Didactics Outline 7/24/19

This week we finish up our OBGYN series. I will be presenting a case from my critical care rotation. Dr. Kaakaji will be coming from 12-1 to give us a talk on Emergency Radiology. He is going to be giving us a series of lectures over the next 6 months or so on different aspects of radiology that we should know as ER docs. Don’t forget that we are in the GME conference room this week for didactics. Michelle and Hardy will be talking about an interesting case they had together. Since we are so jammed packed with presentations please try and limit yours to around 30-40 mins or 30-40 slides.

**Topic: OBGYN 3: Labor, Complications, Trauma**

**DIDACTIC FACULTY: Dr. Chakel**

**LECTURE FACULTY: Dr. Hill**

* Chad will review**Management of preterm labor, Chorioamnionitis, HELLP, AFLP, Cholestasis in pregnancy**
	1. Cover a personal case or anecdote you’ve learned about the above topic
	2. Review how to manage preterm labor in the ER
		1. Utility of tocolytics in the ER
	3. Review chorioamnionitis diagnosis and management
	4. Review AFLP, HELLP and cholestasis in pregnancy and their management
* Yoder will review **Stages of labor, Complications during delivery, Postpartum hemorrhage**
	1. Explain a personal experience with the above topics
	2. Review the stages of labor and relevant anatomy
	3. Review possible complications during delivery including shoulder dystocia, uterine cord prolapse and breech delivery
		1. How to reduce a shoulder dystocia or uterine cord prolapse
		2. How to manage a breech delivery
		3. Episiotomy indications in an emergent delivery
	4. Review the most common causes of postpartum hemorrhage
		1. Oddly specific, but… What do you if you deliver a baby on an airplane and mom won’t stop hemorrhaging?
* Michelle will review**Trauma in an OB patient, Preeclampsia/eclampsia, BV/Candida/Trich**
	1. Personal case or anecdote regarding trauma in an OB patient
	2. Review the relevant changes in anatomy in a pregnant patient and how this comes into play with trauma and resuscitation
	3. What is the most common cause of non-OB related death in a pregnant woman?
	4. BV/Candida/Trich diagnosis and management
	5. Clinical utility of a pelvic exam vs. blind swab
	6. 10 Board review style questions, Kahoot or otherwise
* Oral Board Case: Drs. Chakel and Fallon
* EKG/Radiology of the week: Dr. Hill
* Cool FOAMED Links
	1. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>
	2. <https://www.ncbi.nlm.nih.gov/pubmed/29463389>
	3. <https://hqmeded.com/blind-swab-vs-speculum-assisted-endocervical-swab/>
	4. <https://www.hippoed.com/pc/rap/episode/dudewheresmydea/storytellingin?utm_source=reddit&utm_medium=social&utm_campaign=20190709--reddit--social--PC--PCRAP--storytelling>
		1. You guys all know how much I believe in storytelling. Here’s a cool podcast on storytelling in medicine.

**FOMO Recap Pearls 7/10 Didactics Courtesy of Hisham**

* 1st finding of tamponade: RA collapse (since lower pressure than RV)
* If suspected clots/fetus is passed, can send it to pathology. The clerk has a sheet to fill out.
* In order to dx IUP: yolk sac must be seen in gestational sac.
* U/S is not diagnostic of retained products
* CTA PE is less radiation then V/Q to fetus, but increased radiation to mom’s breast tissue raising risk for breast cancer. Potential solution: Perfusion only scan.
* Definition of sepsis in pregnancy is different due to modified physiology of pregnancy. (Use either SOS, MOEWS scores)
	1. <http://perinatology.com/calculators/Sepsis%20Calculator.htm>