

r L ng beer An its the excts me thing we see with our bo An whith ppens

with m jor problems such s stroke or he rt tt ck So its extremel import nt th twe ress it ut th t being s i wh oesn t it h ppen more in the emergenc ep rtment I think the issue h s lw s been for n emergenc me icine ph sici n re t cute s mptoms

r L ng beer So if ou re blee ing n ou cut our rm the c n fix the blee If ou re h ving stroke the will o their best to restore bloo flow imme i tel. An with ASCV it ten s to be seen s more chronic con ition n not n episo e not something cute which we c n tre t right then An so th t being s i there s scope of most people s pr ctice n lot of emergenc ep rtments simpl view it out of their scope of pr ctice to provi e something th t the ont know much bout except for th t minor ou know minutes or n hour th t the h them there sitting in the be in the emergenc ep rtment So I think th t s wh we re not seeing lot of it right now

Liz Olson So for emergenc room st ff how woul p tient present to them in the emergenc room th t woul in ic te the m nee to be screene for ASCV

r L ng beer Well th ts gre t question So I think ou know to ou go in n whether ou re brought b EMS n ou re unconscious or ou w Ik in or ou present with f mil member ou ten to give our chief compl int ou know n th ts wh twe c II it our prim r compl ints our chief compl ints An those re the things ou re concerne bout I on t believe most people come in compl ining of n rrowing n h r ening of our rter w IIs bec use we on t know th ts our problem So this is the first problem if we in t know we hit in the first place n we weren t being treate for it when we go into the E we might be having other s mptoms So ou know ver common one might be ngin where ouve got chest p in An that sof course considered to be extremed its reaflight nemergence epartment because our egoing to get imme it electrically a we want to make

h ving he rt tt ck ou know n cutem oc r i linf rction An th tisprob bl



the w th t the woul present is with one of these signs. An the signs ou know sometimes it coul be more gener. I like shortness of bre, the but most of the time it would have to be in or erfor it to be thought of in terms of ASCV by phosicion it would have to be something that presents like correct involved in or shortness of bre, the or ou know if it were stroke of course its something that the would think of ut the prevention of it is less thought of by the phosicion than the immediate treatment of it.

Liz Olson So for the p tients th t recoming into the emergenc room the rebeing n the imme i

Recor e M rch

S tt si p theimme i te 1TJETQ reW*n T a GI 1TJohori



few more minutes for this An so g in ou know the focus of emergenc ep rtments h s lw s been the cute tre tment of ise se or con ition

r L ng beer An these kin s of things re seen s much more s mptom tic The re much more comprehensive The require kin of intern I me icine thought processes n th t s wh the re overlooke in m n c ses An we ve got to figure out how to turn th t roun An there s lots of w s we c n tr to turn th t roun for emergenc ph sici ns to re II get much more involve in this n to be more proceed on think to it s necess ril h ppening cross the bor

Liz Olson Th the II interesting An our spoke to this little bit bout it sounds like there are some missed opportunities or potential II missed opportunities if there makes the rent protocols in place or triggers in an EMR to make be get in the information or help is charge that patient with certain education I information for their primary care provider Cannout Ik little bit more bout some of makes the common missed opportunities or things that the emergence per the method to be better prepared to educate these patients are in inscharge them is fell to their continue care out of the hospit I

r L ng beer Sure e h I think th t s the ke How o we buil on n cre te some opportunities for emergenc ph sici ns to o much better job bec use ever bo w nts to o re II goo job t this An ou know I think the problem is if ou come in for chest p in n ou get full workup incluing n EKG n then we regoing to t ke our bloo n we regoing to o full comprehensive p nel n th t ten s to come sometimes with lipi p nel if there s thought of This coul be criov sculrin n ture let s run lipi p nel An th t m come b ck n show us some level of concern for the ph sici n An so e inkth t hthr figus Am sicJvel of



r L ng beer Inste the convers tion c n be much more proctive in terms of fin ing w to e uc te the p tient on the risks of c r iov scul r ise se n the A C Es of c r iov scul r ise se n re II use th t s nopportunit swell Now th twe h ve connecte s stems in most c ses the hospit IEs reprt of I rge he Iths stems An even the freest n ingorurgent c recenters re often prt of these s stems where we c ngo in n fl gp tients for follow up b nother ph sici n

r L ng beer An Ithinkth t nee sto occur lot more often Th t s re II wh t we consi er to be popul tion he Ith notif ing the s stem th t p tient meets cert in kin s of criteri n notif ing the ph sici n who is ultim tel responsible An there s usu II one person responsible unless the ve onl been into this he Ith s stem one time The h ve n intern I me icine or f mil me icine or n O G N or who ever is their prim r c reperson An th t person is triggere with workflow n lert

ep rtment the other night n r So n th t s where we nee to get lot more proctive. The s stems re now in place. The processes re not An so ou know we ve got the s stems that can old lithese fance lerts an workflows but right now it s not being one will espre cross the hospitals we have in the Unite. States It s just not An so there say huge opportunit for population health within the emergence setting that can work better with the primar care an even specialistic refor patients that the primar care are never specialistic refor patients that the special states are now in place. The states in the Earth entropy is not always and the states are now in place. The states in the Earth entropy is not always and the states are now in place. The states in the Earth entropy is not always and the states are now in place. The states is not proved the states are now in place. The states is not proved the states are now in place. The states is not place and the states are now in place. The states is not place and the states are now in place. The states is not place and the states are now in place. The states are now in place and the states are now in place. The states are now in place. The states are now in place. The states are now in place and the states are now in place. The states are now in place and the states are now in place. The states are now in place and the states are now in place. The states are now in place and the states are now in place. The states are now in place are now in place. The states are now in place and the states are now in place. The states are now in place and the states are now in place. The states are now in place and the states are now in place. The states are now in place are now in place and the states are now in place. The states are now in place are now in place. The states are now in place are now in place. The states are now in place are now in place are now in place. The states are now in place are now in place are now in place are now in place. The states are now in place are now in plac

Liz Olson



ensit n high ensit lipoproteins rethes me swh twe observe in the E Or rethere signific nt ifferences

r L ng beer An lot of times the stress c n elev te things n not f sting in the E coul elev te things so th t when we took screen the first time it m be tot II ifferent th n the secon time Of course most of the time it s not but it s possible So ou w nt to repe t th t An then with our norm I regul r ph sici n our ongoing prim r c re then we w nt ou to cre te course of ction An th t course of ction we c II it the A C Es but it s b sic II o ou nee to be on n spirin or ntipI telet An most people with c r iov scul r ise se coul benefit from b b spirin

r L ng beer Of course our ph sici n nee s to be working with ou on th t Th t s the A The is bloo pressure bec use bloo pressure is highl rel te to the level of bloo flow th t goes through our regies. So monitoring that on il be sis is something a regiver or patient shoul be oing If I was it gnose with potential for happerlipiem it or high bloo pressure in the E. I woul want to test that on normal besisting to three times and the sure outlimit the cigarettes of the I woul want to test that own I would be some cholesterol g in I would make sure outlimit the cigarettes.



r L ng beer Th nk ouver much lenjo e being here

Liz Olson This h s been ASCV perspectives To le rn more bout m n ging ASCV for ourself love one or our p tients ou c n visit Americ n He rt Associ tion s website the rt org qu lit for tools resources n more I m Liz Olson with the Americ n He rt Associ tion Th nk ou for listening

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