16th Annual Update in Acute and Emergency Care Pediatrics Conference  
Friday, March 31, 2017 – Saturday, April 1, 2017  

Breakout Session Information Guide

**Friday, March 31st**  
11:00 AM – 11:45 AM  
**Breakout Session #1**

**Group A**  
**Rose Room**  
**Ultrasound...You Can Do It!**  
*Jacob Avila MD, RDMS*

As a result of participating in this activity, the attendee will be able to:

- Cite recent literature that supports ultrasound utilization and describe to patients the benefits and consequences of such usage
- Recognize the indications for ultrasound usage in the emergency department
- Apply best practice techniques for ultrasound usage in the emergency department
- Identify best practice strategies to improve pediatric safety challenges

**Group B**  
**Walker Room**  
**Dazed and Confused: Current Sedation Medications**  
*Rudy Kink, MD*

As a result of participating in this activity, the attendee will be able to:

- Categorize appropriate therapeutic opportunities for the use of intranasal midazolam and intranasal fentanyl
- Manage the dosing of intranasal midazolam and intranasal fentanyl

**Group C**  
**Kelley Room**  
*(Repeat Session)*  
**Care of the Technology Dependent Child**  
*Erin Reade, MD, MPH*

As a result of participating in this activity, the attendee will be able to:

- Diagnose and manage:
  - Tracheostomy emergencies
  - Ventricular shunt emergencies
  - Complications of long-term central venous access lines
  - Feeding tube emergencies

11:50 AM – 12:35 PM  
**Breakout Session #2**

**Group D**  
**Rose Room**  
*(Repeat Session)*  
**Ultrasound...You Can Do It!**  
*Jacob Avila MD, RDMS*

As a result of participating in this activity, the attendee will be able to:

- Cite recent literature that supports ultrasound utilization and describe to patients the benefits and consequences of such usage
- Recognize the indications for ultrasound usage in the emergency department
- Apply best practice techniques for ultrasound usage in the emergency department
- Identify best practice strategies to improve pediatric safety challenges

**Group E**  
**Kelley Room**  
*(Repeat Session)*  
**Care of the Technology Dependent Child**  
*Erin Reade, MD, MPH*

As a result of participating in this activity, the attendee will be able to:

- Diagnose and manage:
  - Tracheostomy emergencies
  - Ventricular shunt emergencies
  - Complications of long-term central venous access lines
  - Feeding tube emergencies

**Group F**  
**Walker Room**  
**Noninvasive Ventilation in Pediatrics: History and Applicability**  
*Mark Rowin, MD*

As a result of participating in this activity, the attendee will be able to:

- Understand the development of assisted ventilation and the physiology that supports its use
- Recognize the clinical situations when noninvasive ventilation is likely to be helpful
- List scenarios where non-invasive ventilation is not indicated
### Breakout Session #3

<table>
<thead>
<tr>
<th>Group G</th>
<th>Kelley Room</th>
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</thead>
<tbody>
<tr>
<td>Pediatric Case Presentation: Kids are just different</td>
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<tr>
<td><em>Mark Heulitt, MD</em></td>
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</tbody>
</table>

As a result of participating in this activity, the attendee will be able to:
- Demonstrate differences between pediatric care and adult care
- Classify presentations of respiratory diseases in children

<table>
<thead>
<tr>
<th>Group H</th>
<th>Rose Room</th>
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</thead>
<tbody>
<tr>
<td>To Be BRUE-tally Honest</td>
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<tr>
<td><em>Darwin Koller, MD, MSCE</em></td>
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As a result of participating in this activity, the attendee will be able to:
- Contrast the differences between Apparent Life-Threatening Events (ALTEs) and Brief Resolved Unexplained Events (BRUEs)
- Distinguish a low-risk patient experiencing a BRUE
- Apply best practices to treat low-risk patients experiencing a BRUE

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<thead>
<tr>
<th>Group I</th>
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- Understand the development of assisted ventilation and the physiology that supports its use
- Recognize the clinical situations when noninvasive ventilation is likely to be helpful
- List scenarios where noninvasive ventilation is not indicated

### Breakout Session #4

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<tr>
<th>Group I</th>
<th>Rose Room</th>
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<tbody>
<tr>
<td>Every Child Matters: Trauma Case Reviews</td>
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<tr>
<td><em>Regan F. Williams, MD FACS, FAAP</em></td>
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</tbody>
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As a result of participating in this activity, the attendee will be able to:
- Cite reasons to institute massive transformation protocol
- Prioritize care for a multi-injured trauma patient
- Provide a diagnostic work-up for a blunt trauma patient

<table>
<thead>
<tr>
<th>Group K</th>
<th>Ballroom</th>
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<tr>
<td>Jeopardy</td>
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<tr>
<td><em>Michael Carr, MD, FAAP</em></td>
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</tbody>
</table>

As a result of participating in this activity, the attendee will be able to:
- Manage pediatric cardiac arrest following PALS guidelines
- Recognize and stabilize the pediatric trauma patient
- Identify and treat common pediatric respiratory emergencies
- Diagnose and manage common pediatric gastrointestinal emergencies

<table>
<thead>
<tr>
<th>Group L</th>
<th>Walker Room</th>
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<tbody>
<tr>
<td>Pediatric Simulation Scenarios</td>
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<tr>
<td><em>Jason Clark, NRP, FP-C, C-NPT, CCEMT-P, CMTE</em></td>
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<tr>
<td><em>Paige Klingborg, MD</em></td>
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<tr>
<td><em>Marisa Moyers, RN</em></td>
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As a result of participating in this activity, the attendee will be able to:
- Adequately assess the pediatric patient using the PALS guidelines
- Identify initial patient complaints and intervene appropriately based on their assessment
Breakout Session #5

Group M
Rose Room
(Repeat Session)
Every Child Matters: Trauma Case Reviews
Regan F. Williams, MD FACS, FAAP

As a result of participating in this activity, the attendee will be able to:
- Cite reasons to institute massive transformation protocol
- Prioritize care for a multi-injured trauma patient
- Provide a diagnostic work-up for a blunt trauma patient

Breakout Session #6

Group P
Ballroom
Using Visual-Gestural Communication with Individuals in Disaster
Carole Lazorisak, MA, RID: RSC, CDI

As a result of participating in this activity, the attendee will be able to:
- Send and receive basic information and/or messages using appropriate facial expression, gestures, and other non-manual signals
- Use facial expressions to describe varying degrees of feelings/emotions
- Comprehend simple conversations by producing appropriate responses to gestured questions
- Use Visual-Gestural Communication (VGC) with people who speak a different language, such persons who speak English as a second language and the deaf

Group N
Ballroom
(Repeat Session)
Jeopardy
Michael Carr, MD, FAAP

As a result of participating in this activity, the attendee will be able to:
- Manage pediatric cardiac arrest following PALS guidelines
- Recognize and stabilize the pediatric trauma patient
- Identify and treat common pediatric respiratory emergencies
- Diagnose and manage common pediatric gastrointestinal emergencies

Group Q
Rose Room
Problematic Pediatric Transports
Shelley Murphy, MD

As a result of participating in this activity, the attendee will be able to:
- Identify the top five types of problematic EMS transports for pediatric patients
- Apply basic biostatistics principles to EMS transports

Group O
Walker Room
(Repeat Session)
Pediatric Simulation Scenarios
Jason Clark, NRP, FP-C, C-NPT, CCEMT-P, CMTE
Paige Klingborg, MD
Marisa Moyers, RN

As a result of participating in this activity, the attendee will be able to:
- Adequately assess the pediatric patient using the PALS guidelines
- Identify initial patient complaints and intervene appropriately based on their assessment