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Assessing the Inconsolable Infant: Look Everywhere!

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pre period as relative risk.

Conclusions: While there was not a statistically significant increase in the total number of POCUS scans, the study prompts additional research questions and alternative ways to measure a successful intervention. Further research could evaluate the quality of POCUS scans performed or confidence of the sonographer before and after the SIM.

Table 1.

Period	Percent of Studies			Count of All US		
	eFast	Echo	Biliary	eFast	Echo	Biliary
	All					
Pre	11%	25%	5%	339	251	341
Post	6%	30%	3%	294	352	254
	PGY1					
Pre	0%	0%	8%	0	2	71
Post	0%	34%	7%	1	76	43
	PGY2					
Pre	14%	29%	4%	148	56	111
Post	7%	33%	1%	96	133	88
	PGY3					
Pre	16%	35%	5%	76	46	60
Post	8%	36%	6%	74	77	36

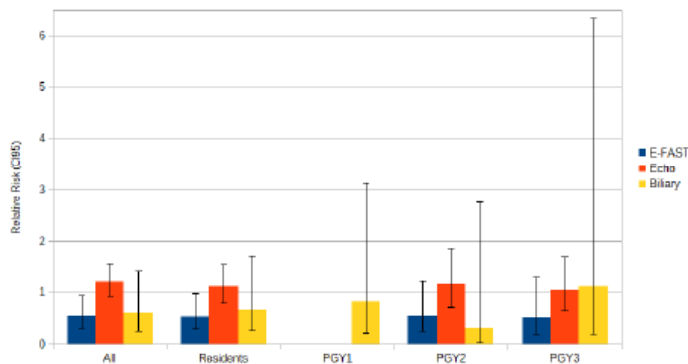


Figure 1. Change in US rate by type, level.

Innovation Abstracts

1 Assessing the Inconsolable Infant: Look Everywhere!

Damian Lai, Julianne Blomberg, Jeremiah Ojha, Kristen Oliff, Brent Becker

Introduction: A crying infant is a common presentation in the Emergency Department. Resident physicians in the early stages of training express discomfort when dealing

with pediatric patients, due in part to the inability of infants to relay their own history. We designed a simulation emphasizing the importance of a comprehensive head-to-toe physical exam and maintaining a broad differential in assessing inconsolable infants.

Objectives: Identify non-obvious causes of inconsolable crying by performing a complete and thorough infant physical exam.

Curricular Design: Residents from a 3-year emergency medicine residency program participated in a simulation activity involving three infant task trainers with various causes of inconsolable crying. The simulated patients had the same baseline presentation: 8-month-old child, born at 40 weeks with an uncomplicated birth history presenting with normal vitals and inconsolable crying starting 2 hours prior. Participants were tasked with using a history and physical examination to identify pathology including a hard palate burn from hot milk, recent vaccination, eyelid foreign body, buccal stomatitis, rectal fissure, corneal abrasion, cellulitis, diaper dermatitis, hair tourniquet, and nasal foreign body. We recorded the time required by each participant to identify all 10 causes.

Impact: Participants, especially interns, valued the emphasis on a thorough infant physical exam and appeared to gain the most from the activity. Junior residents tended to search for higher acuity cardiopulmonary causes. We observed that senior residents were more organized, resulting in more efficient completion of the activity. Notably, the identification of eye pathology took the most time to diagnose. This activity also facilitated discussions on exam findings relevant to non-accidental trauma. We plan to integrate this activity into our new intern boot camp sessions.

2 FoEM Clerkship: An Open-Access Case-Based Flipped Classroom Curriculum for Emergency Medicine Clerkships

Max Berger, Stephen Villa, Steven Lindsey, Howard Choi, Megan Henn, Kristen Grabow Moore

Background: Over 75% of EM residency programs use Foundations of Emergency Medicine’s (FoEM) free, open-access, learner-centric, level-specific curricula to teach EM core content to residents. In a 2022 survey of FoEM users, 59% of participating programs reported use of Foundations I (PGY-1 course) to teach students, and 54% confirmed interest in a specific FoEM Clerkship course. With an increasing number of schools requiring EM clerkships and demonstrated interest, we built FoEM Clerkship to support level-specific didactics for EM clerkship students.

Educational Objectives: Course objectives include 1) identify “can’t-miss” differential diagnoses for common ED presentations; 2) build a framework for determining “sick”