

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

DEM News Subscriber,

Operations

Notes from Catherine

Language Line

Please note the message in this week's newsletter about the language line

Mycoplasma Pneumonia

Please see the attachment from pediatric EM colleagues about an increase in mycoplasma pneumonia cases and suggested management from our PEM colleagues.

Catherine

Language Line Information

This message will be added to our IT manual.

Interpretation Services is a requirement for Advancing Health Equity and Inclusion through Communication. As many of you are already aware, the Interpretation Services app is available for use on your personal cell phone. While AHS does prefer and encourage the use of the AHS provided mobile Translation carts and iPad's available in all Emergency Departments, we also appreciate the accessibility that a personal cell phone brings. AHS offers phone interpretation (240 languages), video remote interpretation (40 languages), in-person interpretation, American Sign Language (ASL) interpretation, document translation, and language proficiency testing.

Please keep these risks in mind if you decide to use a personal device, rather than an AHS device:

- It may get broken or damaged during the interpretation. AHS is not responsible for replacement of personal devices in the workplace.
- This uses personal data on the device unless connected to AHS Restrict. Use of Healthspot and other networks is not permitted as they are not secure.
- Speakers may not be loud enough unless the device is closer to the patient/family. This means placement of the device is important and must be stable, but is best

- placed out of arms reach in case of outbursts, movement, etc.
- This is for AHS appointments only, to be used within your current role. Use of the access outside of the workplace may result in disciplinary action, repayment for use, etc.
- Patient information is not permitted on the personal devices. Recordings, screenshots, notes, etc. should never be saved to a personal device, even if they are being deleted or sent to your work email. Personal devices are not secure and this can result in a privacy breach.

As nearly everyone works at multiple sites and the app is activated only once and remembers your billing site based on the authentication code and device name entered, the site you set it up at will be the site charged every time you use the app. For docs that work at a single site, please reach out to your site lead for your site code. For those that work at multiple sites, please reach out to ruchi.sharma@albertahealthservices.ca for a code (so that we can try to distribute evenly amongst the group).

Catherine Patocka

Mycoplasma Pneumoniae Infections

We have been seeing an increase in cases of Mycoplasma pneumoniae respiratory infections, including cases with dermatological manifestations. Of particular concern is a shift in the epidemiologic pattern, with an emerging trend of increased incidence among younger children (those under 4 years of age) and radiographic findings of lobar consolidations and effusions.

M. pneumoniae usually causes mild symptoms, sometimes known as “walking pneumonia”, but can present with more severe lung infections, and occasionally more serious complications including new or worsening asthma, severe pneumonia, encephalitis and cutaneous eruptions such as RIME (reactive infectious mucocutaneous eruption).

Mycoplasma pneumoniae infections **are usually self-limiting**, but in cases of hospitalized patients, treatment is recommended. Prolonged symptoms despite adequate treatment for community acquired pneumonia should prompt consideration to test and treat for M. pneumoniae.

First line treatment for patients with pneumonia should still be amoxicillin if not penicillin allergic as Streptococcus pneumoniae is still more concerning and untreated may lead to deterioration and need for oxygen therapy.

Diagnosis:

M. pneumoniae is included in the full respiratory pathogen panel (RPP) performed on Nasopharyngeal or Lower Respiratory tract specimens

Consider ordering full RPP in patients with pneumonia to help guide treatment if they don't improve on standard treatment during this increase in mycoplasma. Please include R/O mycoplasma in the reason. Lab is aware of this change in practice in the short term.

Reminder: RPP results DO NOT go into the Results Pool and you will need to follow up directly with patients if you receive a positive mycoplasma result. If you are going to be away please reroute your inbox to a colleague.

Treatment Considerations:

1) Amoxicillin, if not penicillin allergic, should still remain first line treatment for pediatric patients with pneumonia.

2) Until the current outbreak is passed, consider treatment for Mycoplasma in:

- children with pneumonia who fail to improve on standard therapy
- who are severe and being hospitalized should be considered for coverage against M. pneumoniae

- those presenting with signs of RIME

3) Macrolide should **never be used as monotherapy** for pneumonia, if RPP positive for mycoplasma add a macrolide to current treatment if not improving

4) First line treatment for mycoplasma is Macrolide: Azithromycin - 5-day course

5) Levofloxacin or Doxycycline – 7-day course can be used as single agents to cover for Strep pneumoniae and Mycoplasma but will need to be compounded for children who cannot swallow pills.

Pharmacy and Cost Considerations Pediatric Dosing (25 kg child)

1) Amoxicillin 45 OR 90 mg/kg/day po divided TID - COMMERCIALY AVAILABLE = \$43 for liquid; \$73 for chewable (risk stratified as per usual pneumonia guidelines)

2) Amoxicillin Clavulanate 14:1 45 OR 90 mg/kg/day amoxicillin component po divided TID x 7 days - COMMERCIALY AVAILABLE (risk stratified as per usual pneumonia guidelines) = \$80 total (\$28 for amoxicillin plus \$52 for Amoxicillin Clavulanate 7:1 to give 14:1 ratio)

3) Doxycycline 4 mg/kg/day po divided BID - MUST BE COMPOUNDED = \$35 at ACH Rexall = \$85 at Script Pharmacy

4) Azithromycin 10 mg/kg/day po QD on day 1, followed by 5 mg/kg/day on days 2-5 - COMMERCIALY AVAILABLE = \$35

5) Levofloxacin - MUST BE COMPOUNDED

a. 10 mg/kg/dose po BID x 7 days (<5yo) = \$36 at ACH Rexall; \$70 at Script Pharmacy

b. 10 mg/kg/dose po QID x 7 days (>5yo) = \$27 at ACH Rexall; \$44 at Script Pharmacy

Take home points about compounds

Families should be counseled about the following when you prescribe a compounded medication:

- They must be filled at a compounding pharmacy (e.g. ACH Rexall, Script Pharmacy, Kenron Pharmacy, CurisRx, Cambrian Pharmacy, Market Mall Pharmacy and Compounding)
- These pharmacies may have restricted hours of operation and have a wait time to create the compound
- Most compounding pharmacies do not direct bill insurance plans, and so you may need to pay up-front and submit to your plan. Exceptions may include AISH, social services, and CHB. ACH compounding pharmacy will direct bill plans

What you need to know:

Call ahead to determine hours of operation and turnaround time for dispensing a compounded medication (particularly on weekends) and provide bridging doses accordingly from ACH inpatient pharmacy. Faxing the prescription may help minimize turnaround time.

Catherine Patocka

Grand Rounds, Journal Club and Clinical Pearls

Grand Rounds Thursday December 05, 2024 (0900—1000) (1.0 Education Credits)

Room: **ZOOM ONLY**

Zoom Link: <https://albertahealthservices.zoom.us/j/61834756597?pwd=Skg1ZmdXOGdRWmgxMUc0U3lNMjR5Zz09>

Meeting ID: 618 3475 6597 Passcode: 407952

Speakers: Dr. Maude Bouchard

Moderator: Dr. Conor McKaigney

Title: Sleep and Shift Work for Emergency Physicians

Description: When your work schedule goes against your body's natural rhythms, sleep can suffer. This presentation examines how shift work disrupts sleep and offers practical tools to optimize rest and recovery.

[DEM Academic Grand Rounds Evaluation](#)

[To view archived grand rounds, please visit our website.](#)

Maude Bouchard, PhD

Director of research and development, HALEO
Neuropsychologist

Maude.bouchard@haleoclinic.com



Maude has been developing expertise in the field of sleep for over 15 years. She is particularly interested in the role of sleep in the health and performance of individuals. Her interests for knowledge transfer brought her to give hundreds of talks and interviews on the topic of sleep in the media, as well as national and international conferences and different groups of employees, athletes, and administrators.

Maude holds a PhD in clinical neuropsychology from Université de Montréal, where she worked under the supervision of sleep researcher Julie Carrier. During her studies, she was

the recipient of several research and excellence scholarships, including a prestigious Vanier Banting leadership award, the highest research honor for Canadians pursuing a doctorate. Passionate about teaching, she has been an adjunct assistant professor at the City College of New York and a lecturer at Université de Montreal and Université du Québec à Chicoutimi.

Maude is currently the director of research and development at HALEO, where she led the development of the CBT-I Shift Work program. HALEO is an innovative company on a mission to help organizations and individuals achieve better sleep with sleep programs that are rooted in science.

November Journal Club Summary

Thanks to Drs. Keshvara and Vorobeichik for creating a summary of November's Journal Club Article! This month we reviewed a randomized controlled trial comparing NIPPV versus high-flow face masks as pre-oxygenation strategies for emergency intubations.

You can find a summary of the study here: <https://www.calgaryem.com/admin/storage/uploads/2024/11/25/6744b189ef7caNov-2024---SPEED-Protocol.pdf>

Citation: Gibbons RC, et al. The sonographic protocol for the emergent evaluation of aortic dissections (SPEED protocol): A multicenter, prospective, observational study. Acad Emerg Med.

A big thank you to Dr. Katie Lin for precepting the journal club, and Dr. Catherine Patocka for hosting everyone!

Cody and Omar

Journal Club

You are invited to attend the Department Emergency Medicine Journal Club on

December 12, 2024

Time: 10:30 AM to Noon Room: 1405 A HSC

Topic: Tenecteplase for Ischemic Stroke at 4.5 to 24 Hours without Thrombectomy (TRACE-III)

Presenters: Drs. Jonathan Wong and Tess Loch

Preceptor: Dr. Cody Dunne

ARTICLE 1: Tenecteplase for Ischemic Stroke at 4.5 to 24 Hours

Emergency Medicine Journal Club

Clinical Pharmacology and Toxicology Pearls

The topic for the Pearl of the week is: [Colchicine](#)

Mark Yarema

Department News

Emergency Physician Spotlight

Today's spotlight features Dr. Landon Leinweber. You can read more about this amazing doctor below.



I was born and raised in Calgary, grew up in the NE and NW. Medicine is a third career for me. I worked as a Chemist for 12 years, made the transition to nursing for a couple years, and then went to medical school. I worked on U39 at the PLC as an RN and Nurse Clinician. I completed medical school at the UofC (Narwhal!), Family Med at the UofA, and my EM at the UofS. For the past five years I have been practicing at the Red Deer Regional Hospital before coming to Calgary. I love the variety and unknown that comes with emergency medicine.

Outside of medicine, I am married, and we have two boys, Aiden and Zachary, who both play hockey. When I am not working, we are usually in an arena. With the little spare time we have, we enjoy camping as much as possible from spring to fall, I am an avid golfer, I play the drums and recreational squash. We live just north of Calgary in the city of Airdrie. I am also a physician for the Red Deer Rebels of the WHL on a part-time basis.

Kudos Corner

Kudos to Cory Brulotte, Tiffany, Rebecca, and Naveed from the C Area of RGH ED on November 27, 2024, who were praised for their professionalism, kindness, and respect toward all patients and families, by a patient's son expressing deep gratitude for their compassionate care.

Research

Funding Announcement:

Jessalyn Holodinsky, Catherine Patocka, Stephane Kallos, Grant Innes, Lara Cooke. O'Brien Institute Learning Health Systems Competition, partnered with the Department of Community Health Sciences. Building a Feedback Enabled Learning Health System in the ED. \$15,000

Award nominations:

Jessalyn Holodinsky was a nominee for this year's O'Brien Institute for Public Health Emerging Research Leader Award

Jessalyn Holodinsky is a current nominee for the University of Calgary Students Union Teaching Excellence Award (This is a campus wide award with winner announced April 2025)

Other Opportunities

Halfpipe and Slope Style competitions in February at Winsport

ContentCanada Snowboard is hosting another event this Feb 2025 (Feb 17 - 22) and running near simultaneous Halfpipe and Slope Style competitions! This event is spectacular and a front seat thrill is guaranteed. Winsport provides the experienced Ski Patrol Crew and there is an advanced care paramedic first responder stationed at the bottom/med room. The room is well equipped for pre-hospital assessments and stabilizations. There are well established protocols for athlete's care.

The event organizers are looking for MD volunteers (food, ticket and swag is provided) for the event. You would work at the top of the slope/half pipe with the ski patrol, assess injuries and transport to the med room for further assessment (or get EMS involved for transport to hospital). Lift ticket is provided and you must be on skis/board to navigate the terrain and attend to an athlete.

The dates that need volunteers are attached:[please see linked schedule.](#)

Thanks for considering! Please respond with your interest and time(s) that you are available to

Dr. Marcia Clark drmarciack@gmail.com

Investigating the prevalence of Introversion and Extraversion in medicine and medical education

Dr. Kori LaDonna and Dr. Meghan McConnell, who are both Associate Professors with the Department of Innovation in Medical Education at the University of Ottawa. They are conducting a nation-wide study examining introversion and extroversion in medicine and medical education. [Details for this study can be found through this link.](#)

If you have any questions, please contact the Research Coordinator at lcowley@uottawa.ca or at 613-737-8899, 74011

Updated Newsletter Process

Submissions can be sent to: natalie.sun@ahs.ca and CC Jordan-Rose.Detillieux@ahs.ca.

- Submissions will run for a period of one week
- Body copy will be edited at the discretion of the editor to optimize communication
- The deadline is **Tuesday at noon**

For reoccurring submissions, **there is a max two week run and this must be requested.** If you would like to re-run your submission after two weeks, please submit with updates.

In Case You Missed Last Week

Teaching Opportunities

2025 Emerg UME Simulation

Hello! I am reaching out to recruit facilitators for **2025 Emerg UME sim.**

Medical students (elective and mandatory clerks) rotating through emerg will have a simulation during their two week block. This is generally on **Thursdays from 09:00-11:00 in the Health Science's ATSSL (G820).**

The group ranges between 6-14 learners and will typically require two facilitators per session. Your role will be to pre-brief, manage the scenario, and facilitate debriefing. I will send you the case including a review of discussion topics so it is low preparation.

Remuneration is at the UME teaching rate \$125/hr.

[Sign up included through this google doc.](#)

Thank you for considering! Please let me know if you have any questions.

Ryan Wilkie
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403-390-6047
