

RIP Insulin Drip?

By Michelle Lin, MD

It may soon be time to mourn the death of the insulin drip for diabetic ketoacidosis.

A single-site study with almost 8000 patients showed that a subcutaneous (SQ) insulin protocol decreased the need for ICU admission, was associated with fewer hospital readmissions, and had no increase in adverse events such as longer stay or hypoglycemia. (*JAMA Netw Open*. 2022;5[4]:e226417; <https://bit.ly/45ZteFu>.)

The detailed protocol is worth reviewing. Notably, this includes simultaneously starting these in the emergency department:

- Insulin: A long-acting SQ agent plus a short-acting SQ agent.
- IV fluids: Lactated Ringer's plus D5 1/2NS +/- potassium. **EMN**

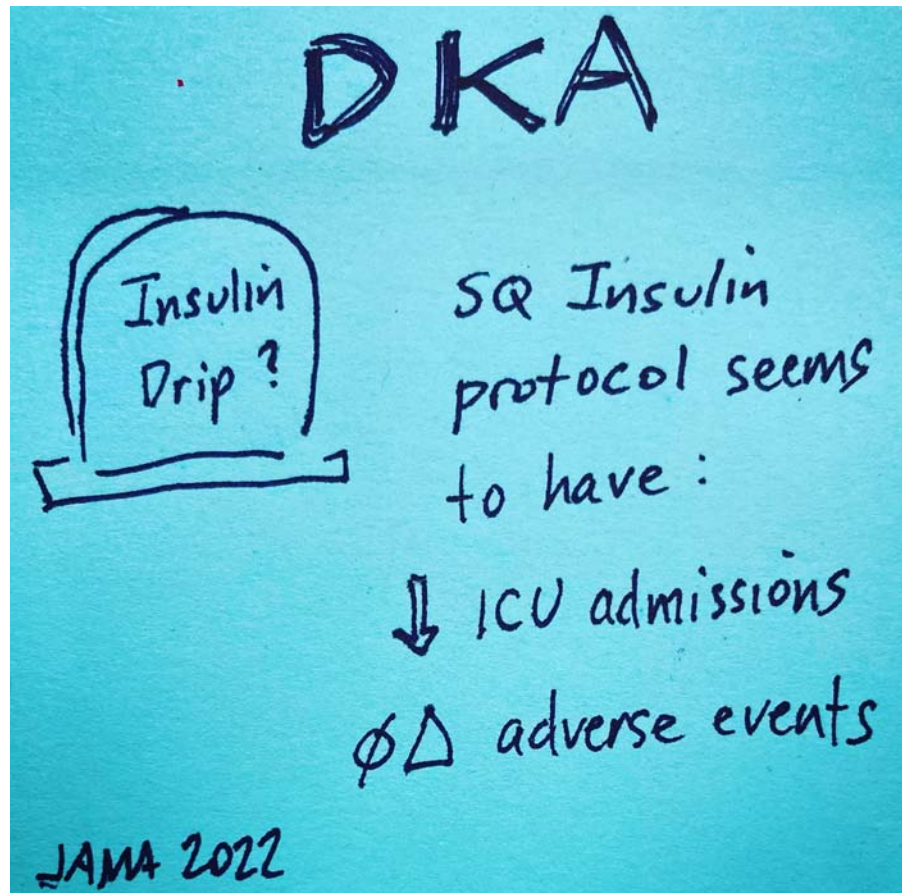


DR. LIN is the founder, CEO, and editor-in-chief of Academic Life in Emergency Medicine (<https://www.ALIEM.com>) and a professor of emergency medicine at the University of California San Francisco with interests in health professions education and digital scholarship. Follow her on Instagram @MichelleLinMD and on Twitter @M_Lin.

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Letters

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Real leaders are fighting to eliminate sepsis mandates, not champion them.

Bruce Welkovich, MD
Anchorage

'ABEM Certification is a Nightmare'

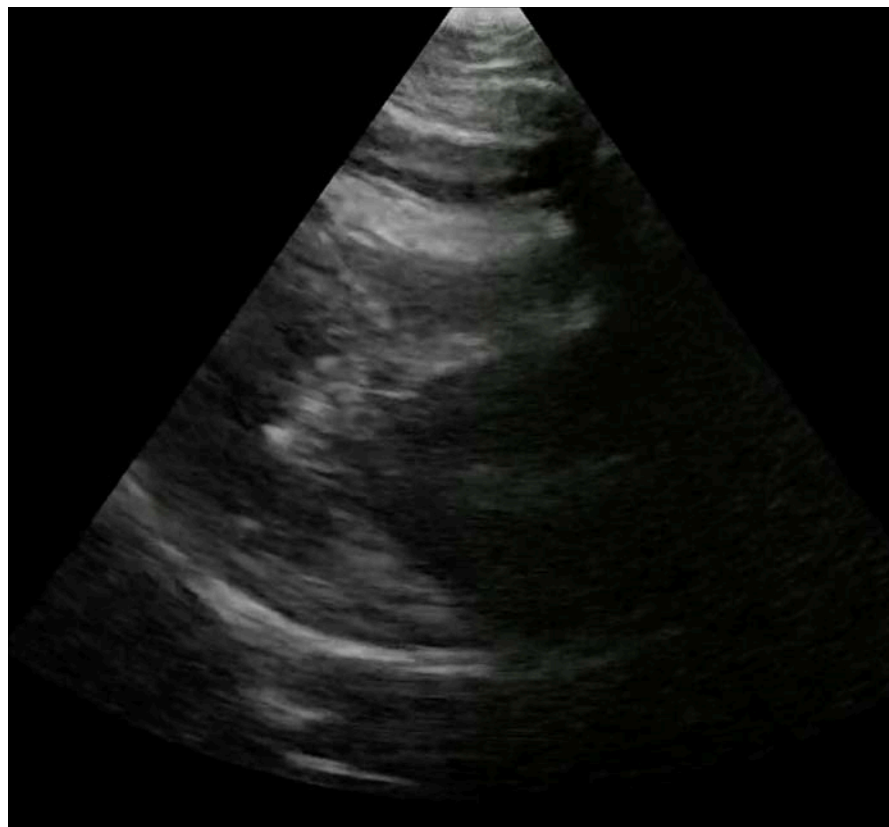
Editor:

I applaud the recent article "An Alternative to Board Certification" by Heidi Jenney, DO. (*EMN*. 2023;45[6]:2; <https://bit.ly/3oCh4Bt>.) I have been board certified in emergency medicine through the National Board of Physicians and Surgeons (NBPAS) since 2015.

I was previously board certified and re-certified many times by the American Board of Emergency Medicine (ABEM). I allowed this certification to expire. The board recertification process through ABEM is a bureaucratic nightmare. ABEM has created an industry for itself, wresting away our money, time, and energy. ABEM is not serving patients or physicians, only itself. I encourage other physicians to seek certification through NBPAS.

ABEM's actions are a symptom of a bigger issue: People in positions of leadership continue to add bureaucratic tasks. This is true in nursing as well as medicine. The issue has led to staff shortages in hospitals. There are constantly more hoops to go through for everything, including renewing one's state medical license. People in positions of leadership must identify this issue as a crisis. These "leaders" need to actively remove tasks. If they do not perceive this as an important issue, they need to be removed from positions of leadership.

Larry Schenden MD,
Grand Rapids, MI



Symptoms: Chest Pain, Diaphoresis

By Christine Butts, MD

A 60-year-old man presented with chest pain after having severe mid-sternal pain that had bothered him off and on since the night before.

He appeared diaphoretic and uncomfortable.

A 12-lead ECG demonstrated 3 mm of ST elevation in his anterior precordial leads. The patient said he felt lightheaded, and a code STEMI was called.

His blood pressure was 80/60 mm Hg, and his bedside echo is shown.

What's the diagnosis?

[Find a discussion on the next page.](#)



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