



*It's now
your choice*

Now there are **two** CME in the Sun events in 2015 to choose from.



**Beaches Resort
Turks & Caicos**
January 24-31, 2015

or

**Iberostar Rose Hall
Jamaica**
February 21-28, 2015



CAEP | Canadian Association
of Emergency Physicians
ACMU | Association canadienne
des médecins d'urgence

BRILINTA[®] IS COVERED ON PROVINCIAL FORMULARIES ACROSS CANADA

BRILINTA (ticagrelor), co-administered with acetylsalicylic acid (ASA), is indicated for the secondary prevention of atherothrombotic events in patients with Acute Coronary Syndromes (ACS) (unstable angina [UA], non-ST elevation myocardial infarction [NSTEMI] or ST elevation myocardial infarction [STEMI]) who are to be managed medically, and those who are to be managed with percutaneous coronary intervention (PCI) (with or without stent) and/or coronary artery bypass graft (CABG).

Formulary coverage
for BRILINTA is offered in:*

British Columbia

Alberta

Saskatchewan

Manitoba

Ontario

Quebec

New Brunswick

Nova Scotia

Newfoundland and Labrador

Listed under Limited Coverage, Restricted Benefit or Special Authorization, Exception Drug Status, Exception Drug Status, Limited Use, Exception Drug, Special Authorization, Exception Status Drug and Special Authorization, respectively.¹⁻⁹

**Ticagrelor is recommended by the Canadian Cardiovascular Society
in the 2012 Guidelines for the Use of Antiplatelet Therapy^{10†}**

- **NSTEMACS:** In moderate to high risk NSTEMACS patients managed with either PCI, CABG or medical therapy alone, ticagrelor + ASA is recommended for secondary prevention
- **STEMI:** In STEMI patients after primary PCI, ticagrelor + ASA is recommended for secondary prevention

NSTEMACS: non-ST-segment elevation ACS.

*See formulary listings for further information. †See full guidelines for complete recommendations.

Clinical use:

Based on a relationship observed in PLATO between maintenance ASA dose and relative efficacy of BRILINTA compared to clopidogrel, BRILINTA is recommended to be co-administered with low maintenance dose ASA (75-150 mg daily). The safety and efficacy of BRILINTA in pediatric patients below the age of 18 have not been established. Therefore, BRILINTA is not recommended in this population.

Contraindications:

- Patients with active pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)
- Patients with a history of intracranial hemorrhage
- Patients with moderate to severe hepatic impairment
- Patients who are also taking strong CYP3A4 inhibitors

Most serious warnings and precautions:

Bleeding risk: BRILINTA should be used with caution in patients with a propensity to bleed (e.g., due to recent trauma, recent surgery, active or recent gastrointestinal bleeding, or moderate hepatic impairment) and in patients requiring oral anticoagulants (e.g., warfarin) and/or fibrinolytics agents (within 24 hours of BRILINTA dosing). Caution should also be used in patients with concomitant administration of medicinal products that may increase the risk of bleeding (e.g., non-steroidal anti-inflammatory drugs [NSAIDs]).

Maintenance dose ASA: Co-administration of BRILINTA and high maintenance dose ASA (>150 mg daily) is not recommended.

Other relevant warnings and precautions:

- Cardiac events in discontinued patients
- Bradycardic events
- Hypersensitivity, including angioedema
- Dizziness and confusion
- Discontinuation prior to surgery
- Dyspnea
- Pregnant or nursing women
- Possible increase in creatinine levels
- Uric acid increase

For more information:

Consult the Product Monograph at azinco.ca/brilinta/pm274 for important information regarding adverse reactions, drug interactions and dosing information not discussed in this piece. The Product Monograph is also available by calling AstraZeneca Canada at 1-800-668-6000.¹¹

References: 1. British Columbia Ministry of Health. Available from: <http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/ticagrelor.html>. Accessed September 24, 2012. 2. Alberta Health Interactive Drug Benefit List. Available from: https://www.ab.bluecross.ca/dbi/dbi_main1.html. Accessed October 1, 2013. 3. Government of Saskatchewan Drug Plan and Extended Benefits Branch. Available from: <http://formularydrugplan.health.gov.sk.ca/>. Accessed November 2, 2012. 4. Manitoba Health. Available from: <http://www.gov.mb.ca/health/mdbif/edsnotice.pdf>. Accessed January 21, 2013. 5. Ontario Drug Benefit Formulary/Comparative Drug Index. Available from: http://www.health.gov.on.ca/en/pro/programs/drugs/formulary/41_update_at_20130419.xls. Accessed April 30, 2013. 6. Régie de l'assurance maladie du Québec. Available from: http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/medicaments/codes-medicaments-exception/internet/codes_medicaments_exception.pdf. Accessed March 15, 2013. 7. Government of New Brunswick Department of Health. Available from: http://www.gnb.ca/0212/pdf/NBPD_Bulletin/2012/NBPDBulletin8430ct9,2012Final.pdf. Accessed October 30, 2012. 8. Government of Nova Scotia Department of Health and Wellness. Available from: http://www.gov.ns.ca/health/Pharmacare/pubs/Criteria_for_Exception_Status_Coverage.pdf. Accessed January 11, 2013. 9. Newfoundland and Labrador Department of Health and Community Services. Available from: http://www.health.gov.nl.ca/health/prescription/covered_specialauthdrugs.html. Accessed January 7, 2014. 10. Canadian Cardiovascular Society. 2012 Focused Update on the Canadian Cardiovascular Society Guidelines for the use of Antiplatelet Therapy. October 2012. 11. BRILINTA® Product Monograph. AstraZeneca Canada Inc. September 9, 2013.



Emergency Medicine Muskoka

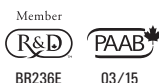
Featuring CAEP's Toxicology & EM Review Roadshows

August 22-26, 2014
Deerhurst Resort - Huntsville ON

Get more info and register at:
www.caep.ca/EM-Muskoka



BRILINTA® and the AstraZeneca logo are registered trademarks of the AstraZeneca group of companies. © AstraZeneca 2014



A VOICE... WHEN YOURS CAN'T BE THERE

(Approximate size)



Allerject™ epinephrine auto-injector:

It Talks! The first and only epinephrine injector with audio instructions*

Easy-Use Design! Allerject™ was designed to be easy to use

Compact! Fits in your palm...designed for portability

Lights Up! LED flashes when injection is complete

*Comparative clinical significance unknown.

Living with the risk of anaphylaxis...

We'll talk you through it! **Allerject™**

For more information: 1-855-405-4321 / Consumer website: www.allerject.ca

Indications and clinical use

Allerject™ 0.3 mg (0.3 mL Epinephrine Injection, USP, 1:1000) and Allerject™ 0.15 mg (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

Allerject™ is intended for immediate self-administration for the emergency treatment of severe allergic reactions (Type I). Following treatment of anaphylaxis, the patient must seek immediate medical attention.

Contraindications:

No absolute contraindications

Relevant warnings and precautions:

- Inject into the outer thigh
- Use of more than 2 sequential doses
- Use in patients with cardiogenic, traumatic, or hemorrhagic shock; cardiac dilation; cerebral arteriosclerosis; cardiac arrhythmias; coronary artery or organic heart disease; hypertension or hyperthyroidism
- Patients with organic brain damage or Parkinson's disease
- Patients with narrow-angle glaucoma
- Use in diabetic patients
- Patients with sulfite sensitivity
- Patients with concomitant asthma

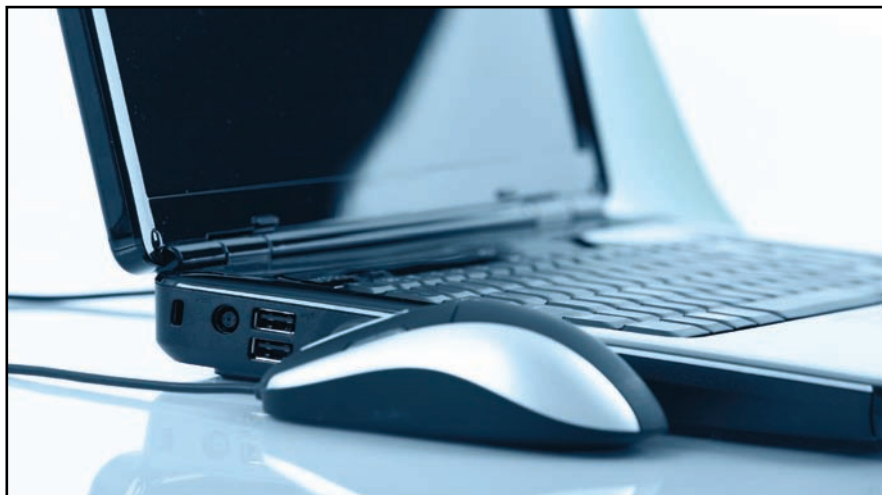
For more information:

Please consult the Prescribing Information at: products.sanofi.ca/en/allerject.pdf for important information relating to adverse reactions, drug interactions and dosing information which has not been discussed in this piece.

The Prescribing Information is also available by calling us at: 1-800-265-7927.

Manufactured for sanofi-aventis Canada Inc., Laval, Quebec, Canada H7V 0A3

SANOFI



Journal authors!

Submit your manuscripts online to
Canadian Journal of Emergency Medicine at
<http://mc.manuscriptcentral.com/cjem>.

Speeds up and simplifies the publishing process.
Keeps you informed from submission to acceptance.



Submit your manuscripts on
**Manuscript Central. It's the
online tool that makes sub-
mission easy and expedites
the peer review process. You
can even track the progress
of your manuscript through
to acceptance.**

THOMSON

SCHOLARONE[®]
MANUSCRIPT CENTRAL[™]

Manuscript Central ScholarOne are registered trademarks of Thomson Scientific.

DECKER_x

www.deckerpublishing.com



Emergency Physician Bluewater Health, Sarnia, Ontario

Are you interested in joining a dynamic group of Emergency Physicians who are cutting edge, always focused on quality improvement, and enjoy life? Bluewater Health is recruiting an Emergency Physician to join a group of 10 Full-time and 4 Part-time Emergency Room physicians who are committed to providing quality emergency care to the residents of Sarnia-Lambton. The preferred qualifications for this position are: CCFP (EM) or extensive ER experience, with ATLS, ACLS and PALS. The Emergency Room serves over 60,000 patients annually.

The position includes the following:

- Attractive, 10 week rotating schedule with 2 one week blocks off per rotation
- Excellent compensation (AFA pooled billing account generating > \$220/hour net)
- Potential relocation and signing bonus
- Flexible colleagues to accommodate a desire to work more or less than a full rotation schedule
- On call roster is available for surge capacity, ambulance transfer, and compassionate, sick leave coverage

Bluewater Health is a 320 bed hospital operating on 2 sites which includes a recently completed \$319 million redevelopment. The hospital offers excellent medical and diagnostic supports:

- A broad range of diagnostic services, including 24-hour CT and 7-day a week MRI.
- District Stroke Centre
- Schedule 1 Psychiatric Unit
- Western University's Emergency Medicine Residents train in the department
- Full spectrum of specialists available 24/7 (neurosurgery not available)

Award winning and Accredited with Exemplary Standing, Bluewater Health is committed to improving the patient experience using engagement, Lean, and innovation.

Situated on the shores of Lake Huron at the Michigan border, Sarnia offers warm weather, excellent quality of life, sports, arts and culture, education, state of the art health care, and beautiful natural environment.

To apply, please send CV and references to:
Dr. Mark Taylor, Chief of Professional Staff
Bluewater Health
medical_affairs@bluewaterhealth.ca
519-464-4400 ext 4534





Emergency Department Targeted Ultrasound

- New course material
- Now a two day course
- Opportunity to complete your 50 scans
- New program includes an e-syllabus and five new lectures on video

Additional info available at caep.ca



CAEP would like to thank our EDTU Partners.
Without their generous support this program could not be possible!



PHILIPS





#CAEPTV

**View CAEP TV
Features at
caep.ca/CAEPTV**

EMERGENCY PHYSICIANS

Langley Memorial Hospital Emergency Department is actively seeking three Emergency Room Physicians to join our group of 14 ERPs to help expand the department to six shifts a day to treat the 45,000 patients per year who visit our department. Langley is located just 45 minutes away from downtown Vancouver and is one of the fastest growing communities in BC. The 200 plus bed community hospital has an active ICU, with internal medicine support, plus general surgery, orthopedics, urology, paediatrics, obs/gyne and psychiatry are just some of the sub specialities that work out of the LMH.

All candidates are required to be CCFP(EM) or FRCPC certified.

Our nursing support is excellent and we are looking to expand our rota October 1st, 2014. Remuneration is via fee for service and is very competitive with the APP payment process.

For further information please contact:

Dr Trevor Newton at
drtmnewton@gmail.com
or call
(604) 789-7426 (cellular)



Sunnybrook Emergency Services



Sunnybrook Health Sciences Center is a 1,200 bed (400 acute) tertiary care academic center in central Toronto, Ontario. The Emergency Department is part of Sunnybrook's flagship Trauma, Emergency and Critical Care (TECC) Program. The hospital is fully affiliated with the University of Toronto and a core site for the Royal College training program in Emergency Medicine.

Sunnybrook is Canada's largest Trauma Centre, as well as a Regional Centre for burn, stroke, cancer, high-risk maternal and neonatal care as well as an interventional cardiology, neurosurgical, vascular and spine referral site. We are recruiting academic emergency physicians to join our group of 30 EP's.

The Emergency Department has a census of 60,000 patients annually with an acuity level and admission rate that are the highest in Ontario. The 49 stretcher state-of-the-art department was completely newly constructed in 2008 and includes 2 medical resuscitation rooms, a three-bay trauma suite and a CT scanner within the Department.

Sunnybrook Centre for Prehospital Care serves as the base hospital for EMS services for the Toronto area and several adjacent regions. Over 2000 paramedics receive medical delegation through this base hospital program. Multiple opportunities exist for physicians with special interest in EMS.

Sunnybrook Emergency is the lead site for point-of-care ultrasound for University of Toronto Emergency Medicine Residency Training Programs. The Department has six portable ultrasound machines, two dedicated completely for teaching. A formal ultrasound fellowship-training program launched July, 2014. We also have an active ultrasound research program.

The Department of Emergency Services Advanced Life Support Education Program is one of the largest providers of ACLS/ATLS/PALS programs in the country, presenting an anticipated 75 training courses this year. Over 100 certified Instructors, Directors, and actors are involved in the Program's five divisions. Opportunities exist for those with an interest in providing resuscitation education, curriculum development and educational leadership.

The Department has well established programs in research and education, with faculty who are recognized leaders nationally and internationally in these domains. Other important areas of Departmental focus include clinical informatics, patient safety, trauma care and clinical simulation.

As an applicant, you are FRCPC, CCFP-EM or DABEM certified in Emergency Medicine. You have strong clinical and teaching skills and want to join Sunnybrook faculty with the goal of developing or continuing a career that meaningfully contributes to both Sunnybrook's clinical mission, and our research, educational or administrative foci.

Interested parties please contact:

Jeffrey Tyberg MD, FRCPC, FACEP,
Chief, Department of Emergency Services,
Sunnybrook Health Sciences Centre,
2075 Bayview Avenue,
Toronto, Ontario, M4N 3M5
Tel (416) 480-4037
c/o Paola Tiveron
paola.tiveron@sunnybrook.ca

CAEP | ACMU ROADSHOWS

CME That Travels

AIME Airway Intervention & Management in Emergencies

September 5, 2014 - Truro NS
September 6, 2014 - Truro NS
September 25, 2014 - Whistler BC*
October 6, 2014 - Vernon BC
November 12, 2014 - Quebec City QC*
November 13, 2014 - Quebec City QC*
December 10, 2014 - Montreal QC
December 11, 2014 - Montreal QC

EDTU: Emergency Department Targeted Ultrasound

(Now 2 Day Course, Updated Curriculum)

November 1 & 2, 2014 - Toronto ON
November 1 & 2, 2014 - Vancouver BC
December 6 & 7, 2014 - Montreal QC

TX: Toxicology

August 24 & 25, 2014 - Muskoka ON
September 25, 2014 - Whistler BC

RB: Risky Business - Clinical Decision Making in Emergency Medicine

November 25, 2014 - Sudbury ON

ID: Infectious Disease Management in Emergency Medicine

October 16, 2014 - Regina SK

"NEW" Emergency Medicine Review

(Course Preview, it is Not Accredited)

August 22, 2014 - Muskoka ON

REGISTER NOW!

**In conjunction with a conference, registration through the respective conference, not via CAEP.ca. Contact CAEP for details.*



3 Ways to Register :

- Online at caep.ca
- Call 1-800-463-1158 ext. 14
- Download the registration form and fax completed form to 1-613-523-0190 (Attn: Carrol Ann)

Pr ONBREZ* BREEZHALER*

Helping to treat your symptomatic patients is all in a day's work...



Demonstrated fast, 5-minute onset (FEV₁ improvement shown 5 minutes after first dose 0.1 L; $p < 0.001$, serial FEV₁ measurement)^{1†}



Maintained round-the-clock (24-hour) bronchodilation (LS mean FEV₁ (L) vs. placebo at week 12, $p < 0.001$; time points were 5 min, 30 min, 1 hr, 2 hrs, 4 hrs, 6 hrs, 12 hrs, 16 hrs, 22 hrs, and 24 hrs)^{1,2††}

Improved transition dyspnea index (LS mean TDI focal score at week 12, 1.34 vs. 0.11 for placebo, $p < 0.001$)^{1,3§}

ONBREZ* BREEZHALER* The only ONCE-DAILY LABA in COPD[¶]

Indication & clinical use:

ONBREZ* BREEZHALER* (indacaterol maleate) is a long-acting β_2 -agonist (LABA) indicated for long-term, once-daily, maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

- Not indicated for the relief of acute deterioration of COPD, for asthma, or for use in patients under 18 years of age

Contraindications:

- Not indicated for treatment of asthma

Most serious warnings and precautions:

Asthma-related death: Increased risk of asthma-related death is considered a class effect with LABAs, including indacaterol maleate. ONBREZ* BREEZHALER* is not indicated for asthma.

Other relevant warnings and precautions:

- Not indicated for acute episodes of bronchospasm
- Increased risk of cardiovascular effects
- Caution in patients with cardiovascular disorders
- Caution in patients with convulsive disorders, thyrotoxicosis and patients who are unusually responsive to β_2 -adrenergic agonists
- Risk of hypokalemia and hyperglycemia
- Paradoxical bronchospasm
- Immediate hypersensitivity
- Should not be used in patients with acutely deteriorating COPD
- Should not be used concomitantly with other LABAs
- May inhibit labour

For more information:

Please consult the Product Monograph at www.novartis.ca/asknovartispharma/download.htm?res=onbrez%20breezhaler_scrip_e.pdf&resTitleId=482 for important information relating to adverse events, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling the Medical Information department at 1-800-363-8883.

FEV₁: forced expiratory volume in 1 second; LS: least square; TDI: transition dyspnea index.
[†] B2355: A 12-week, multicentre, randomized, double-blind, placebo-controlled, parallel group study assessing the safety and efficacy of ONBREZ* BREEZHALER* 75 mcg once daily vs. placebo in patients with COPD (n=318).
^{††} From a subset of 239 patients in B2355, FEV₁ data shown is ONBREZ* BREEZHALER* vs. placebo, respectively: 5 min: 1.56 vs. 1.39; 30 min: 1.57 vs. 1.38; 1 hr: 1.56 vs. 1.38; 2 hrs: 1.56 vs. 1.37; 4 hrs: 1.51 vs. 1.35; 6 hrs: 1.48 vs. 1.33; 12 hrs: 1.43 vs. 1.29; 16 hrs: 1.39 vs. 1.24; 22 hrs: 1.44 vs. 1.27; 24 hrs: 1.48 vs. 1.34.
[§] B2354: A 12-week, multicentre, randomized, double-blind, placebo-controlled, parallel group study assessing the safety and efficacy of ONBREZ* BREEZHALER* 75 mcg once daily vs. placebo in patients with COPD (n=323).
[¶] Comparative clinical significance has not been established.



Novartis Pharmaceuticals Canada Inc.
 Dorval, Québec H9S 1A9
www.novartis.ca
 ☎ 514.631.6775 📠 514.631.1867

* ONBREZ and BREEZHALER are registered trademarks.
 Product Monograph available on request.
 Exp: 05/2014
 © Novartis Pharmaceuticals Canada Inc. 2013



References: 1. ONBREZ* BREEZHALER* Product Monograph. Novartis Pharmaceuticals Canada Inc., October 24, 2012. 2. Data on file. Novartis Pharmaceuticals Canada Inc. Study B2355. 3. Data on file. Novartis Pharmaceuticals Canada Inc. Study B2354.



Once-daily
onbrez*
breezhaler*
 (indacaterol maleate inhalation powder)