VOLUME - 05 | ISSUE - 01 FEBRUARY 15, 2021

URGENT CARING

COLLEGE OF URGENT CARE MEDICINE

OFFICIAL NEWSLETTER OF THE COLLEGE OF URGENT CARE MEDICINE

CUCM PRESIDENT - Jasmeet Bhogal, MD

HOPE

2020 was a year of great stress and hardships for our country in more than one way. We clearly had, and still have a lot on our plates. While facing the worst global pandemic that we have seen in a century, our country has also dealt with protests, economic instability and major issues with supply chain that hindered the delivery of critical medical care to many who need it urgently. We, as a nation had to bear a lot, and still continue to fight through many of these issues. The COVID-19 pandemic continues to take center-stage. As we enter and begin our journey in 2021, we must understand the concerns that we still continue to face and the effort that we all will need to put in to overcome this pandemic. These efforts can only come to fruition when we as individuals and teams truly believe in the work that we are doing of making this world a better place, one small step at a time. In order to accomplish this, we will need a state of mind that helps us keeping moving forward. I would like to offer hope as a positive mindset and as a source of optimism to every one of you.

Frontline healthcare workers like us have been battling the COVID-19 pandemic continuously for a year now. There does not appear to be any definite end in the near future. There is, however, hope. The vaccines that are being made available are a welcome addition to the arsenal that we have in this fight against COVID-19. As more vaccine dosages become available nationwide, we might be able to get a better handle over this pandemic and reduce the number of casualties. In addition, monoclonal antibody treatments also offer hope for our patients by decreasing severity of the illness and subsequent hospitalizations. For the patients who are symptomatic, testing is being offered by most urgent care centers across the country. We continue to play a vital role in diagnosing and treating patients with COVID-19, while also keeping them away from the Emergency Departments, thereby, preventing clogging of our already strained healthcare resources.

With all the unknowns that we currently have, one thing is certain; we as frontline workers in urgent care settings have proven our determination and resilience in fighting this virus and in helping our patients. As more knowledge is gained, we will become better equipped to fight this war and come out victorious. Now is not the time to lose hope. Now is the time to push forward, more energized than ever. Now is the time to hope for the best. Let us use the energy of hope to create a year far better from what we just experienced. Let us use hope as our strength.

Today, for us, the following words are probably exceedingly meaningful and might help us stay strong:

"Yesterday is gone. Tomorrow has not yet come. We only have today. Let us begin." — Mother Teresa

EDITOR'S CORNER - Sean M McNeeley, MD, FCUCM

Welcome to 2021

Well the trends continue. Dr. Bhogal continues to use the entire first page and this issue is once again late. Hopefully this will be the last of the late versions, but we all know I have lost page 1 for good. As I write this most of the nation continues to be mired in coronavirus. Cases in some places are falling, others are growing. Many health care workers are receiving their second vaccine and if it was anything like mine you needed a day or more of rest. Currently we have two vaccines with several others on the way. We still have a long way to go before we get critical mass for immunizations to make an effect and now, we are hearing about variants that may be either more contagious or virulent. That is still to be determined. This week the College will have its third Listserv live discussing treatment options as well as our role in vaccination. Most of us are seeing fewer of the regular patients we see each year like injuries and cold particularly the flu which has been nearly absent at least in several locations across the nation. We still have many tough days ahead of us and the future is uncertain, but I see light at the end of this tunnel and I believe its not an oncoming train. Tie a knot at the end of your rope and hang on…

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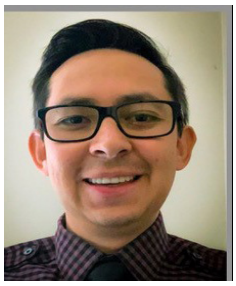
Neonates Born to COVID-19 Mothers

Cesar Mora Jaramillo, MD



It is not uncommon that neonates born to presumptive or positive COVID-19 mothers are frequently brought to the Urgent Care settings frequently. The CDC and AAP have published guidelines to assist clinicians in caring for these vulnerable patients.
It is known that the transmission of SARS-CoV-2 virus is primarily due to respiratory droplets during the postnatal period. Literature has limited information about other possible routes of transmission: intrauterine, intrapartum, or peripartum transmission.
CDC states "Current evidence suggests that SARS-CoV-2 infections in neonates are uncommon. If neonates do become infected, the majority have either asymptomatic infections or mild disease (i.e., do not require respiratory support), and they recover".
Preterm and neonates with underlying medical conditions may be at higher risk of severe illness from COVID-19. It is important to understand that some symptoms or complications are common for other reasons (transient tachypnea of the newborn, neonatal respiratory distress syndrome).

In terms of testing, CDC recommends testing with RT-PCR for all neonates (symptomatic or asymptomatic) born to mothers with suspected or confirmed COVID-19. Swabs must be collected using nasopharynx, oropharynx, or nasal swab samples. While AAP suggests "either a single swab of the nasopharynx; or a single swab of the throat followed by the nasopharynx; or two separate swabs from each of these sites and submit for a single test".

Another recommendation is to test neonates at approximately 24 hours of age. If initial test results are negative, or not available, testing should be repeated at 48 hours of age. There are some limitations of testing:

- The optimal timing of testing after birth is unknown.
- Early testing may lead to false positives (if the neonate's nares, nasopharynx and/or oropharynx are contaminated by virus RNA in maternal fluids) or false negatives (RNA may not yet be detectable immediately after exposure following birth). If a neonate tests positive, separation from mother in order to reduce the risk of transmission may not be necessary.

Due to potential risk of SARS-CoV-2 transmission to the neonate via contact with respiratory droplets (viable infectious virus has not been detected in breast milk), mothers should wear a mask and practice hand hygiene. Separation may be necessary for neonates at higher risk for severe illness (e.g., preterm infants, infants with underlying medical conditions, infants needing higher levels of care). Healthcare workers should wear proper PPE when caring for these patients.
If an infected mother prefers not to breastfeed, she may express breast milk after appropriate hand hygiene.

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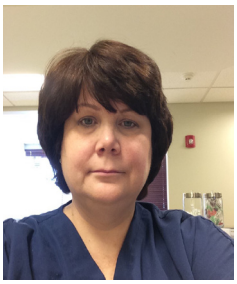
Tricks of the Trade: The Ruptured Globe

Tracey Q. Davidoff, MD, FCUCM



Eye complaints are relatively common in urgent care, but thankfully most are simple corneal abrasions, conjunctivitis, or foreign bodies. The astute clinician is always on the lookout for vision threatening injuries, such as the ruptured or penetrating globe injury.

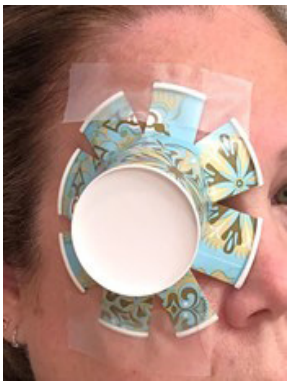
Globe injuries in children tend to be due to things like pencils, knives, branches, scissors, or other sharp objects. In teens and young adults, projectiles such as BB pellets, paint ball injuries, ball sports, and fights tend to be more common. Adults suffer these injuries more commonly related to construction while hammering on metal or stone, landscaping, or punches to the face. Many of these injuries may be occupational in nature. Note well that intraocular foreign bodies (IOFBs) are common, especially when relating to projectiles such as firing of weapons and hammering or machine tool use. Most of these are metallic.

A history consistent with a potential penetrating injury or globe rupture should be a red flag to proceed with the exam cautiously. Visual acuity should be determined but should not delay care. It is extremely important that patients with a high likelihood of a globe injury not be subjected to any manipulation that would apply pressure to the eyeball, such as lid retraction, touching the globe, or attempting to measure intraocular pressure. These maneuvers could inadvertently allow extrusion of intraocular contents, which can worsen final outcome. Eye drops, including fluorescein, should not be administered. Any visible foreign bodies should be left in place for removal by the ophthalmologist.

Open injuries or lacerations of the globe may be obvious on inspection. Subconjunctival hemorrhage and hyphema may make examination difficult and should prompt exam by an ophthalmologist if suspicion is high. Gross deformity with an appearance of deflation of the globe may be present.

In less obvious cases, physical findings alluding to an open globe may include markedly decreased visual acuity, an afferent pupillary defect, a misshapen pupil, such as teardrop, change in anterior chamber depth as compared to the unaffected side, visible extrusion of vitreous, prolapse of anterior chamber structures through the injury, or the Seidel sign, which is fluorescein flowing away from the site of injury.

When globe penetration or rupture is suspected in the urgent care center, the patient should be referred for immediate emergency care. If you have a relationship with an ophthalmologist, you may call them to arrange for emergency care, but more often than not, you will need to send the patient to a hospital with ophthalmology services, including an operating room. A free-standing ER or small rural hospital will most likely not be able to handle this. In preparation, the patient should be told not to eat or drink and minimize any activity that would increase intraocular pressure. He or she should not drive themselves; an ambulance may be required. NSAIDs should be avoided. The eye should be protected from any further trauma, including the patient touching it. Gauze eye patches should be avoided, as they apply pressure to the eye. Metal shields are preferred.



Finding a metal eye shield in an urgent care can often be a challenge. Just the other day a colleague of mine sent the patient to the ED without any eye protection because there was no metal eye shield to be found. I've seen nurses throw them out because the archaic looking medical devices are hardly ever used. So how do you protect the eye?

Paper cups can be found in almost every urgent care. Even the cone shaped or plastic cups can be used for this purpose. Simply cut the cup as shown and tape to the eye with surgical tape. The eye will be completely protected for the trip to the emergency department.

Global Emerging of SARS-COV-2 Variants

Cesar Mora Jaramillo, MD

One year after the first case of coronavirus in USA, the globe is now facing the emerge of Covid-19 new variants.

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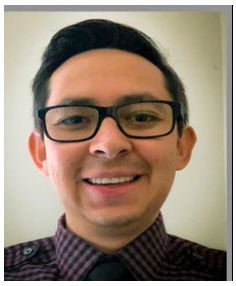

The first variant was reported in England and is considered more transmissible and deadly.[1] Scientists predict that this variant of SARS-CoV-2 is likely to become the most prevalent strain of the virus in the U.S. by March.[2]
It is well known that viruses mutate, these new variants can persist or disappear over time. Scientist have discovered that RNA viruses may altered their RNA to mutate, affecting pathogenesis, virulence, transmissibility or all of these.[3]

The CDC discusses the following 3 variants[4]:

- United Kingdom variant known as 20I/501Y.V1, VOC 202012/01, or B.1.1.7. This variant has since been detected in numerous countries around the world, including the United States and Canada.

- South Africa variant known as 20H/501Y.V2 or B.1.351. This variant shares some mutations with B.1.1.7.

- Brazil variant known as P.1 This variant has 17 unique mutations, including three in the receptor binding domain of the spike protein.

In addition to these variants, NEJM published an article on January 23rd stating that a new strain has emerged in California and has been detected in 10 states so far.[5]

Thus, health officials and the general population continue to voice questions and concerns about the effectiveness of the vaccines against these variants.

An in vitro study added to data suggesting that the Pfizer-BioNTech COVID-19 vaccine will be effective against the B.1.1.7 variant.[5] While more studies are highly needed, scientists have revealed that current evidence shows both circulating vaccines remained effective against old and new variants.[1]

This information solidifies the need of public health mitigation strategies while vaccination efforts continue to achieve herd immunity.

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CME Info on next page

Continuing Medical Education (CME)

Target Audience

This CME activity is intended for medical professionals who practice medicine in the on-demand space including urgent care, retail medicine and other similar venues. These providers may include physicians, nurse practitioners, and physician assistants.

Designation Statement

The Urgent Care Association (UCA) designates this enduring material activity for a maximum of *1 AMA PRA Category 1 Credit(s)* ™. Physicians should claim credits only commensurate with the extent of their participation in the activity. Credits may be claimed for one year from the date of release of this issue.

CME Objectives

1. **Provide updates on the diagnosis and treatment of clinical conditions commonly managed by on-demand providers**
2. **Alert on-demand providers to potential unusual cases that may present to them**
3. **Utilize tips and tricks to improve patient care in the on-demand space**

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirement and policies of the Accreditation Council for Continuing Medical Education (ACCME) though the joint providership of the Urgent Care Association and the College of Urgent Care Medicine. UCA is accredited by the ACCME to provide continuing medical education for physicians.

CME Credit Instructions

Once you have read the article, please log into your UCA profile. Once you are logged in go to *Manage My Account -> My Library*. Now you will be logged into the UCA Online Education Library.
Go to *Course Catalog -> Clinical -> Urgent Caring CME*. Click on the Urgent Caring edition for this month.
You will need to score 60% on the Quiz and complete the Survey to obtain credit.
Your certificate will show up under *My Library -> Credits*.
Please email education@ucaoa.org with questions.

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Disclaimer

Medical practice and knowledge is constantly evolving and changing. This information is peer-reviewed but should not be your only source. Providers of care should use discretion when applying knowledge to any individual patient.

CME Questions*:

1. What is the most prevalent form of COVID-19 transmission in newborns from presumptive or positive SARS-COV-2 mothers?
a. Intrauterine transmission
b. Through respiratory droplets
c. Through breastfeeding
d. Intrapartum transmission

2. Select the correct statement in terms of testing for neonates born of presumptive or COVID-19 positive mothers.
a. Testing is recommended for all symptomatic neonates only
b. Testing is recommended for all asymptomatic neonates at > 72 hours
c. Testing is recommended at 24 hours in symptomatic and asymptomatic neonates regardless of mother's symptoms.
d. Testing should be repeated at 48 hours in all neonates

3. All of the following are true about a ruptured globe injury EXCEPT:
a. The eye should be protected from further trauma with metal shield or other device
b. Visual acuity may be decreased
c. The diagnosis should be confirmed by using fluorescein
c. The affected eye may have an irregular pupil
e . Penetrating objects such as pencils are more common in children, whereas projectiles are more common in adults

4. RNA Virus mutations may alter which of the following:
a. Transmission
b. Pathogenesis
c. Virulence
d. All of the above

Answers from last month

1. What is the most important medication in the treatment of anaphylaxis?
a. Diphenhydramine
b. Steroids
c. Epinephrine
d Albuterol

2. Which of the follwing is a symptom of coronavirus that is rare in other viral illnesses?
a. Dizziness
b. Anosmia
c. Bodyaches
d. Fever

3. Which of the following vaccine-preventable diagnoses is making a resurgence in the US?
a. Varicella
b. Polio
c. Smallpox
d. Measles

4. Which of the following is not a suggested indication for influenza treatment in children?
a. Hospitalization
b. Significant underlying conditions
c. Prolonged symptoms
d. Severe or progressive disease

ABOUT US

College of Urgent Care Medicine

The College of Urgent Care Medicine (CUCM), formally known as the Urgent Care College of Physicians (UCCOP), was founded by physicians from the Urgent Care Association (UCA) to provide a clinician voice for the specialty. CUCM and UCA continue to work closely to advance the clinical practice of urgent care medicine. In 2016 the UCCOP board voted to include physician assistants and nurse practitioners as members. Thus in early 2017 the decision to change our name was made.

Mission Statement

We are urgent care clinicians inspiring excellence in patient care and advancing the specialty through education, advocacy, and research.

COLLEGE OF URGENT CARE MEDICINE

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