



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bill de Blasio
Mayor

Dave A Chokshi, MD, MSc
Commissioner



NEW YORK CITY POISON CONTROL CENTER

Consultants' Conference is a monthly meeting attended by medical toxicologists, emergency physicians, pharmacists and other learners from all over the Northeast. It is an educational activity in which the *Consultants* (renowned experts in various medical specialties) provide insight into the analysis and approach to the diagnosis and treatment of interesting toxicologic cases. The cases are presented mostly by the NYU Toxicology fellows in training but anyone can present their case if deemed appropriate. Learners of all levels are able to benefit from the rich and often dynamic discourse.

The next NYC PCC Grand Rounds and Consultants' Conference will be held on Thursday November 5, 2020. Grand Rounds will occur from 1:15PM EST – 1:45PM EST. The topic and speaker will be:

“The CDC Response to the Opioid Overdose Epidemic”

CAPT Joshua G Schier MD, MPH, USPHS
Senior Medical Officer, CDC/NCIPC/DUIP
Assistant Professor of Emergency Medicine, Emory School of Medicine
CDC/NCIPC/DOP/HSRB
Atlanta, GA

Consultants' Conference will take place shortly after the Grand Rounds lecture is over starting at 2:00 PM EST and ending at 4:00 PM EST.

We will be broadcasting both the Grand Rounds lecture and Consultants' Conference via the same link on WebEx and there WILL NOT be a live conference at the Public Health Laboratory.

Please Note: If you would like to receive this monthly announcement on a regular basis, contact me at mark.su@nyulangone.org.

**Please post and distribute.
All are welcome.**

Cases to be discussed for this Consultants' Conference will include:

1. A 14-year-old girl with a history of generalized anxiety disorder presents to the ED after an intentional ingestion of her own medications. Her initial vital signs are: BP, 100/89 mm Hg; HR, 78 beats/min; RR, 18 breaths/min; T, 98°F; and O₂ Sat, 97% (RA). Serum acetaminophen concentrations at 2- and 4-hours post-ingestion are 145 mg/L and 140 mg/L, respectively.
2. A 26-year-old man is brought to the ED for presumed alcohol intoxication. He is too agitated in the triage bay to obtain vital signs and is immediately sedated by the medical team. Several minutes later, he becomes hypoxic and requires endotracheal intubation. His vitals after intubation are as follows: BP, 96/72 mmHg; HR, 90 beats/minutes; RR, 20 breaths/minute; T, 97°F; O₂ Sat, 100% (FiO₂, 40%).
3. An 18-year-old man is found at home by his father with agitation and with decreased responsiveness after a suspected overdose. His father immediately calls 911 and the patient is brought to the hospital. In the ED, his initial vital signs are: BP, 178/92 mm Hg; HR, 81 beats/minute; RR, 24 breaths minute; T, 98.2 F; O₂ Sat 96% (RA). A venous blood gas is obtained: pH, 6.87; lactate, 11.57 mmol/L.

Mark K. Su, MD, MPH
Director, New York City Poison Control Center

Jointly Provided by the NYU Grossman School of Medicine and the Poison Control Center.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the NYU School of Medicine and the Poison Control Center. The NYU Grossman School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

The NYU Grossman School of Medicine designates both of these as live activities for a maximum of 0.5 *AMA PRA Category 1 Credits™* for Toxicology Grand Rounds and 2 *AMA PRA Category 1 Credits™* for Consultants' Conference. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

The NYU Grossman School of Medicine adheres to ACCME accreditation requirements and policies, including the Standards for Commercial Support regarding industry support of continuing medical education. In order to resolve any identified Conflicts of Interest, disclosure information is provided during the planning process to ensure resolution of any identified conflicts. Disclosure of faculty and commercial relationships as well as the discussion of unlabeled or unapproved use of any drug, device or procedure by the faculty will be fully noted at the meeting.