED Flow Coordinator", separate from your "Charge Nurse" in the controlled chaos that is the emergency department; we have been able to exceed national benchmarks on ED admission length of stay, build solid relationships between the ED and multiple units across the hospital continuum, as well as provide a better understanding to everyone involved what each member of the care team requires to provide the best care possible to the patient. Simultaneously increased scores in staff engagement and patient experience can also be noted and partially attributed to the implementation of the ED Flow Coordinator.

Tips for a Successful Academy of Emergency Nursing Application: Applicants and Sponsors

Members of the 2019 AEN Board will discuss the application process and provide suggestions to strengthen your application. The role and responsibilities of the sponsors will also be discussed.

Pediatrics

Meeting the challenges of pediatric behavioral health emergencies in the ED

Emergency department visits for behavioral health problems in children and adolescents continues to escalate, with a dramatic increase over the past decade. It is estimated that at least 5% of pediatric ED visits in the US are for reasons related to a behavioral health concern. The ED has been classified as a “safety net” for this patient population, however this places a huge burden on ED processes and throughput. This situation is complicated by limitations in the ED that effect the timely and comprehensive patient evaluation, and the shortage of available inpatient beds and outpatient services for those children and adolescents who need mental health care.

Pediatric Respiratory Emergencies: An Evidence-Based Update

Respiratory disorders are the second most common reason for emergency department use for children, accounting for 20% of all pediatric visits. To meet the challenge of providing high quality, safe and effective care, ED providers must be fully knowledgeable regarding updated evidence to guide the management of pediatric respiratory emergencies. The integration of new scientific, evidence-based therapies, diagnostic tools and clinical practice guidelines must be implemented to support clinical decision-making and achieve optimum patient outcomes. Despite supporting evidence there continues to be widespread use of non-recommended therapies and variation in the use of best practice for therapeutic interventions among ED providers.

Still Taking One for the Team – Why Work Done to Prevent Brain Injuries in Sports Isn’t Good Enough

The Centers for Disease Control and Prevention estimate that 300,000 high school athletes sustain a concussion every year. There are other reports saying that at least one concussion happens in every game of American-style football that's played. While most mild traumatic brain injuries heal without issue, repeated head injuries (especially in the presence of a pre-existing unresolved injury) can prove to be life-altering and

even life-threatening. This interactive multimedia presentation dives into the prevalence of traumatic brain injuries in the youth athlete population, pathophysiology of the illness, recognition and treatment of signs and symptoms, and the development of equipment and programs necessary to allow young athletes to safely return to competition.

FAST TRACK: Acute Flaccid Myelitis: Coming to an ED Near You TEST

Sometimes referred to as, "the new polio", Acute Flaccid Myelitis (AFM) is an acute infectious neurologic disorder causing neuromuscular weakness and polio-like symptoms. Although rare but not new, there has been a steady increase in cases since 2014. This presentation will examine the incidence, symptoms and treatment of AFM in the pediatric patient presenting to the emergency department.

FAST TRACK: Can the implementation of a sepsis screening tool improve door to antibiotic time in septic pediatric patients

This presentation will discuss the issues with the identification of a pediatric sepsis patient. The implementation of a sepsis screen tool embedded within the EMR triage tool. Followed by the barrier to implementation and changes made following a PDSA of the sepsis screening tool. The final will look and discuss the impact the tool has had on patient outcomes.

Emergency Management of the Pediatric Burn Patient

The presenter will discuss the emergency management of pediatric thermal, chemical, electrical, inhalation and abuse cases including the treatment rendered on scene, patient management in transport to definitive care, and the continuum of care rendered at a regional Adult/Pediatric Level/One Trauma Burn Center. This presentation will be delivered through actual didactic, case presentations, a variety of digital photos, and audience participation.

FAST TRACK: Believe Her, She's Got a Fever, Let's Relieve Her

Pediatric fever. Does this common complaint equal common treatment? Have you been treating febrile kiddos the same way since you started in the ED? Well, times, they are a-changin'. In this fast-paced session you will learn the very latest evidence in treating fevers in children. Learn a bit more about febrile seizures including causes and treatment. Best ways to measure temp?-we've got that covered. At what temperature should you start to be concerned? --Yup, we've covered that too! Explore the new ENA Topic Brief on Pediatric Fever and get the latest discharge infographic to assure a smooth discharge process where the parent/caregiver understands how to continue the care of our smallest patients and even consider some things that have never crossed your mind!

FAST TRACK: Innovation in Portacath Access Education for Pediatric Emergency Nurses

Portacath training is a mandatory component of nursing education. Without proper technique, careless access of a portacath may result in serious or fatal consequences for the patient. Pediatric patients that have portacaths are often patients with oncologic diagnoses who receive immunosuppressive treatment and are extremely vulnerable to sepsis. Emergency nurses must access portacaths in pediatric patients to draw lab work and administer medications in a timely fashion. In pediatrics, portacath access has its own unique challenges with the procedure itself and with performing the procedure on a frightened and distressed child while meeting family expectations and minimizing the nurse's performance anxiety at the bedside. Nurses often lack confidence and adequate training to address all of these complex challenges inherent in the care of these high-risk patients.

FAST TRACK: Pediatric Pearls and Pitfalls: How to Avoid Common Mistakes in Pediatric Assessment and Documentation

The presenter will review common mistakes in pediatric assessment and documentation. Tips for evaluating pediatric vital signs, and on for identifying several pediatric "high risk-low frequency" conditions will also be discussed.

FAST TRACK: Reducing Pokes in Pediatrics through Nurse-Driven Interventions

Nurses in the ED are a frontline for rapid recognition and treatment. Nurses start up to 900 peripheral intravenous catheters (PIVs) every month in the ED. Additional pokes occur with unsuccessful PIV attempts, point-of-care tests, and additional laboratory tests, totaling over 12,000 needle sticks to kids in the ED annually. Nurses were driven to improve patient care experience and to develop interventions for optimal

care to reduce 'pokes' to kids. Evidence shows utilization of advanced equipment can reduce pokes with appropriate training. Nurses aimed to reduce unnecessary PIVs in diabetic patients and reduce time to treatment, through the creation of a new protocol using advanced equipment. Additionally, nurses aimed to reduce PIV pokes through advanced vein viewing equipment and standardization of a guideline for collecting specimens from existing PIVs.

FAST TRACK: Special Considerations in Pediatric Burns

The management and care of Pediatric Burns is specific to the pathophysiologic differences between adults and pediatric patients. The main differences in this care include but are not limited to, airway management, vital sign management and fluid resuscitation. Pediatric patients are a high-risk population for non-accidental trauma with burn mechanism. Recognition of these types of burns are important and need to include a non-accidental trauma evaluation in addition to the burn care. Pediatric patients also have an important aspect of long-term psychological experiences from burn trauma.

It's All the Rage: Pediatric and Adolescent Street Drugs

Not my kid. How many times have we heard this from a parent of teens that have over-dosed or experienced a deleterious outcome related to using street drugs? What are they taking? Why are they taking it? Where are they getting it? And most importantly for health care professionals, how do we care and manage them? Come to this fast-paced, informative and somewhat terrifying lecture to get the DOPE on recognizing, treating and mitigating poor outcomes, so your resuscitation efforts go up in SMOKE!

NO, NO, NO...Don't Eat That! Case Studies in Pediatric Accidental Exposures

Accidental exposures have become commonplace in pediatrics as drugs become more readily available for medicinal purposes and exotic animals become domestic pets. This interactive presentation will use case studies to discuss the inherent dangers that pediatric patients encounter daily.

Pharmacology

Do Not Be an Oblivious Drug Dealer: Lomotil Addiction

It is hard to believe that people will swallow 30- 40 or more anti-diarrhea pills to get high, but it's true! A common anti-diarrheal, Lomotil which is now OTC, contains diphenoxylate, which a similar "make-up" to Demerol. Individuals addicted to illegal narcotics turn to anti-diarrheal medications when they cannot get their drugs of choice; especially when they are easy to obtain OTC. This Roundtable discussion will present a case study of an individual who presents to the ED after ingesting a mixture of Benadryl and Lomotil (OTC) with an intent to inflict self-harm. As Providers in the ED, we play an important role in preventing prescription and OTC drug abuse by being alert and attentive to our patients.

Quality & Safety

Paroxysmal Sympathetic Hyperactivity: Utilizing Evidence to Build Best Practice

Evaluating the current field of changing literature in care of patients experiencing paroxysmal sympathetic hyperactivity is a priority as identification, care, and treatment of this syndrome remains variable. A national consensus statement was developed in 2014 that has guided recent new research and changes in practice and patient care. This presentation will discuss and evaluate current and evolving literature supporting nursing practice for improved recognition, treatment, and management of paroxysmal sympathetic hyperactivity contributing to improved and standardized patient care. In addition, plans, processes and ideas will be shared to utilize the quality improvement process to lead organizational standardization and improve clinical care at the organizational level.

FAST TRACK: Triage Errors Caught by Machine Learning. What We Know and What's Next

Not that long ago, ED triage documentation was done on paper. EMR implementation forced the emergency nurse to change their documentation to fit what could be contained in check boxes. This both decreased the use of free text significantly and morphed triage into a checklist instead of an assessment impacting the quality of Triage. Through the use of machine learning, it is now possible to read the entire record, including free text in the EHR. We will discuss our findings from over 200,000 triage records "read" by a machine finding thousands of documentation errors. Uncorrected, these errors can lead to increased risk to the triage RN, as well as have a negative impact on patient safety.

Boarders Boarders Everywhere, Who’s Gonna Pay for Them, & Why I Should Care

Proper accounting strategies can be used to incentivize reductions in ED Boarding. This session reviews basic macroeconomic principles, the definition and time calculation of an “ED Boarder,” and various accounting methodologies for attributing nursing care hours for ED boarders, including the pros and cons to each strategy.

Once Burned, Forever Learned: Mitigating Cognitive Errors Through Clinical Case Discussion

This lecture will introduce the listener to the eye-opening statistical significance of cognitive errors and human factors in emergency medicine, the etiology behind how they occur, and the subsequent consequences that can ensue. We will review the most frequently seen patterns and integrate this new knowledge into actual case study reviews. By incorporating this information and dissecting situations in which critical ones occurred, we can be more informed and cognizant of how to intentionally avoid these in our own clinical practice.

Project Save Lives- One hospital’s ER participation in a city initiative to combat the opioid crisis

Project Save Lives is a city's groundbreaking pilot program to save local lives by getting opioid overdose survivors into treatment and recovery. The program brings together emergency rooms, mental health workers and recovery peer specialists who meet the overdose patients in the ER. In this presentation, one will learn the evolution, challenges and successes of one city to implement an initiative to combat the escalating opioid crisis.

Research

Evidence Based Treatment of Vaso-Occlusive Episodes in Sickle Cell Disease

Sickle cell disease is often associated with severe pain that requires treatment with opioids in the emergency department. In 2014, the National Heart, Lung and Blood Institute published evidence-based recommendations for SCD including treatment of vaso-occlusive episodes. In this session recommendations will be reviewed as well as some suggestions for managing SCD patients with large numbers of ED visits.

Having babies is totally safe, right? Perceptions of acuity in pregnant and postpartum women at the initial ED encounter

This presentation will review the issues of maternal mortality in the US, identify factors which facilitate or challenge accurate assessment of the OB patient, and discuss recommendations for practice.

Trauma

FAST TRACK: Removing the STOP Signs from "Stop The Bleed' Education

Removing the barriers to reach the individuals that are truly at ground zero when a mass shooting occurs can often be difficult, but not impossible. This presentation outlines the process one emergency department nurse took to train students and staff for an entire school system, on the basics for saving lives, should the unthinkable happen again, in our neighborhood. Bringing a community together to accomplish this training only happened through the dedication and commitment of area leaders.

Still Taking One for the Team – Why Work Done to Prevent Brain Injuries in Sports Isn’t Good Enough

The Centers for Disease Control and Prevention estimate that 300,000 high school athletes sustain a concussion every year. There are other reports saying that at least one concussion happens in every game of American-style football that's played. While most mild traumatic brain injuries heal without issue, repeated head injuries (especially in the presence of a pre-existing unresolved injury) can prove to be life-altering and even life-threatening. This interactive multimedia presentation dives into the prevalence of traumatic brain injuries in the youth athlete population, pathophysiology of the illness, recognition and treatment of signs and symptoms, and the development of equipment and programs necessary to allow young athletes to safely return to competition.

FAST TRACK: The Neurobiological Aftermath of Trauma

Trauma, particularly sexual trauma results in a neurobiological insult to personhood. Research supports evidence of alterations in memory and sense of self. explainable through physiologic outcomes. This presentation proposes to explain memory loss through recovery following sexual assault.

Austere Nursing: Emerging Professionals Working Abroad

As world conflicts continue to develop and continued climate change creates ever increasing severe weather patterns, the need for rapid international medical response remains a key priority for international healthcare workers. The presenters will discuss their humanitarian nursing efforts with their organization, Global Response Managements (GRM).

DEEP DIVE: Move Over Doc! Learning Advanced Skills Makes a Better NURSE

Move over doc, I got this chest tube, said no ED nurse, ever... However, how many times have you seen physicians struggling to get an airway or to insert a chest tube? Meanwhile, our patients are deteriorating right in front of our eyes. Come to this exciting and innovative lecture to learn dynamic practice pearls so you can better assist with advanced procedures, thereby protecting your patient, preventing complications and ensuring a timely success. Participants from the audience will utilize a GoPro camera and "real tissue" to perform intubation, chest tubes, IO insertion and surgical airway.

Diver Down! SCUBA Diving Barotrauma and Emergencies

Every emergency department is near a lake, river, quarry or ocean. If there is water, there are likely scuba divers. This presentation will examine the science of diving and how gases in the body respond under great pressure. We will discuss certain diving barotraumatic and other related diving emergencies, and how to respond as an emergency nurse.

FAST TRACK: Crush injury: The journey from worksite to intervention

Discussion of a trauma patient that was pinned with a forklift against a wall. Patient arrived to the ED resuscitation bay unstable where primary and secondary assessment began with resuscitation. Patient was stabilized to move to imaging where CT recognized the need for interventional radiology. This discussion will focus on initial resuscitation, primary and secondary assessment, handoff to interventional radiology and care until admission.

FAST TRACK: Rural Trauma Care in an At Risk State

Rural trauma is an important topic that affects at risk States that have singular level one trauma centers or trauma centers at great distances. Research shows that rural residents are 50% more likely to die from trauma than their urban peers. This is primarily due to delay in transfer and long transport times due to either lack of resources or geographic location. One study showed that patient death rates are ten times lower in the transfer process from scene to trauma center than they are for inter-hospital transfer. Due to this, there is a need for improved efficiency in the inter-hospital transfer process and improved training at the rural facilities on trauma care.

Not Your Every Day Trauma: Call Me Special

This is NOT your everyday adult trauma. These are a SPECIAL trauma... the ones that make you pucker, the ones you don't feel confident with, the ones that require your "A" game. Come to this fascinating case-study based trauma lecture that discusses the specialty trauma consideration for geriatrics, pediatrics, and obstetrics. This interactive and unfolding lecture will have you at the edge of your trauma-junky seat!

Trunk or Treat: Tricky Thoracic Trauma Tactics

Using the familiar and fun format of Halloween's Trunk or Treat, come along on a candy filled journey through trunk trauma, specifically of the chest. Injuries comprising the Lethal Six and the Hidden Six make up the Deadly Dozen and will be reviewed using a variety of creative ways to help learn and retain assessment and treatment tips. Complex concepts become easy to understand when broken down into everyday ideas and bite-size pieces (of candy). Just bring you and your inquisitive nature and you will get lots of new knowledge and your Trunk or Treat bag!