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Update 42 - COVID-19 – From Office of the Medical Director 27AUG2020 0900

To: All EMS Personnel in the EMS System for Metropolitan Oklahoma City & Tulsa

#### Key Content:

- **To Test or Not to Test? When? And What to Test? – The New York Times**
- **Don't Worry – It's Clear as Mud Under the Roof Too – SGEM**
- **The More Things Seem to Change Maybe They Don't – The Bridge Daily**

#### To Test or Not to Test? When? And What to Test? – The New York Times

Well, for those (including me!) that are looking for easy answers, better keep looking. But... we also better keep reading to make sure we are thoughtful and informed in the answers we are searching to find to this pandemic and its health impacts. Here's a very thought-provoking piece about antibody testing from *The New York Times*. A careful read of it leaves us with the conclusion that antibody testing isn't bad, it's just a matter of what is being tested, at what point in the illness, who is being tested and what do the results mean, factoring what test is being run and how reliable that test has been/is proving and what is the proof of the proof for that matter? Got it? Good. Then you can explain it to me.

This is a good read. Read it when the energy level is a bit higher and you can give it focused attention. It's worth the few minutes so you'll feel more knowledgeable about antibody testing and in most cases, feel more comfortable about not having a recent antibody testing yourself. I haven't had a test for antibodies since April 30 (I had no antibodies detected at that time) and reading this makes me feel like I haven't missed out on much at all.

Again, the takeaway from this *The New York Times* article isn't that antibody testing is bad. Saying that about antibody testing is an oversimplification and a misstatement. It just reminds us not much of anything is simple about working through this pandemic journey.

Here's the link: <https://www.nytimes.com/2020/08/21/health/coronavirus-antibody-tests.html?smtyp=cur&smid=tw-nythealth>

#### Don't Worry – It's Clear as Mud Under the Roof Too - SGEM

Confusion often loves company, so here is some more. If you're feeling like many (or all) days your assessment is occurring in a galactic black hole as you try to sort out who is COVID-19 positive v who is COVID-19 negative in the field, take heart. You aren't alone. While we don't have a simple, easy test to do it in EMS, we don't in the ED either. That may or may not come as a 5138J shock to you. But it's true. Yes, swabs to collect viruses, blood work to look at counts and types of blood cells and markers of inflammatory organ damage, and images of chest x-rays and CT

scans of the chest are available to emergency physicians. Turns out, there isn't a "gold standard test" in the diagnosis of COVID-19 under the ED lights. Many hospitals are sending the swab samples to an outside lab and the results are 24+ hours away from the time of patient evaluation. One of the emergency physicians that I hold in great respect is Dr. Ken Milne from Canada. He started a great resource to question available research applicable to emergency medicine called SGEM. What does S-G-E-M stand for, you ask? The Skeptic's Guide to Emergency Medicine! That's a title I take interest in learning more about what Dr. Milne is teaching. Before you wonder what a grumpy pessimist that Dr. Milne must be, he's one of the funnier emergency physicians I know. His alter ego is BatDoc and he's often found at emergency medicine conferences in Canada and the US wearing.... yes, a cow! Sadly, he's not available to jump on your apparatus for the next shift to keep you needing stitches with laughter. Physical distancing, right?

Here's his latest, fresh from my twitter feed (@drjeffgoodloe for those of you curious) that deals exactly with the kind of issues we just discussed in that *The New York Times* article about antibody testing in COVID-19. This podcast and its transcript, with some helpful figures and tables, deals more with the ED diagnosis of COVID-19, including the RT-PCR testing for the virus itself.

Now, why am I sharing this? At least a few reasons. Have you ever picked up a patient fresh from an ED visit that seemed more confused about their illness AFTER the ED visit than when entering the ED? Have you ever taken care of a patient that took you about this long in microseconds to diagnose (correctly) what was going on and upon learning the patient had been to an ED in the past few days, thought, "What in the world was that doc thinking? How could they miss this?!?!" Is your present view of COVID-19 in the ED along the lines of, "Well, it's got to be pretty easy to diagnose this thing with the swabs and bloodwork and x-rays, right?" If all your arms and hands are raised high, that's what I would be doing as well --- and what I did, too, as an EMT and Paramedic, obviously pre-COVID-19 because we didn't have anything -2019 in the -1990s.

Well, it's not so easy. I often try to remember to share with newer Paramedics that one of the most valuable things I learned the hard way is that if I shut up long enough, most patients will tell me what's wrong with them. Maybe they won't give me (or you) a medical termed diagnosis, but they often do an amazingly good job of giving us their symptoms and signs that lead us efficiently to the right diagnosis. COVID-19 doesn't follow that rule, though. We're still searching for what are the "best" symptoms to look for in raising our suspicions. There isn't a hard and fast rule of if they have (fill in the blank symptom) then they do/don't have COVID-19.

This episode of SGEM is a good one. It can lead you down some rabbit holes if you listen too closely, so if you listen to the podcast, or scan its transcript, remember to keep the big picture and that is there's no easy diagnosing COVID-19 in the ED either, even when you and I and some other emergency physicians think it is. Maybe there is something easy about COVID-19, but it ain't the automatic diagnosis part. If nothing else, this SGEM reminds us on the front lines of emergency services – in the streets or in the ED, that we're all in this together in figuring it out safely.

Here's the SGEM episode link: <http://thesgem.com/2020/08/sgem299-learning-to-test-for-covid19/>

## **The More Things Seem to Change Maybe They Don't – The Bridge Daily**

Ever think something or someone that you enjoy learning from is gone... and then discover they aren't? Such happened to me about 3 weeks ago. As longer time readers of these Updates will recall, I enjoy learning from a global list of resources. One of the surest ways to learn about important things happening in the United States is to read about them from a source outside the United States. One geographic area I often turn towards is Canada. If you think Canadians aren't attuned to what happens in the US, then listen to their newscasts and read their newspapers. It's impressive in my opinion.

One such newscast I became familiar with in years past is their national TV news program called "The National" that airs in the later evening on the Canadian Broadcasting Corporation, or CBC for short. CBC is very akin to the legacy networks of my youth, NBC, ABC, and CBS. In news anchor terms, that would translate to (Tom) Brokaw, (Peter) Jennings, and

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(Dan) Rather. And no, there weren't women or underrepresented group anchors much at all, even guest anchors in those days, but fortunately we've gotten better and smarter about that. For those 2.5 of you readers wondering, I thought Brokaw was the best, but all of them had some grit and grace when the subject needed either. I didn't know it at the time, but Brokaw's daughter (and I) would go on to become an emergency physician working in EMS.

The CBC's "voice" for many, many years was Peter Mansbridge. What a voice. The kind of voice when delivering the news that makes you stop the sprinting thoughts in your mind and listen and learn a bit. A voice that commands respect and simultaneously conveys genuine caring.

Mansbridge is likely unknown to 99.something % of you, but heck, he got a voice-over role for his own Disney character likeness in *Zootopia* as "Peter Moosebridge." That alone carries legit credibility in Dr. G's book. If you doubt the Disney part, here it is:

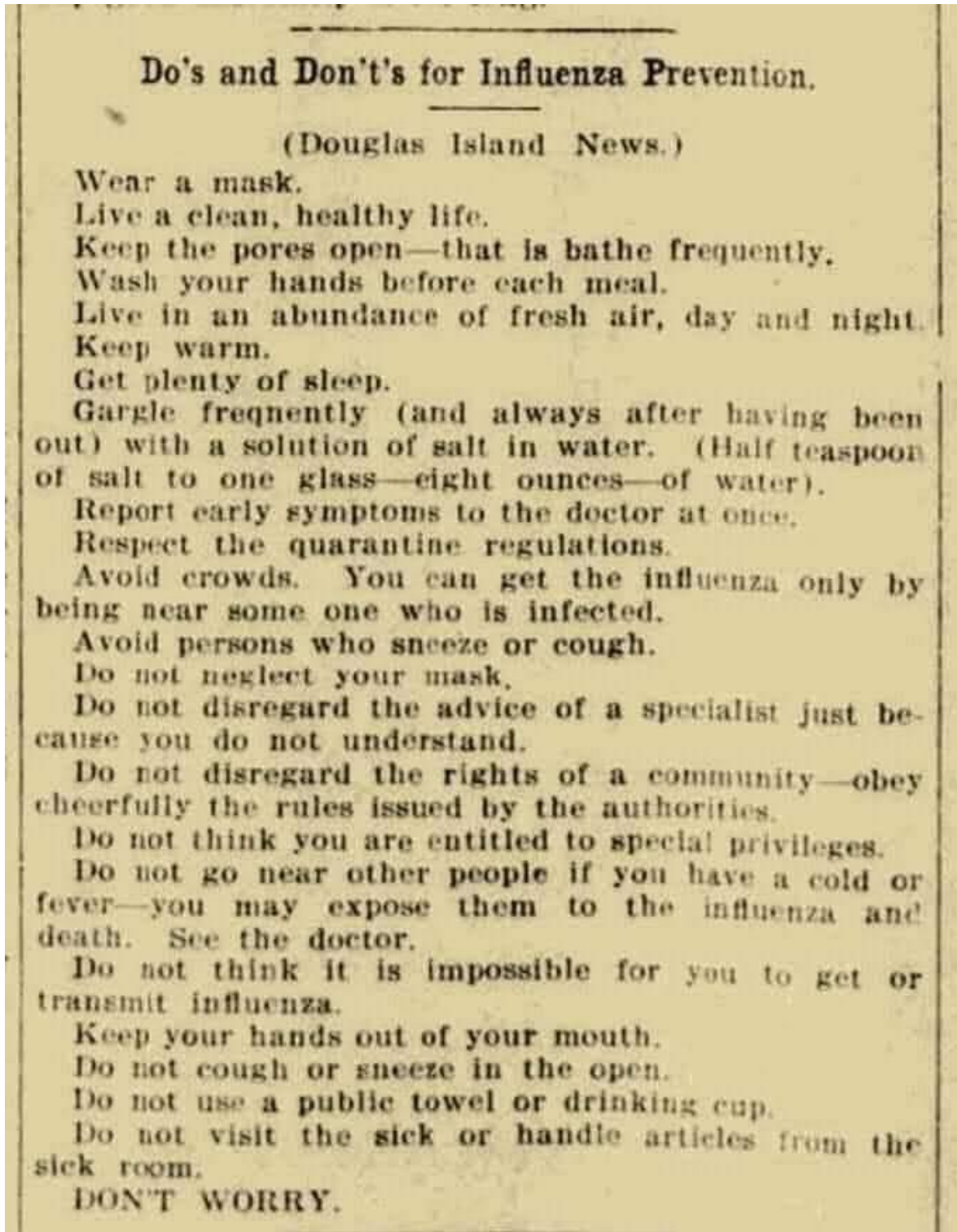


Mansbridge, not Moosebridge, signed off as anchor of "The National" in 2017. Bummer for Dr. G. But then I learned about a podcast generated by COVID-19, *The Bridge Daily*, produced by and starring a one-man team of Mansbridge himself. The first one I listened to was the August 10<sup>th</sup> edition, titled "Has Anything Really Changed? A Remarkable Story From The 1918 Pandemic"

Unlike the first two items in this Update, kick back (maybe with a favorite beverage) and just take it in. I think it will give you some hope that despite all the scientific findings that seem to contradict others, statistics, and chaos, we humans have a way of largely making it through tough infectious times using relatively simple steps. Our ancestors did over a hundred years ago and I believe we can and will too.

Here's links with a picture to follow from a long ago Alaskan newspaper article I learned about from listening to his podcast: <https://www.thepetermansbridge.com/> will take you to the main page and the episode I like is here via Apple: <https://podcasts.apple.com/us/podcast/the-bridge-with-peter-mansbridge/id1478036186?uo=4> or via Spotify: <https://open.spotify.com/show/OrM0fGdhS0m6vPpGN1bw1N>. Either link, choose the August 10<sup>th</sup> show and unless you

are keenly interested in Canadian politics, fast forward to the 5:45 mark. It's only about a 15-minute show from there onward.



*Vigilance. Safety. Evidence-Based Service to Others.*

*Let's be careful out there.*

Dr. Goodloe

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