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Temporizing Medications for Nonpregnant Patients Discharged from the Emergency Department with Abnormal Uterine Bleeding at a Single Urban Teaching Hospital

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## 6 Temporizing Medications for Nonpregnant Patients Discharged from the Emergency Department with Abnormal Uterine Bleeding at a Single Urban Teaching Hospital

Adrienne Caiado, Dana Lev-Ran, Gifford Mezey, Joseph Pauly, Joelle Borhart

**Learning Objectives:** To determine if patients evaluated for nonpregnant, abnormal uterine bleeding (AUB) are discharged from the Emergency Department (ED) with medications to temporize or improve their acute bleeding episode.

**Background:** Abnormal uterine bleeding (AUB) is common and has a significant impact on a woman's quality of life. When bleeding is heavy it can be distressing and often prompts visits to an emergency department (ED). Temporizing treatments for AUB include hormonal therapies, such as combination oral contraceptive pills and progestin-only medications, and non-hormonal therapies such as nonsteroidal anti-inflammatory drugs (NSAIDs) and tranexamic acid. It is unclear what percent of these patients are discharged home with a temporizing treatment or if opportunities for improvement exist.

**Objectives:** To determine if patients evaluated for nonpregnant, AUB are discharged from the ED with medications to temporize or improve their acute bleeding episode.

**Methods:** A retrospective chart review of nonpregnant patients who were discharged after ED evaluation for AUB. Medical records were systematically reviewed with a focus on ED evaluation and discharge prescriptions.

**Results:** Of the 100 patients that met inclusion criteria, 94 were included in the final analysis. Of these 94 patients, a total of 24 patients (25.5%) were discharged with a prescription for a medication to treat AUB.

**Conclusion:** In this retrospective chart review of nonpregnant patients presenting to the ED with abnormal uterine bleeding, we analyzed how many received a prescription for a temporizing medication. After analyzing 94 visits for AUB to a major Washington D.C. emergency department, the results support our hypothesis that many of these patients would not receive a prescription at time of discharge. Of the patients who did receive a prescription, the majority were given over the counter NSAIDs with only a third of the patients evaluated being given an OCP or TXA.

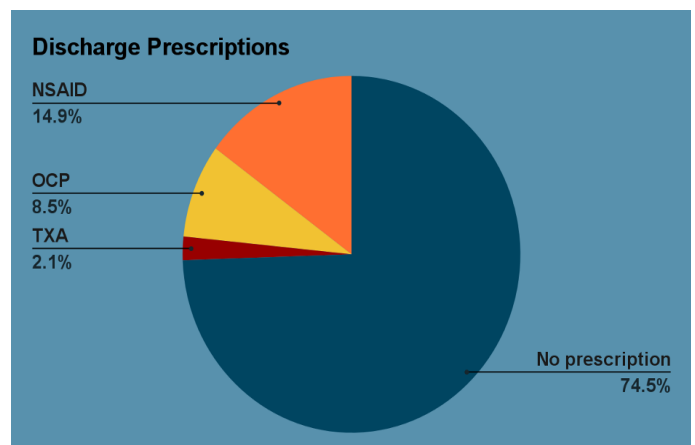


Figure.

## 7 Creating a New Social Emergency Medicine Curriculum: A Needs Assessment

Ashley Vuong-Goldshear, Lauren Fryling, Alexander Garrett, Amanda Amen, Hannah Janeway, Natasha Wheaton, Jaime Jordan

**Learning Objectives:** We sought to understand social EM curricular needs.

**Background:** Addressing social determinants of health is a crucial part of emergency medicine (EM). However, training in social EM is variable.

**Objective:** We sought to understand social EM curricular needs.

**Methods:** We performed a mixed methods needs assessment of residents and faculty at two academic training sites. Residents were emailed an online survey of multiple choice, rating scale, and free response items that was piloted prior to use. We conducted semi-structured interviews with faculty. We performed descriptive analysis on survey data. Two qualitative researchers independently analyzed interview data using a thematic approach. Discrepancies were resolved by in-depth discussion and negotiated consensus. Results: 43 out of 120 residents completed the online survey and 6 faculty were interviewed. 34 residents (79%) stated they were "Not knowledgeable" or "Somewhat knowledgeable" about the field of Social EM. 34 (79%) reported that education in Social EM is "Very" or "Extremely" important to them, and 37 (86%) responded that Social EM is "Very" or "Extremely" important to the field of EM. Faculty reported that Social EM is crucial given its importance to patient health. They felt this