Emergency Medicine Pharmacotherapy with Resuscitation (EMPoweRx) Conference - Home Studies

To Register: https://cop.sc.learningexpressce.com/

Fees: $75 Pharmacists

Target Audience: Pharmacists

ACPE Activity Announcement

Previously recorded from: Friday, March 11, 2022

Management of Ventricular Tachycardia in the Emergency Department

Lance Ray, PharmD, BCPS; Clinical Pharmacy Specialist, Emergency Medicine, Denver Health

ACPE UAN 0062-9999-22-049-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Recognize different etiologies and forms of ventricular tachycardia (VT)
2. Analyze different pharmacological options for treating VT

'If You Ain't First, You're Last': Adenosine Vs. Calcium Channel Blockers for Supraventricular Tachycardia (SVT)

Nicholas Servati, PharmD, BCCP; Clinical Pharmacy Specialist - Cardiovascular ICU, UMass Memorial Medical Center

ACPE UAN 0062-9999-22-050-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Review current guideline recommendations for the treatment of paroxysmal supraventricular tachycardia (pSVT)
2. Recognize why adenosine may no longer be the only first-line pharmacologic therapy
3. Appraise the current available evidence for calcium channel blockers (CCB) in pSVT
4. Discuss scenarios when not to use either agent

Common Pitfalls in ED Antimicrobial Prescribing

Mark Anthony Mixon, PharmD, BCPS, BCIDP, BCCCP; Emergency Medicine Clinical Pharmacist, University of Colorado Health- North Region

ACPE UAN 0062-9999-22-051-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Summarize the value of a local emergency department antibiogram
2. Recognize potential short falls of select antibiotics, and assess potential alternatives for community acquired pneumonia, urinary tract infections, and skin and soft tissue infections
3. Recognize opportunities to shorten antibiotic therapy duration for select infectious processes

Stirred, Not Shaken: Utility of Viscoelastic Testing for Monitoring Coagulation in Critically Ill Populations

Megan A Rech, PharmD, MS, BCCCP, FCCM; Affiliate Assistant Professor & Research Director, Department of Emergency Medicine, Stritch School of Medicine, Loyola University Chicago

ACPE UAN 0062-9999-22-052-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Discuss coagulation and risk factors for coagulopathy
2. Describe the use of viscoelastic tests in critically ill emergency department (ED) patients

Talking Heads - "This must be the plase"

James Priano, PharmD, BCPS; Clinical Pharmacy Specialist - Emergency Medicine, AdventHealth Orlando

ACPE UAN 0062-9999-22-053-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Assess systemic fibrinolytic strategies for acute ischemic stroke
2. Compare pharmacologic differences between alteplase and tenecteplase
3. Evaluate literature supporting current guideline recommendations for both alteplase and tenecteplase

Thrombolytics in Cardiac Arrest

Terren Trott, MD; Enterprise Point of Care Ultrasound Director, Enterprise Point of Care Ultrasound Director, University of Kentucky; Dual appointment in the Department of Pulmonary, Critical Care and Sleep Medicine and Emergency Medicine, University of Kentucky

ACPE UAN 0062-9999-22-054-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Discuss the epidemiology, pathophysiology, and risk stratification of pulmonary embolisms (PE)
2. Review bedside tools and strategies used to narrow the presentation differential
3. Examine treatment options for the management of massive PE

The superiority of F(ab')2 compared to FabAV; or vice versa?

Craig Cocchio, Pharm.D., BCPS, DABAT; Emergency Medicine Clinical Pharmacist, Residency Program Director, Emergency Medicine PGY2, CHRISTUS Trinity Mother Frances Health System

ACPE UAN 0062-9999-22-055-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Describe the important differences between antivenom products
2. Debate whether Copperheads should be considered in a different category to other pit vipers for the purposes of antivenom treatment and outcome measurement
3. Critique the definition of "initial control"

Alternative Dosing Strategies for N-Acetylcysteine in Acetaminophen Overdose

Frank P. Paloucek, Pharm.D. FASHP, FAACT, DPLA, DABAT; Clinical Professor Department of Pharmacy Practice, UIC College of Pharmacy; Attending Toxicologist, Toxikon Consortium

ACPE UAN 0062-9999-22-056-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Explain the rationale for the original intravenous NAC dosing regimen in the UK, the original oral regimen using the FDA approved inhalational product in the US and current practices utilizing varying routes, numbers of intravenous bags or doses or dosing rates
2. Outline risk factors not yet considered in these regimens that may explain and or be used to modify the regimen in an individualized patient at initiation or during therapy
3. Justify an individualized regimen choice from current practices on the basis of location, supply, patient prognosis, risk factors and patient response

Previously Recorded from: Saturday, March 12, 2022

Skin and Soft Tissue Infection Treatment Utilizing Long Acting Antibiotics

Abby M. Bailey, PharmD, BCCCP; Clinical Pharmacy Specialist & Clinical Coordinator, Emergency Medicine, University of Kentucky

ACPE UAN 0062-9999-22-057-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Discuss the key differences in using lipoglycopeptides compared to traditional therapies for acute bacterial skin and skin structure infections (ABSSSI)
2. Determine the clinical and financial impacts of using a lipoglycopeptide protocol in the Emergency Department

Hypertonic Saline Vs Mannitol

Kyle Weant, PharmD, BCPS, BCCCP, FCCP; Clinical Assistant Professor Department of Clinical Pharmacy and Outcomes Sciences, University of South Carolina College of Pharmacy

ACPE UAN 0062-9999-22-058-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Describe the pathological processes underlying the formation of cerebral edema
2. Compare the available literature supporting the use of hypertonic saline and mannitol in the management of cerebral edema
3. Identify important considerations for implementing osmotherapy in the emergency department

Opioid-Sparing Therapies in the ED

Sergey M. Motov, MD FAAEM; Research Director - Department of Emergency Medicine, Maimonides Medical Center; Chair, Institutional Review Board, Maimonides Medical Center; Professor of Emergency Medicine, SUNY Downstate College of Medicine; Board of Directors, American Academy of Emergency Medicine (AAEM)

ACPE UAN 0062-9999-22-059-H08-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Identify non-opioid analgesic modalities available in the Emergency Department (ED)
2. Evaluate advantages and disadvantages of commonly used non-opioid therapies in the ED based on the up-to-date evidence

Novel Approaches to Buprenorphine Utilization in the ED

David E. Zimmerman, PharmD, BCCCP; Associate Professor of Pharmacy at Duquesne University; EM Pharmacist at UPMC-Mercy Hospital

ACPE UAN 0062-9999-22-060-H08-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Describe buprenorphine induction strategies in the Emergency Department (ED)
2. Summarize monitoring and dose titration of buprenorphine
3. Discuss transitions of care for the patients initiated on buprenorphine in the ED

Tranexamic Acid in the Trauma Patient

Ruben Santiago, PharmD; Clinical Pharmacist, Emergency Medicine, Jackson Memorial Hospital

ACPE UAN 0062-9999-22-061-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Review the etiology and pathophysiology of trauma induced coagulopathy
2. Recall the pharmacology of tranexamic acid (TXA)
3. Analyze the literature regarding the use of TXA in trauma patients

The Pharmacologic Approach to Severe Alcohol Withdrawal: A Focus on Phenobarbital vs Benzodiazepines

Jimmy L. Pruitt III, PharmD, BCPS; Emergency Medicine Clinical Pharmacy Specialist

ACPE UAN 0062-9999-22-062-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Review pathophysiology and assessment of acute alcohol withdrawal syndrome
2. Discuss the pharmacology and pharmacokinetics of common medications used in alcohol withdrawal
3. Analyze the clinical literature regarding management of alcohol withdrawal using phenobarbital

Anticoagulation Reversal Strategies in the Bleeding Patient

Bryan D. Hayes, PharmD, DABAT, FAACT, FASHP; Pharmacist, Emergency Medicine and Toxicology - Massachusetts General Hospital

ACPE UAN 0062-9999-22-063-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Interpret practical laboratory values helpful for evaluating the degree of anticoagulation in the acute care setting
2. Describe the clinical pharmacology of available anticoagulants and reversal agents
3. Evaluate potential agents and strategies for reversal of anticoagulants including warfarin, direct thrombin inhibitors, and direct factor Xa inhibitors

Sedation of the Aggressive Patient in the Emergency Department

Amy Thomson, MSHP; Senior Specialist in Poisons Information, Education and Training, New South Wales Poisons Information Centre; Specialist Emergency Medicine Pharmacist, Northern Beaches Hospital

ACPE UAN 0062-9999-22-064-H01-P, 0.50 contact hours, knowledge-based activity

At the completion of this activity, the participant will be able to:

1. Describe the main causes of acute agitation in the Emergency Department (ED)
2. Discuss the various treatment options for the acutely agitated patient in ED
3. Describe the onset of action and adverse effects of the chemical sedatives used for acute agitation

Continuing Pharmacy Education:

The University of South Carolina College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Please see individual activity listings above for specific information about CEU designations, learning objectives, and activity types.

Participants must register, participate in all active learning activities, respond to all learning assessment questions, and complete the online evaluations of each activity at http://cop.sc.learningexpressce.com in order to obtain credit. Initial Release date: March 11, 2025, Expiration date: March 11, 2023.