

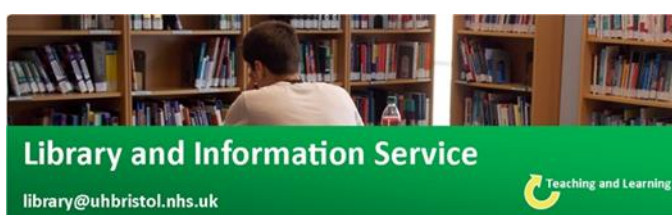
Adult Emergency Medicine

Evidence Update



January 2018
(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

January (13.00-14.00)

4 th (Thu)	Statistics
8 th (Mon)	Literature Searching
18 th (Thu)	Critical Appraisal
24 th (Wed)	Statistics

February (12.00-13.00)

1 st (Thu)	Literature Searching
9 th (Fri)	Critical Appraisal
12 th (Mon)	Statistics
20 th (Tue)	Literature Searching
28 th (Wed)	Critical Appraisal

March (13.00-14.00)

8 th (Thu)	Statistics
12 th (Mon)	Literature Searching
20 th (Tue)	Critical Appraisal
28 th (wed)	Statistics


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Emergency Medicine journals

Click on the hyperlinked title (+ Ctrl) for contents. If you require any of the articles in full please email: library@uhbristol.nhs.uk

Emergency Medicine Journal

January 2018 ; Volume 35 - 1

Annals of Emergency Medicine

January 2018; Volume 71 - Issue 1

Academic Emergency Medicine

December 2017; Volume 24 - Issue 12

European Journal of Emergency Medicine

February 2018; Volume 25 - Issue 1

Departmental News

News, Research, Conferences, Training etc.

Please contact us with any departmental news you wish to share with your colleagues in your Evidence Update bulletin.

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[What's new in emergency medicine](#)

Literature review current through: Dec 2017. | This topic last updated: Jan 15, 2018.

[Anaphylaxis: Emergency treatment](#)

Literature review current through: Dec 2017. | This topic last updated: Dec 05, 2017.

[Emergency care of adults with mechanical circulatory support devices](#)

Literature review current through: Dec 2017. | This topic last updated: Jan 03, 2018.

[Evaluation of the adult with abdominal pain in the emergency department](#)

Literature review current through: Dec 2017. | This topic last updated: Nov 06, 2017.



[Inhaled magnesium sulfate in the treatment of acute asthma](#)

Online Publication Date: November 2017

NICE National Institute for
Health and Care Excellence

[Homelessness and Emergency Medicine: A Review of the Literature](#)

Source: [PubMed](#) - 09 December 2017 - Publisher: Academic Emergency Medicine : Official Journal Of The Society For Academic Emergency Medicine [Read Summary](#)

[Emergency supply of medicines | Medicines guidance](#)

Source: [British National Formulary - BNF](#) - 11 January 2018

[Policy, Practice, and Research Agenda for Emergency Medical Services Oversight: A Systematic Review and Environmental Scan](#)

Source: [PubMed](#) - 02 January 2018 - Publisher: Prehospital And Disaster Medicine [Read Summary](#)

[Preparing for winter](#)

Source: [Royal College of Physicians of London - RCP](#) - 03 November 2017 - Publisher: Royal College of Physicians (RCP) [Read Summary](#)

[Addressing ambulance handover delays: actions for local A&E delivery boards](#)

Source: [NHS Improvement](#) - 30 November 2017

[HS Quality Checkers toolkits: Public engagement – Accident and emergency services: visiting the service guidance](#)

Source: [NHS England](#) - 01 November 2017

Recent Database Articles

If you require full articles please email: library@uhbristol.nhs.uk

Intravenous crystalloid fluid for acute alcoholic intoxication prolongs emergency department length of stay

Author(s): Homma Y.; Numata K.; Mizobe M.; Nakashima Y.; Takahashi J.; Inoue T.; Funakoshi H.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract: Objectives: Acute alcohol intoxication is often treated in emergency departments by intravenous crystalloid fluid (IVF), but it is not clear that this shortens the time to achieving sobriety. The study aim was to investigate the association of IVF infusion and length of stay in the ED.

[ABSTRACT EDITED]

Outpatient Management of Emergency Department Patients With Acute Pulmonary Embolism: Variation, Patient Characteristics, and Outcomes

Author(s): Vinson D.R.; Ballard D.W.; Lin J.S.; Kene M.V.; Sax D.R.; McLachlan D.I.; Clague V.A.

Source: Annals of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract: Study objective: Outpatient management of emergency department (ED) patients with acute pulmonary embolism is uncommon. We seek to evaluate the facility-level variation of outpatient pulmonary embolism management and to describe patient characteristics and outcomes associated with home discharge. **[ABSTRACT EDITED]**

Prediction of Early Adverse Events in Emergency Department Patients With Acute Heart Failure: A Systematic Review

Author(s): Michaud A.M.; Parker S.I.A.; Ganshorn H.; Ezekowitz J.A.; McRae A.D.

Source: Canadian Journal of Cardiology; 2017

Publication Type(s): Article In Press

Abstract: Background: Acute heart failure (AHF) accounts for a substantial proportion of Emergency Department (ED) visits and hospitalizations. Previous studies have shown that emergency physicians' clinical gestalt is not sufficient to stratify patients with AHF into severe and requiring hospitalization vs nonsevere and safe to be discharged. Various prognostic algorithms have been developed to risk-stratify patients with AHF, however there is no consensus as to the best-performing risk assessment tool in the ED. **[ABSTRACT EDITED]**

Immediate Stress Echocardiography for Low-Risk Chest Pain Patients in the Emergency Department: A Prospective Observational Cohort Study

Author(s): Jasani G.; Papas M.; Patel A.J.; Jasani N.; Levine B.; Zhang Y.; Marshall E.S.

Source: Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract: Background: Evaluation and disposition of low-risk chest pain (CP) patients in the emergency department (ED) is time consuming and expensive. Low-risk CP often results in hospital

admission to rule out myocardial infarction, which leads to additional costs and delays. Objective: Our aim was to assess whether an immediate exercise stress echocardiogram (IESE) in the ED will allow safe, efficient, and cost-effective evaluation and discharge of patients with low-risk CP.

[ABSTRACT EDITED]

Emergency department visits in patients with low acuity conditions: Factors associated with resource utilization

Author(s): Pearson C.; Mika V.H.; Imran Ayaz S.; Dunne R.; Levy P.D.; Kim D.S.; Millis S.R.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Objectives: To identify health beliefs of emergency department (ED) patients with low acuity conditions and how these affect ambulance (AMB) utilization. **[ABSTRACT EDITED]**

Intravenous Flecainide for Emergency Department Management of Acute Atrial Fibrillation

Author(s): Markey G.C.; Salter N.; Ryan J.

Source: Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Background: Atrial fibrillation (AF) is the most commonly encountered dysrhythmia in the emergency department, and its prevalence is increasing. A substantial proportion of these patients have recent-onset AF (<48 h). The poor prognosis associated with AF is being increasingly recognized, and there is some evidence for better outcomes in younger patients with recent-onset AF when sinus rhythm is restored. Flecainide is recommended in the latest international guidelines for cardioversion of recent-onset AF, but its safety and efficacy relative to other recommended agents are unclear. Objective: Our aim was to clarify the Level 1 evidence for the use of i.v. flecainide in acute AF. **[ABSTRACT EDITED]**

Evaluation of a Low-risk Mild Traumatic Brain Injury and Intracranial Hemorrhage Emergency Department Observation Protocol

Author(s): Yun B.J.; Borczuk P.; Wang L.; Dorner S.; White B.A.; Raja A.S.

Source: Academic Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Objectives: Among emergency physicians, there is wide variation in admitting practices for patients who suffered a mild traumatic brain injury (TBI) with an intracranial hemorrhage (ICH). The purpose of this study was to evaluate the effects of implementing a protocol in the emergency department (ED) observation unit for patients with mild TBI and ICH. **[ABSTRACT EDITED]**

Diagnosing centrally located pulmonary embolisms in the emergency department using point-of-care ultrasound

Author(s): Dwyer K.H.; Rempell J.S.; Stone M.B.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Objective: The study objective was to investigate the combined accuracy of right heart strain on focused cardiac ultrasound (FOCUS) and deep vein thrombosis (DVT) on compression

ultrasound (CUS) for identification of centrally located pulmonary embolism (PE) diagnosed on computed tomography pulmonary angiography (CTPA). [ABSTRACT EDITED]

The use of intranasal analgesia for acute pain control in the emergency department: A literature review

Author(s): Sin B.; Wiafe J.; Ciaramella C.; Valdez L.; Motov S.M.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Background: Traditional routes for administration of pain medications include oral (PO), intravenous (IV), or intramuscular routes (IM). When these routes are not feasible, the intranasal (IN) route may be considered. The objectives of this evidence-based review were: to review the literature which compared the safety and efficacy of IN analgesia to traditional routes and to determine if IN analgesia should be considered over traditional routes for acute pain control in the ED. [ABSTRACT EDITED]

Analgosedative interventions after rapid sequence intubation with rocuronium in the emergency department

Author(s): Kilber E.; Jarrell D.H.; Edwards C.J.; Sakles J.C.; Patanwala A.E.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Objectives: The use of etomidate and rocuronium for rapid sequence intubation (RSI) results in a duration of paralysis that exceeds the duration of sedation. The primary objective of this study was to compare the number of analgosedative (AGS) interventions early versus late post-RSI, with this drug combination. The secondary objective was to descriptively assess time to first AGS intervention. [ABSTRACT EDITED]

Gestalt for shock and mortality in the emergency department: A prospective study

Author(s): Li Y.-L.; Mo J.-R.; Lin P.-Y.; Chen X.-H.; Cheng N.-M.; Chan S.S.W.; Graham C.A.; Rainer T.H.

Source: American Journal of Emergency Medicine; 2017

Publication Type(s): Article In Press

Abstract:Objective: The diagnosis of shock in patients presenting to the emergency department (ED) is often challenging. We aimed to compare the accuracy of experienced emergency physician gestalt against Li's pragmatic shock (LiPS) tool for predicting the likelihood of shock in the emergency department, using 30-day mortality as an objective standard. [ABSTRACT EDITED]

Can Diastolic Blood Pressure Decrease in Emergency Department Setting be Anticipated?

Author(s): Ayalon-Dangur I.; Shiber S.; Grossman A.; Shochat T.

Source: High Blood Pressure and Cardiovascular Prevention; Dec 2017; vol. 24 (no. 4); p. 387-392

Publication Type(s): Article

Abstract:Introduction: There are no obvious guidelines for therapy of elevated blood pressure (BP) in the emergency department (ED). Diastolic BP is probably more difficult to control compared with systolic BP. Aim: To characterize patients who respond with a significant decrease in diastolic BP in the ED, whether treated or not. [ABSTRACT EDITED]

The incidence and predictors of recurrence after first seizure in emergency department and outcomes: A retrospective study in an university hospital

Author(s): Praipanapong A.; Sathirapanya P.; Kongkamol C.

Source: Epilepsia; Dec 2017; vol. 58

Publication Type(s): Conference Abstract

Abstract: Purpose: The risk factors of seizure recurrence after first seizure have been generally studied. However, the risks and outcomes among adult and elderly attending emergency services have been scarcely reported. The authors aimed to demonstrate the risk factors of seizure recurrence after the first seizure presenting to emergency department (ED) among adult and elderly patients, as well as their final outcomes. Method: The patients presented with first seizure at ED between January 2003 and December 2016 were recruited for this retrospective cohort study. Final seizure outcomes were evaluated by Glasgow outcome scale (1-3 unfavorable; 4-5 favorable). Risk factors associated with seizure recurrence and final outcomes were assessed using Cox's proportional hazard analysis and multiple logistic regression. Results: A total of 414 patients were recruited. They comprised of 267 adults (aged 16-64 years) and 147 elderly (aged ≥ 65 years) presented to ED with first seizure. The Incidence of recurrent seizure at 6 months, 1 year and 2 years were 0.63 (95%CI 0.54-0.71), 0.76 (95%CI 0.67-0.83) and 0.94 (95% CI 0.88-0.97) respectively. Independent predictors of seizure recurrence were remote symptomatic etiology (adjusted HR = 2.21, 95%CI 1.38-3.55) and nocturnal seizure onset (Adjusted HR = 1.53, 95%CI 1.03-2.26). The factors predicted unfavorable final outcome were remote symptomatic etiology (adjusted OR 2.34, 95%CI 1.25-4.37), and age ≥ 65 years (adjusted OR 4.35, 95% CI 2.42-7.83). The anti-epileptic drug (AED) treatment was associated with unfavorable outcome. Conclusion: Remote symptomatic etiology had significant association with seizure recurrence and poor outcome. However, advanced age associated merely with poor outcomes. The unfavorable outcomes of AED use might be related to presenting clinical severity.

Quick sequential organ failure assessment compared to systemic inflammatory response syndrome for predicting sepsis in emergency department

Author(s): Park H.K.; Kim M.C.; Jung W.; Ko B.S.; Kim W.Y.

Source: Journal of Critical Care; Dec 2017; vol. 42 ; p. 12-17

Publication Type(s): Article

Abstract: Purpose It is unclear whether quick sequential (sepsis-related) organ failure assessment (qSOFA) also has prognostic value for organ failure in patients with a suspected infection. The aim of this study was to determine whether qSOFA has prognostic value when compared to systemic inflammatory response syndrome (SIRS) in predicting organ failure in patients with a suspected infection in an emergency department (ED). **[ABSTRACT EDITED]**

Endothelial glycocalyx biomarkers increase in patients with infection during Emergency Department treatment

Author(s): Smart L.; Macdonald S.P.J.; Bosio E.; Arendts G.; Fatovich D.M.; Burrows S.

Source: Journal of Critical Care; Dec 2017; vol. 42 ; p. 304-309

Publication Type(s): Article

Abstract: Purpose Endothelial glycocalyx (EG) shedding may promote organ failure in sepsis. This study describes temporal changes in EG biomarkers from Emergency Department (ED) arrival, and associations with clinical characteristics. **[ABSTRACT EDITED]**

A "Code ICU" expedited review of critically ill patients is associated with reduced emergency department length of stay and duration of mechanical ventilation

Author(s): Durie M.L.; Darvall J.N.; Hadley D.A.; Tacey M.A.

Source: Journal of Critical Care; Dec 2017; vol. 42 ; p. 123-128

Publication Type(s): Article

Abstract: Purpose To examine the effect of a system of expedited review of critically ill patients in the Emergency Department (ED) on ED length of stay (LOS) and Intensive Care Unit (ICU) outcomes. [ABSTRACT EDITED]

Comments on: blood product transfusion in emergency department patients: a case control study of practice patterns and impact on outcome

Author(s): Karami M.; Khazaei S.

Source: International Journal of Emergency Medicine; Dec 2017; vol. 10 (no. 1)

Publication Type(s): Letter

Available at [International Journal of Emergency Medicine](#) - from EBSCO (CINAHL with Full Text)

Abstract: Clinical decision makings according studies result require the valid and correct data collection, and analysis. However, there are some common methodological and statistical issues which may ignore by authors. In individual matched case- control design bias arising from the unconditional analysis instead of conditional analysis. Using an unconditional logistic for matched data causes the imposition of a large number of nuisance parameters which may result in seriously biased estimates. Copyright © 2017, The Author(s).

Is the Pelvic Examination Still Crucial in Patients Presenting to the Emergency Department With Vaginal Bleeding or Abdominal Pain When an Intrauterine Pregnancy Is Identified on Ultrasonography? A Randomized Controlled Trial

Author(s): Linden J.A.; Feldman J.A.; Reid M.; Desormeau E.; Mitchell P.M.; Grimmnitz B.

Source: Annals of Emergency Medicine; Dec 2017; vol. 70 (no. 6); p. 825-834

Publication Type(s): Conference Paper

Abstract: Study objective We determine whether omitting the pelvic examination in emergency department (ED) evaluation of vaginal bleeding or lower abdominal pain in ultrasonographically confirmed early intrauterine pregnancy is equivalent to performing the examination. Methods We conducted a prospective, open-label, randomized, equivalence trial in pregnant patients presenting to the ED from February 2011 to November 2015. Patients were randomized to no pelvic examination versus pelvic examination. Inclusion criteria were aged 18 years or older, English speaking, vaginal bleeding or lower abdominal pain, positive beta-human chorionic gonadotropin result, and less than 16-week intrauterine pregnancy by ultrasonography. Thirty-day record review and follow-up call assessed for composite morbidity endpoints (unscheduled return, subsequent admission, emergency procedure, transfusion, infection, and alternate source of symptoms). Wilcoxon rank sum tests were used to assess patient satisfaction and throughput times. Results Only 202 (of a planned 720) patients were enrolled, despite extension of the study enrollment period. The composite morbidity outcome was experienced at similar rates in the intervention (no pelvic examination) and control (pelvic examination) groups (19.6% versus 22.0%; difference -2.4%; 90% confidence interval [CI] -11.8% to 7.1%). Patients in the intervention group were less likely to report feeling uncomfortable or very uncomfortable during the visit (11.2% versus 23.7%; difference -12.5; 95% CI -23.0% to -2.0%). Conclusion Although there was only a small difference between the percentage of patients experiencing the composite morbidity endpoint in the 2 study groups (2.4%),

the resulting 90% CI was too wide to conclude equivalence. This may have been due to insufficient power. Patients assigned to the pelvic examination group reported feeling uncomfortable more frequently. Copyright © 2017 American College of Emergency Physicians

Comparative Effectiveness of Patient-Controlled Analgesia for Treating Acute Pain in the Emergency Department

Author(s): Bijur P.E.; Chang A.K.; White D.; Restivo A.; Persaud S.; Gallagher E.J.; Birnbaum A.J.

Source: Annals of Emergency Medicine; Dec 2017; vol. 70 (no. 6); p. 809

Publication Type(s): Article

Abstract:Study objective We assess the effectiveness of patient-controlled analgesia in the emergency department (ED). We hypothesized that decline in pain intensity from 30 to 120 minutes after initial intravenous opioid administration is greater in patients receiving morphine by patient-controlled analgesia compared with usual care and would differ by a clinically significant amount. **[ABSTRACT EDITED]**

Physician, Interrupted: Workflow Interruptions and Patient Care in the Emergency Department

Author(s): Blocker R.C.; Forsyth K.L.; Hawthorne H.J.; El-Sherif N.; Pasupathy K.S.; Hallbeck M.S

Source: Journal of Emergency Medicine; Dec 2017; vol. 53 (no. 6); p. 798-804

Publication Type(s): Article

Abstract:Background It is unclear how workflow interruptions impact emergency physicians at the point of care. Objectives Our study aimed to evaluate interruption characteristics experienced by academic emergency physicians. **[ABSTRACT EDITED]****Prognostic accuracy of SIRS criteria, qSOFA score and GYM score for 30-day-mortality in older non-severely dependent infected patients attended in the emergency department**

Author(s): Gonzalez del Castillo J.; Garcia-Lamberechts E.J.; Martin-Sanchez F.J.; Julian-Jimenez A.

Source: European Journal of Clinical Microbiology and Infectious Diseases; Dec 2017; vol. 36 (no. 12); p. 2361-2369

Publication Type(s): Article

Abstract:The aim of this study was to determine the accuracy of systemic inflammatory response syndrome (SIRS), quick Sepsis-related Organ Failure Assessment (qSOFA) score and GYM score to predict 30-day mortality in older non-severely dependent patients attended for an episode of infection in the emergency department (ED). We performed an analytical, observational, prospective cohort study including patients 75 years of age or older, without severe functional dependence, attended for an infectious process in 69 Spanish EDs for 2-day three-seasonal periods. Demographic, clinical and analytical data were collected. The primary outcome was 30-day mortality after the index event. **[ABSTRACT EDITED]**

Lactate \geq 2 mmol/L plus qSOFA improves utility over qSOFA alone in emergency department patients presenting with suspected sepsis

Author(s): Shetty A.; Iredell J.; MacDonald S.P.J.; Williams J.M.; Greenslade J.; van Bockxmeer J.

Source: EMA - Emergency Medicine Australasia; Dec 2017; vol. 29 (no. 6); p. 626-634

Publication Type(s): Article

Abstract:Objective: The Sepsis-3 task force recommends the use of the quick Sequential Organ Failure Assessment (qSOFA) score to identify risk for adverse outcomes in patients presenting with suspected infection. Lactate has been shown to predict adverse outcomes in patients with suspected

infection. The aim of the study is to investigate the utility of a post hoc lactate threshold (≥ 2 mmol/L) added qSOFA score (LqSOFA(2) score) to predict primary composite adverse outcomes (mortality and/or ICU stay ≥ 72 h) in patients presenting to ED with suspected sepsis.

A multi-hospital analysis of predictors of oral anticoagulation prescriptions for patients with actionable atrial fibrillation who attend the emergency department

Author(s): Scott-Herridge J.A.; Drobot G.; Seifer C.M.; McIntyre W.F.; Steigerwald R.

Source: Acute Cardiac Care; Dec 2017 ; p. 1-8

Publication Type(s): Article In Press

Abstract: Atrial fibrillation (AF) is the most common arrhythmia and is associated with an increase in the risk of ischemic stroke. The risk of stroke can be significantly decreased by oral anticoagulation (OAC). Our objective was to characterize the filling of OAC prescriptions for patients with actionable AF (new or existing AF with an indication for OAC but not prescribed) and determine the prevalence and predictors of guideline-appropriate therapy at 30 days. This is a multi-hospital, retrospective cohort study of patients who visited the Emergency Department (ED) and had a discharge diagnosis of AF. Patient records were examined to identify demographics, risk factors, and prescription data. Predictors of filling a prescription at 30 days were analyzed. 788 patients with AF were reviewed. 257 patients had actionable AF. Forty one percent (104) had newly diagnosed AF. The mean CHADS₂ score was 2 +/- 1. At 30 days after discharge, 25.7% of patients filled a prescription for OAC therapy. Large numbers of patients attending the ED have actionable AF, but rates of guideline-directed OAC at thirty days are low. Only a prescription written by the ED physician (OR 9.89) and documentation of stroke risk stratification in the patients' chart (OR 4.09) were associated with the primary outcome. Copyright © 2017 Taylor & Francis

Do antiemetic drugs benefit adult emergency department patients with nausea? The literature says no, but is it right?

Author(s): Meek R.; Graudins A.

Source: EMA - Emergency Medicine Australasia; Dec 2017; vol. 29 (no. 6); p. 736-739

Publication Type(s): Article

Abstract: Nausea is a common problem in ED patients. Antiemetic drugs have been used in the ED for decades, but a recent Cochrane review found no convincing evidence for the benefit of antiemetic drugs over placebo. This was largely based on three placebo-controlled trials, which found mean Visual Analog Scale (VAS) changes for various drugs and placebo, to be similar. However, reliance on mean VAS change as the primary outcome measure has probably been a mistake. It does not give information on the number of improved patients, so these cannot be compared between groups. Alternative primary outcome measures warrant further exploration. Use of a VAS cut-off level indicative of clinically significant symptom improvement would allow comparison of numbers of patients with improved nausea ratings. This is proposed as the best option currently available. Preliminary testing of this outcome measure suggests that the conclusions of past studies may be misleading, and that the question of antiemetic efficacy for ED patients is not yet answered. Copyright © 2017 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine

Panic Disorder in Patients Presenting to the Emergency Department With Chest Pain: Prevalence and Presenting Symptoms

Author(s): Greenslade J.H.; Hawkins T.; Cullen L.; Parsonage W.

Source: Heart Lung and Circulation; Dec 2017; vol. 26 (no. 12); p. 1310-1316

Publication Type(s): Article

Abstract:Background Patients with panic disorder experience symptoms such as palpitations, chest pain, dizziness, and breathlessness. Consequently, they may attend the Emergency Department (ED) to be assessed for possible emergency medical conditions. Recognition of panic disorder within the ED is low. We sought to establish the prevalence of panic disorder in patients presenting for ED investigation of potential acute coronary syndrome. We also sought to characterise the cohort of patients with panic disorder in terms of presenting symptoms, risk factors, medical history and major adverse cardiac events (MACE). **[ABSTRACT EDITED]**

High quality of evidence is uncommon in Cochrane systematic reviews in Anaesthesia, Critical Care and Emergency Medicine

Author(s): Conway A.; Conway Z.; Soalheira K.; Sutherland J.

Source: European Journal of Anaesthesiology; Dec 2017; vol. 34 (no. 12); p. 808-813

Publication Type(s): Article

Available at [European Journal of Anaesthesiology](#) - from nih.gov

Abstract:BACKGROUND The association between the quality of evidence in systematic reviews and authors' conclusions regarding the effectiveness of interventions relevant to anaesthesia has not been examined. OBJECTIVE The objectives of this study were: To determine the proportion of systematic reviews in which the authors made a conclusive statement about the effect of an intervention; to describe the quality of evidence derived from outcomes in reviews that used the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) working group system for grading the quality of evidence; and to identify review characteristics associated with conclusiveness. **[ABSTRACT EDITED]**

Impact of a brief intervention on reducing alcohol use and increasing alcohol treatment services utilization among alcohol- and drug-using adult emergency department patients

Author(s): Merchant R.C.; Baird J.R.; Romanoff J.; Zhang Z.; Liu T.

Source: Alcohol; Dec 2017; vol. 65 ; p. 71-80

Publication Date: Dec 2017

Abstract:Most previous brief intervention (BI) studies have focused on alcohol or drug use, instead of both substances. Our primary aim was to determine if an alcohol- and drug-use BI reduced alcohol use and increased alcohol treatment services utilization among adult emergency department (ED) patients who drink alcohol and require an intervention for their drug use. Our secondary aims were to assess when the greatest relative reductions in alcohol use occurred, and which patients (stratified by need for an alcohol use intervention) reduced their alcohol use the most. In this secondary analysis, we studied a sub-sample of participants from the Brief Intervention for Drug Misuse in the Emergency Department (BIDMED) randomized, controlled trial of a BI vs. no BI, whose responses to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) indicated a need for a BI for any drug use, and who also reported alcohol use. **[ABSTRACT EDITED]**

Tobacco dependence treatment in the emergency department: A randomized trial using the Multiphase Optimization Strategy.

Author(s): Bernstein, Steven L; Dziura, James; Weiss, June; Miller, Ted; Vickerman, Katrina A

Source: Contemporary clinical trials; Dec 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Tobacco dependence remains the leading preventable cause of death in the developed world. Smokers are disproportionately from lower socioeconomic groups, and may use the hospital emergency department (ED) as an important source of care. A recent clinical trial demonstrated the efficacy of a multicomponent intervention to help smokers quit, but the independent contributions of those components is unknown. **[ABSTRACT EDITED]**

Association of socioeconomic status with outcomes in older adult community-dwelling patients after visiting the emergency department: a retrospective cohort study.

Author(s): Wachelder, Joyce J H; van Drunen, Isabelle; Stassen, Patricia M; Brouns, Steffie H A

Source: BMJ open; Dec 2017; vol. 7 (no. 12); p. e019318

Publication Type(s): Journal Article

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Abstract:OBJECTIVES Older adults frequently visit the emergency department (ED). Socioeconomic status (SES) has an important impact on health and ED utilisation; however, the association between SES and ED utilisation in elderly remains unclear. The aim of this study was to investigate the association between SES in older adult patients visiting the ED on outcomes. **[ABSTRACT EDITED]**

Emergency department waiting room nurses in practice: an observational study.

Author(s): Innes, Kelli; Elliott, Doug; Plummer, Virginia; Jackson, Debra

Source: Journal of clinical nursing; Dec 2017

Publication Type(s): Journal Article

Abstract:AIM To identify the activities and behaviours of waiting room nurses in emergency department settings. BACKGROUND Emergency care has expanded into waiting rooms in some emergency departments. Often viewed as an adjunct to triage, the aim of waiting room nurses is to commence care early, reassess patients and improve communication between patients, families and staff. There is however a paucity of literature relating to waiting room nurses, especially in relation to their current activities and behaviours. DESIGN AND **[ABSTRACT EDITED]**

Falls efficacy, postural balance, and risk for falls in older adults with falls-related emergency department visits: prospective cohort study.

Author(s): Pua, Yong-Hao; Ong, Peck-Hoon; Clark, Ross Allan; Mather, David B; Lim

Source: BMC geriatrics; Dec 2017; vol. 17 (no. 1); p. 291

Publication Type(s): Journal Article

Available at [BMC geriatrics](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND Risk for falls in older adults has been associated with falls efficacy (self-perceived confidence in performing daily physical activities) and postural balance, but available evidence is limited and mixed. We examined the interaction between falls efficacy and postural balance and its association with future falls. We also investigated the association between falls efficacy and gait decline. **[ABSTRACT EDITED]**

Material Needs of Emergency Department Patients: A Systematic Review.

Author(s): Malecha, Patrick W; Williams, James H; Kunzler, Nathan M; Goldfrank, Lewis R

Source: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine; Dec 2017

Publication Type(s): Journal Article

Abstract:BACKGROUNDInterest in social determinants of health (SDOH) has expanded in recent years, driven by a recognition that such factors may influence health outcomes, services use, and health care costs. One subset of SDOH is material needs such as housing and food. We conducted a systematic review of the literature on material needs among emergency department (ED) patients in the United States. **[ABSTRACT EDITED]**

Protocolized Laboratory Screening for the Medical Clearance of Psychiatric Patients in the Emergency Department: A Systematic Review.

Author(s): Conigliaro, Alyssa; Benabbas, Roshanak; Schnitzer, Eric; Janairo, Maria-Pamela

Source: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine; Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVEEmergency department (ED) patients with psychiatric chief complaints undergo medical screening to rule out underlying or comorbid medical illnesses prior to transfer to a psychiatric facility. This systematic review attempts to determine the clinical utility of protocolized laboratory screening for the streamlined medical clearance of ED psychiatric patients by determining the clinical significance of individual laboratory results. **[ABSTRACT EDITED]**

Transition in care from paramedics to emergency department nurses: a systematic review protocol.

Author(s): Reay, Gudrun; Norris, Jill M; Alix Hayden, K; Abraham, Joanna; Yokom, Katherine;

Source: Systematic reviews; Dec 2017; vol. 6 (no. 1); p. 260

Publication Type(s): Journal Article

Available at [Systematic reviews](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUNDEffective and efficient transitions in care between emergency medical services (EMS) practitioners and emergency department (ED) nurses is vital as poor clinical transitions in care may place patients at increased risk for adverse events such as delay in treatment for time sensitive conditions (e.g., myocardial infarction) or worsening of status (e.g., sepsis). Such transitions in care are complex and prone to communication errors primarily caused by misunderstanding related to divergent professional perspectives leading to misunderstandings that are further susceptible to contextual factors and divergent professional lenses. In this systematic review, we aim to examine (1) factors that mitigate or improve transitions in care specifically from EMS practitioners to ED nurses, and (2) effectiveness of interventional strategies that lead to improvements in communication and fewer adverse events. **[ABSTRACT EDITED]**

Association Between Partial Pressure of Arterial Carbon Dioxide and Survival to Hospital Discharge Among Patients Diagnosed With Sepsis in the Emergency Department.

Author(s): Roberts, Brian W; Mohr, Nicholas M; Ablordeppey, Enyo; Drewry, Anne M

Source: Critical care medicine; Dec 2017

Publication Type(s): Journal Article

Available at [Critical care medicine](#) - from Ovid (Journals @ Ovid)

Abstract:OBJECTIVEThe objective of this study was to test the association between the partial pressure of arterial carbon dioxide and survival to hospital discharge among mechanically ventilated

patients diagnosed with sepsis in the emergency department. DESIGN Retrospective cohort study of a single center trial registry. **[ABSTRACT EDITED]**

Effectiveness of implementing evidence based interventions to reduce c-spine image ordering in the emergency department: a systematic review.

Author(s): Desai, Shashwat; Liu, Chaocheng; Kirkland, Scott W; Krebs, Lynette D

Source: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine; Dec 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVES Appropriate use of imaging for adult patients with cervical spine (C-spine) injuries in the emergency department (ED) is a longstanding issue. Guidance for C-spine ordering exists; however, the effectiveness of the decision support implementation in the ED is not well studied. This systematic review examines the implementation and effectiveness of evidence-based interventions aimed at reducing C-spine imaging in adults presenting to the ED with neck trauma. **[ABSTRACT EDITED]**

Key High Efficiency Practices of Emergency Department Providers: A Mixed Methods Study.

Author(s): Bobb, Morgan R; Ahmed, Azeemuddin; Van Heukelom, Paul; Tranter, Rachel;

Source: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine; Dec 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE The objective of this study was to determine specific provider practices associated with high provider efficiency in community emergency departments (EDs). **[ABSTRACT EDITED]**

Intravenous versus oral paracetamol for acute pain in adults in the emergency department setting: a prospective, double-blind, double-dummy, randomised controlled trial.

Author(s): Furyk, Jeremy; Levas, Deahnne; Close, Benjamin; Laspina, Kathryn; Fitzpatrick, Meghan

Source: Emergency medicine journal : EMJ; Dec 2017

Publication Type(s): Journal Article

Available at [Emergency medicine journal : EMJ](#) - from BMJ Journals - NHS

Abstract: OBJECTIVE To determine if intravenous paracetamol was superior to oral paracetamol as an adjunct to opioids in the management of moderate to severe pain in the ED setting. **[ABSTRACT EDITED]**

Symptoms Reported by Frail Elderly Adults Independently Predict 30-Day Hospital Readmission or Emergency Department Care.

Author(s): Borkenhagen, Lynn S; McCoy, Rozalina G; Havyer, Rachel D; Peterson, Stephanie M; Naessens, James M; Takahashi, Paul Y

Source: Journal of the American Geriatrics Society; Dec 2017

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 29231962

Abstract:OBJECTIVE To assess the degree to which self-reported symptoms predict unplanned readmission or emergency department (ED) care within 30 days of high-risk, elderly adults enrolled in a posthospitalization care transition program (CTP). **[ABSTRACT EDITED]**

Modification of the Thrombolysis in Myocardial Infarction risk score for patients presenting with chest pain to the emergency department.

Author(s): Greenslade, Jaimi H; Chung, Kimberly; Parsonage, William A; Hawkins, Tracey

Source: Emergency medicine Australasia : EMA; Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVE To develop a modified Thrombolysis in Myocardial Infarction (TIMI) score to effectively risk stratify patients presenting to the ED with chest pain. **[ABSTRACT EDITED]**

Screening for frailty in older emergency department patients: The utility of the Survey of Health, Ageing and Retirement in Europe Frailty Instrument (SHARE-FI).

Author(s): Fallon, Aoife; Kilbane, Lorna; Briggs, Robert; Dyer, Adam; Nabeel, Shamis;

Source: QJM : monthly journal of the Association of Physicians; Dec 2017

Publication Type(s): Journal Article

PubMedID: 29237068

Abstract:Background Greater numbers of older patients are accessing hospital services. Specialist geriatric input at presentation may improve outcomes for at-risk patients. The SHARE-FI (Survey of Health, Ageing and Retirement in Europe Frailty Instrument) frailty measure, developed for use in the community, has also been used in the emergency department (ED). Aim To measure frailty, review its prevalence in older patients presenting to ED and compare characteristics and outcomes of frail patients with their non-frail counterparts. **[ABSTRACT EDITED]**

Sexual HIV risk behavior outcomes of brief interventions for drug use in an inner-city emergency department: Secondary outcomes from a randomized controlled trial.

Author(s): Bonar, Erin E; Walton, Maureen A; Barry, Kristen L; Bohnert, Amy S B;

Source: Drug and alcohol dependence; Dec 2017; vol. 183 ; p. 217-224

Publication Type(s): Journal Article

Abstract:BACKGROUND Drug use is an established risk factor for HIV. Brief Interventions (BIs) targeting reductions in both drug use and HIV risk behaviors may help curtail these related epidemics. The present study evaluates the impact of BIs for drug use and HIV risk reduction on sexual HIV risk behaviors among a primarily marijuana-using sample during a 12-month post-intervention follow-up period. **[ABSTRACT EDITED]**

Applying the Ottawa subarachnoid haemorrhage rule on a cohort of emergency department patients with headache.

Author(s): Chu, Kevin H; Keijzers, Gerben; Furyk, Jeremy S; Eley, Robert M; Kinnear, Frances B

Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVE The Ottawa subarachnoid haemorrhage (SAH) rule suggests that alert patients older than 15 years with a severe nontraumatic headache reaching maximum intensity within 1 h and absence of high-risk variables effectively have a SAH ruled out. We aimed to determine the

proportion of emergency department (ED) patients with any headache fulfilling the entry criteria for the Ottawa SAH rule. **[ABSTRACT EDITED]**

Safety Concerns with Thoracoabdominal Acupuncture: Experience at a Tertiary-Care Emergency Department.

Author(s): Lee, Hak Jin; Kim, Youn-Jung; Kim, Won Young

Source: Pain medicine (Malden, Mass.); Dec 2017; vol. 18 (no. 12); p. 2504-2508

Publication Type(s): Journal Article

Abstract:ObjectiveTo evaluate serious complications caused by acupuncture treatment and to increase awareness of this complication. **[ABSTRACT EDITED]**

A Review of the Management of Loss of Pregnancy in the Emergency Department.

Author(s): Punches, Brittany E; Johnson, Kimberly D; Gillespie, Gordon L; Acquavita, Shauna A

Source: Journal of emergency nursing: JEN : official publication of the Emergency Department Nurses Association; Dec 2017

Publication Type(s): Journal Article

Abstract:INTRODUCTIONWomen frequently seek ED care for complications in early pregnancy, including loss of pregnancy. This review evaluates the current literature and discusses the care of patients experiencing loss of pregnancy in the emergency department. **[ABSTRACT EDITED]**

Blood product transfusion in emergency department patients: a case-control study of practice patterns and impact on outcome.

Author(s): Beyer, Alexander; Rees, Ryan; Palmer, Christopher; Wessman, Brian T; Fuller, Brian M

Source: International journal of emergency medicine; Dec 2017; vol. 10 (no. 1); p. 5

Publication Type(s): Journal Article

Available at [International journal of emergency medicine](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUNDBlood product transfusion occurs in a significant percentage of intensive care unit (ICU) patients. Pulmonary complications, such as acute respiratory distress syndrome (ARDS), occurring in the setting of transfusion, are associated with increased morbidity and mortality. Contrary to the ICU setting, there is little evidence describing the epidemiology of transfusion in the emergency department (ED) or its potential impact on outcome. The objectives of this study were to: (1) characterize transfusion practices in the ED with respect to patient characteristics and pre-transfusion laboratory values; and (2) investigate the effect of ED blood product transfusion on the incidence of pulmonary complications after admission. We hypothesized that blood product transfusion would increase the event rate for pulmonary complications, and have a negative impact on other clinically significant outcomes. **[ABSTRACT EDITED]**

The effectiveness of rapid sequence intubation (RSI) versus non-RSI in emergency department: an analysis of multicenter prospective observational study.

Author(s): Okubo, Masashi; Gibo, Koichiro; Hagiwara, Yusuke; Nakayama, Yukiko; Hasegawa, Kohei; Japanese Emergency Medicine Network Investigators

Source: International journal of emergency medicine; Dec 2017; vol. 10 (no. 1); p. 1

Publication Type(s): Journal Article

Available at [International journal of emergency medicine](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Although rapid sequence intubation (RSI) is the method of choice in emergency department (ED) airway management, data to support the use of RSI remain scarce. We sought to compare the effectiveness of airway management between RSI and non-RSI (intubation with sedative agents only or without medications) in the ED. **[ABSTRACT EDITED]**

Comparison of clinical-based and ECG-based triage of acute chest pain in the Emergency Department.

Author(s): Dechamps, Melanie; Castanares-Zapatero, Diego; Berghe, Patrick Vanden;

Source: Internal and emergency medicine; Dec 2017; vol. 12 (no. 8); p. 1245-1251

Publication Type(s): Journal Article

Abstract:In the Emergency Department, chest pain triage systems are based on either clinical features or ECG recording. In this prospective, single-center, observational study, we aimed to compare the diagnostic performance of these triage systems in distinguishing acute coronary syndromes (ACS) from diseases of mild severity. **[ABSTRACT EDITED]**

NIV by an interdisciplinary respiratory care team in severe respiratory failure in the emergency department limited to day time hours.

Author(s): Horvath, Christian Michael; Brutsche, Martin Hugo; Schoch, Otto Dagobert

Source: Internal and emergency medicine; Dec 2017; vol. 12 (no. 8); p. 1215-1223

Publication Type(s): Journal Article

Abstract:Non-invasive ventilatory support is frequently used in patients with severe respiratory failure (SRF), but is often limited to intensive care units (ICU). We hypothesized that an instantaneous short course of NIV (up to 2 h), limited to regular working hours as an additional therapy on the emergency department (ED) would be feasible and could improve patient's dyspnoea measured by respiratory rate and Borg visual dyspnea scale. NIV was set up by an interdisciplinary respiratory care team. Outside these predefined hours NIV was performed in the ICU. This is an observational cohort study over 1 year in the ED in a non-university hospital. **[ABSTRACT EDITED]**

The time-sensitive challenge of diagnosing spinal epidural abscess in the emergency department.

Author(s): Alerhand, Stephen; Wood, Sumintra; Long, Brit; Koyfman, Alex

Source: Internal and emergency medicine; Dec 2017; vol. 12 (no. 8); p. 1179-1183

Publication Type(s): Journal Article Review

Abstract:Spinal epidural abscess (SEA) is a rare but devastating condition. Entry of infectious contents into the epidural space occurs via contiguous infected tissue, hematogenous spread, or iatrogenic inoculation. Traditionally, emergency providers are taught to assess for the "classic triad" of spinal pain, fever, and neurological deficits, but this constellation of findings is seen in only 10-15% of cases. Delays in diagnosis and treatment of this condition directly correspond to worse, and often debilitating, outcomes for these patients. This review will demonstrate the challenges of diagnosing SEA, describe key diagnostic pitfalls, and present a model and framework for its evaluation. **[ABSTRACT EDITED]**

26 Protocol for the upcoming study: patient input monitoring of pain in the emergency room: novel electronic log (PIMPERNEL): a randomised controlled trial of an electronic pain score display in adults in the emergency department.

Author(s): Thornton, Hilary; Coats, Timothy

Source: Emergency medicine journal : EMJ; Dec 2017; vol. 34 (no. 12); p. A878

Publication Type(s): Journal Article

Available at [Emergency medicine journal : EMJ](#) - from BMJ Journals - NHS

Abstract:BACKGROUND Patient surveys and research have shown that Emergency Department attendees do not receive adequate analgesia. Pain monitoring has not been automated and usually involves a member of staff asking the patient to rate their score with no continuous record, often no specific place to record it and no automated alarm system for scores outside accepted parameters. Few patients have regular monitoring of their pain and our own preliminary research showed that over one week only 58% of patients with moderate to severe pain had a second or subsequent score recorded. EQUIPMENT A small pain monitoring display has been developed at the University of Leicester and acts as an electronic version of the 11 point numerical rating scale. Data are transmitted to a tablet through a wireless connexion. PIMPERNEL (Patient Input Monitoring of Pain in the Emergency Room: Novel Electronic Log) is a feasibility study testing this for the first time. OBJECTIVE The primary objective is to determine the feasibility of studying the effect of an electronic pain monitoring display on the pain experienced by emergency care patients. Secondary objectives include determining whether patients use the display, whether pain ratings correlate with routine records, how pain changes over time, whether patients use the display for reasons other than pain, which potential stratification factors may be useful for a subsequent multi-centre study and whether analgesia prescription changes. We will also obtain patient and staff feedback.

[ABSTRACT EDITED]

5 A study analysing the diagnostic performance of ECG interpretation for 30-day major cardiac events in the emergency department.

Author(s): Morris, Niall; Body, Rick

Source: Emergency medicine journal : EMJ; Dec 2017; vol. 34 (no. 12); p. A864

Publication Type(s): Journal Article

Available at [Emergency medicine journal : EMJ](#) - from BMJ Journals - NHS

Abstract:STUDY OBJECTIVE This study evaluates the diagnostic accuracy of an Emergency Medicine (EM) clinician at identifying ischaemia on an ECG using 30-day major adverse cardiac events (MACE) as the primary outcome. **[ABSTRACT EDITED]**

Quality indicators in the care of older persons in the emergency department: A systematic review of the literature.

Author(s): Burkett, Ellen; Martin-Khan, Melinda G; Gray, Leonard C

Source: Australasian journal on ageing; Dec 2017; vol. 36 (no. 4); p. 286-298

Publication Type(s): Journal Article Review

Abstract:OBJECTIVE A systematic review of the literature was undertaken to assess the methodological quality of existing quality indicators (QIs) for the emergency department (ED) care of older persons. **[ABSTRACT EDITED]**

Using markedly abnormal vital signs in the emergency department to anticipate needs for intensive care unit admission

Author(s): Imperato J.; McBee P.J.; Sanchez L.D.; Henning D.

Source: Journal of Acute Disease; Nov 2017; vol. 6 (no. 6); p. 268-271

Publication Type(s): Article

Abstract:Objective: To assess the utility and relative strength of markedly abnormal vital signs thresholds (triggers) in prediction of the needs for intensive care unit (ICU) admission from the emergency department (ED). **[ABSTRACT EDITED]**

Capillary refill time during fluid resuscitation in patients with sepsis-related hyperlactatemia at the emergency department is related to mortality

Author(s): Lara B.; Enberg L.; Kripper C.; Aguilera P.; Ortega M.; Leon P.; Kattan E.; Castro R.

Source: PLoS ONE; Nov 2017; vol. 12 (no. 11)

Publication Type(s): Article

Available at [PLoS ONE](#) - from EBSCO (MEDLINE Complete)

Abstract:Introduction: Acute circulatory dysfunction in patients with sepsis can evolve rapidly into a progressive stage associated with high mortality. Early recognition and adequate resuscitation could improve outcome. However, since the spectrum of clinical presentation is quite variable, signs of hypoperfusion are frequently unrecognized in patients just admitted to the emergency department (ED). Hyperlactatemia is considered a key parameter to disclose tissue hypoxia but it is not universally available and getting timely results can be challenging in low resource settings. In addition, non-hypoxic sources can be involved in hyperlactatemia, and a misinterpretation could lead to over-resuscitation in an unknown number of cases. Capillary refill time (CRT) is a marker of peripheral perfusion that worsens during circulatory failure. An abnormal CRT in septic shock patients after ICU-based resuscitation has been associated with poor outcome. The aim of this study was to determine the prevalence of abnormal CRT in patients with sepsis-related hyperlactatemia in the early phase after ED admission, and its relationship with outcome. **[ABSTRACT EDITED]**

Development and validation of a triage tool in predicting cardiac arrest in the emergency department

Author(s): Lu T.-C.; Tsai C.-L.; Huang C.-H.; Wang C.-H.; Fang C.-C.

Source: Circulation; Nov 2017; vol. 136

Publication Type(s): Conference Abstract

Abstract:Introduction: In-hospital Cardiac Arrest (IHCA) has increasingly been recognized as a separate entity from out-of-hospital Cardiac Arrest with regard to epidemiology, clinical prediction, and outcomes. The incidence of adult IHCA was about 1 per 1,000 bed-days in the US and 15 to 20% of these patients survived to hospital discharge. Despite the morbidity and mortality, clinical tools for predicting IHCA are scarce, particularly in the Emergency Department (ED). Hypothesis: Using Electronic Medical Record (EMR) data, we sought to include patients presenting to our ED to 1) describe the incidence of ED IHCA and 2) develop and validate a triage tool for predicting ED IHCA. Methods: This retrospective cohort study used EMR data from a tertiary teaching hospital with approximately 100,000 ED visits per year. We extracted data from 741,795 ED visits over a 7-year period (Jan 1, 2009 to Dec 31, 2015). For repeat visits, we randomly selected one visit per patient. Only adult patients were included in this analysis. Patient demographics and triage information including triage levels, vital signs (temperature, pulse rate, systolic and diastolic blood pressure, respiratory rate, and oxygen saturation) and mental status (coded as Glasgow Coma Scale) were

extracted as potential predictors. The primary outcome, ED IHCA, was identified via a resuscitation code. The predictive tool was developed in 60% of the data and validated in the remaining 40%. Results: A total of 330,355 adult ED patients were included during the 7-year study period. Of them, 916 (0.3%) developed ED IHCA. The triage predictive tool, including age, sex, triage levels, and triage vital signs with cutoffs similar to those in published early warning scores, showed excellent discrimination (area under the receiver operating characteristic [AUROC] curve, 0.90) and calibration ($P=0.30$ for Hosmer-Lemeshow [HL] test). When applied to the validation cohort, it maintained good discriminatory ability (AUROC, 0.87) and calibration ($P=0.17$ for HL test). Conclusions: IHCA within the ED is not uncommon. We developed and validated a novel tool in predicting imminent IHCA events in the ED. Implementation of this tool may help identify high-risk patients and reduce potentially preventable deaths.

False activation of the emergency department for triaged patients with presumed STEMI is associated with worse long mortality

Author(s): Agarwal A.; Aguirre F.V.; Al-Akchar M.; Mahmaljy H.; Besser S.; Shah A.; Liao J.

Source: Circulation; Nov 2017; vol. 136

Publication Type(s): Conference Abstract

Abstract: Introduction: The onus of facilitating timely reperfusion therapy among STEMI patients ultimately depends on the clinical evaluation and electrocardiographic (ECG) interpretation. False activation (FA) can potentially lead to inappropriate treatment and predispose to incremental treatment-related risks, but the evidence in this regard is lacking. Methods: In this prospective observational study we analyzed the FA rate between 1/2005-12/2014 among 4123 consecutive presumed STEMI pts, managed within a regional STEMI reperfusion program in Central and Southern Illinois. The FA pts was defined as those not meeting the ECG, laboratory and coronary angiographic definition of STEMI. They were further classified as "inappropriately" triaged when retrospective review of the activating ECG showed no evidence of characteristic STEMI changes, or "appropriately" triaged when the activating ECG showed STEMI changes without a corresponding infarct related artery on the angiogram. Ten-year mortality was derived from the U.S. National Death Index, using a matching methodology with final death verification probabilistic score of 99.8%. Results: Overall, 1006 (24%) pts had FA, 54% were "inappropriately" triaged. The FA rate among pts presenting to the tertiary hospital was 22% (45% inappropriate) and among transferred pts was 26% (58% inappropriate). The table compares clinical and outcome variables between the FA and STEMI-confirmed subgroups. Conclusions: Patients triaged from ED with presumed STEMI and ultimately confirmed not to be experiencing acute MI are a high-risk population consisting of multiple comorbidities with similar in-hospital, and higher post-discharge mortality compared to a STEMI-confirmed population. More than half of these FA pts are "inappropriately" triaged implying the urgency of care required rather than accuracy of diagnosis. This study emphasizes the need for monitoring FA as an important clinical and quality metric for STEMI care.

Doctor and nurse risk assessment accuracy in patients suspected of acute coronary syndrome in the emergency room

Author(s): Astley C.M.; Chapple A.; Chuang A.; Horsfall M.; Clark R.; Blyth A.; Chew D.P.

Source: Circulation; Nov 2017; vol. 136

Publication Type(s): Conference Abstract

Abstract: Introduction: Patients with undifferentiated chest pain constitute a large proportion of emergency room (ER) presentations, creating a significant resource burden. Currently timely and accurate risk assessment by doctors is required to rule out suspected acute coronary syndrome (ACS). Nurses may assist to streamline this process. The aim was to compare the accuracy

of doctors and nurses assessing patients for suspected ACS and associations with outcome. Methods: A subanalysis of 1,857 patients with chest pain presenting to 5 Australian hospital ERs was conducted from a randomised trial evaluating the impact of high-sensitivity troponin versus conventional troponin reporting and the effect on unguided application to care and outcome. Participating nurses and doctors estimated patient ACS likelihood and recorded their professional characteristics. Clinician assessment associated with adjudicated ACS discharge diagnosis and 7-day major adverse clinical event outcomes were measured, with concordance comparisons conducted. Results: Six hundred and nine clinicians participated and 16% of patients had a diagnosis of ACS. There was no significant difference in risk assessment accuracy of ER nurses compared to doctors (C-statistic: 0.67 vs. 0.68 respectively; $p=0.35$). In patients diagnosed with ACS, both clinician types were correct and agreed ACS was definite/likely in 202 (66%) cases and were incorrect and agreed ACS was unlikely in 69 (23%) of cases. In patients with a non-ACS diagnosis, both clinician types agreed and were correct in 531 (34%) of cases and agreed but were incorrect ACS was definitely/likely in 815 (53%) of cases. One patient had a major adverse clinical event at 7 days. Specialty trained nurses and consultant doctors were associated with higher risk assessment accuracy (specialty nurses: 65.4% vs 55.3%) and (consultant doctors: 74.0% vs 60.3%). Conclusion: Both nurses and doctors were poor predictors of an ACS diagnosis when assessing undifferentiated chest pain patients. Standardised pathways that guide decision-making may improve accuracy for both clinician types and doctor versus nurse assessment in this context needs further study.

Delta neutrophil index as a promising prognostic marker of emergent surgical intervention for acute diverticulitis in the emergency department

Author(s): Kang H.S.; Cha Y.S.; Park K.H.; Hwang S.O.

Source: PLoS ONE; Nov 2017; vol. 12 (no. 11)

Publication Type(s): Article

Available at [PLoS ONE](#) - from EBSCO (MEDLINE Complete)

Abstract:Background: Early identification of patients with acute diverticulitis who require emergent surgical intervention in the emergency department (ED) is important to the physician. Although computed tomography (CT) has an important role in evaluating the severity of diverticulitis, its findings alone may not predict the need for emergent surgical intervention in all patients with acute diverticulitis in the ED. Serum inflammation markers may help to differentiate severity of acute diverticulitis and predict the need for surgical intervention in clinical practice. No information is currently available on the clinical usefulness of the delta neutrophil index (DNI), with respect to the prediction of emergent surgical intervention in patients with acute diverticulitis at the ED.

[ABSTRACT EDITED]

A systematic review of emergency department based HIV testing and linkage to care initiatives in low resource settings

Author(s): Hansoti B.; Kelen G.D.; Whalen M.M.; DesRosiers T.T.; Rothman R.E.; Quinn T.C.

Source: PLoS ONE; Nov 2017; vol. 12 (no. 11)

Publication Type(s): Review

Available at [PLoS ONE](#) - from EBSCO (MEDLINE Complete)

Abstract:Introduction: Only 45% of people currently living with HIV infection in sub-Saharan Africa are aware of their HIV status. Unmet testing needs may be addressed by utilizing the Emergency Department (ED) as an innovative testing venue in low and middle-income countries (LMICs). The purpose of this review is to examine the burden of HIV infection described in EDs in LMICs, with a

focus on summarizing the implementation of various ED-based HIV testing strategies. **[ABSTRACT EDITED]**.

Predicting 30-day mortality for patients with acute heart failure in the emergency department

Author(s): Miro O.; Gil V.; Rossello X.; Martin-Sanchez F.J.; Llorens P.; Herrero-Puente P.; Jacob

Source: Annals of Internal Medicine; Nov 2017; vol. 167 (no. 10); p. 698-705

Publication Type(s): Article

Available at [Annals of Internal Medicine](#) - from EBSCO (MEDLINE Complete)

Abstract:Research Group Background: Physicians in the emergency department (ED) need additional tools to stratify patients with acute heart failure (AHF) according to risk. Objective: To predict mortality using data that are readily available at ED admission. Design: Prospective cohort study.

[ABSTRACT EDITED]

Tapentadol versus tramadol in the management of low back pain in the emergency department

Author(s): Guillen-Astete C.A.; De La Casa-Resino C.; Cardona-Carballo C.

Source: Medicine (United States); Nov 2017; vol. 96 (no. 45)

Publication Type(s): Article

Available at [Medicine \(United States\)](#) - from Europe PubMed Central - Open Access

Abstract:Nontraumatic musculoskeletal disorders are the main reason for presentation to the emergency department (ED), with rachialgia (back pain) being the most common reason to request medical assessment among them. This also generates the highest demand for reassessments due to poor pain control or onset of adverse reactions to the treatment prescribed in the initial assessment. A retrospective observational study based on usual clinical practice was conducted in patients attending the ED due to low back pain during a period of 24 months. The primary objective was to determine the demand for reassessments in the ED by these patients in the following 30 days, according to the type of therapeutic approach used in the initial assessment. **[ABSTRACT EDITED]**

Screening of the frail patient in the emergency department: A systematic review

Author(s): Jorgensen R.; Brabrand M.

Source: European Journal of Internal Medicine; Nov 2017; vol. 45 ; p. 71-73

Publication Type(s): Article

Abstract:Background Several frailty rating scales have been developed to detect and screen for the level of frailty. It is uncertain what diagnostic value screening of frailty level have in the emergency department. Aim To assess the accuracy of the screening tools used in the emergency department to detect frailty in patients ≥ 65 years by their ability to identify the risk of adverse outcomes.

[ABSTRACT EDITED]

]Using case management in a universal health coverage system to improve quality of life of frequent Emergency Department users: a randomized controlled trial

Author(s): Iglesias K.; Baggio S.; Moschetti K.; Burnand B.; Wasserfallen J.-B.; Hugli O.; Daepfen J.-B.

Source: Quality of Life Research; Nov 2017 ; p. 1-11

Publication Type(s): Article In Press

Abstract:Purpose: Frequent Emergency Department users are likely to experience poor quality of life (QOL). Case management interventions are efficient in responding to the complex needs of this

population, but their effects on QOL have not been tested yet. Therefore, the aim of our study was to examine to what extent a case management intervention improved frequent Emergency Department users' QOL in a universal health coverage system. **[ABSTRACT EDITED]**

Use of Prophylactic Ondansetron with Intravenous Opioids in Emergency Department Patients: A Prospective Observational Pilot Study

Author(s): Culver M.A.; Richards E.C.; Jarrell D.H.; Edwards C.J.

Source: Journal of Emergency Medicine; Nov 2017; vol. 53 (no. 5); p. 629-634

Publication Date: Nov 2017

Publication Type(s): Article

Abstract:Background The current literature suggests that the prophylactic use of antiemetics is ineffective at preventing nausea or vomiting caused by opioids in the emergency department (ED). While there is no data evaluating ondansetron's efficacy for preventing opioid-induced nausea and vomiting, this practice remains common despite a lack of supporting evidence. Objectives This study aimed to identify if prophylactic ondansetron administered with intravenous (IV) opioids prevents opioid-induced nausea or vomiting. **[ABSTRACT EDITED]**

Emergency Department use of Apneic Oxygenation Versus Usual Care During Rapid Sequence Intubation: A Randomized Controlled Trial (The ENDAO Trial)

Author(s): Caputo N.; Azan B.; Domingues R.; Donner L.; Fenig M.; Fields D.; Fraser R.; Hosford K

Source: Academic Emergency Medicine; Nov 2017; vol. 24 (no. 11); p. 1387-1394

Publication Type(s): Article

Abstract:Objectives: Desaturation leading to hypoxemia may occur during rapid sequence intubation (RSI). Apneic oxygenation (AO) was developed to prevent the occurrence of oxygen desaturation during the apnea period. The purpose of this study was to determine if the application of AO increases the average lowest oxygen saturation during RSI when compared to usual care (UC) in the emergency setting. **[ABSTRACT EDITED]**

Patient Navigation for Patients Frequently Visiting the Emergency Department: A Randomized, Controlled Trial

Author(s): Seaberg D.; Elseroad S.; Dumas M.; Mendiratta S.; Whittle J.; Hyatte C.; Keys J.

Source: Academic Emergency Medicine; Nov 2017; vol. 24 (no. 11); p. 1327-1333

Publication Type(s): Article

Abstract:Background: Emergency department (ED) superutilizers (patients with five or more visits/year) comprise only 5% of the patients seen yet comprise 25% of total ED visits. Although the reasons for this are multifactorial, the cost to the patient and the community is exceedingly high. The cost is not just monetary; care of these patients is inappropriately fragmented and their presence in the ED may contribute to overcrowding affecting the community's emergency readiness. Previous studies using staff trained to help patients navigate their care options have had conflicting results. Objectives: The objective was to determine whether a trained patient navigator (PN) can reduce ED use and costs in superutilizers over a 1-year period. **[ABSTRACT EDITED]**

Identifying Emergency Department Patients at Low Risk for a Variceal Source of Upper Gastrointestinal Hemorrhage

Author(s): Klein L.R.; Money J.; Maharaj K.; Robinson A.; Lai T.; Driver B.E.

Source: Academic Emergency Medicine; Nov 2017; vol. 24 (no. 11); p. 1405-1409

Publication Type(s): Article

Abstract:Background: Assessing the likelihood of a variceal versus nonvariceal source of upper gastrointestinal bleeding (UGIB) guides therapy, but can be difficult to determine on clinical grounds. The objective of this study was to determine if there are easily ascertainable clinical and laboratory findings that can identify a patient as low risk for a variceal source of hemorrhage. **[ABSTRACT EDITED]**

Effect of patient weight on first pass success and neuromuscular blocking agent dosing for rapid sequence intubation in the emergency department

Author(s): Patanwala A.E.; Sakles J.C.

Source: Emergency Medicine Journal; Nov 2017; vol. 34 (no. 11); p. 739-743

Publication Type(s): Article

Available at [Emergency Medicine Journal](#) - from BMJ Journals - NHS

Abstract:Objectives The primary objective of this study was to determine the association between patient weight and first pass success (FPS) during rapid sequence intubation (RSI) in the ED. The secondary objective was to evaluate the association between patient weight and neuromuscular blocking agent (NMBA) dosing. Methods This was a retrospective cohort study conducted in a tertiary care academic ED. Consecutive adult patients who underwent RSI in the ED between January 2014 and June 2016 were included. **[ABSTRACT EDITED]**

Effect of crowding on length of stay for common chief complaints in the emergency department: A STROBE cohort study

Author(s): Wickman L.; Svensson P.; Djarv T.

Source: Medicine; Nov 2017; vol. 96 (no. 44)

Publication Type(s): Article

Available at [Medicine](#) - from Europe PubMed Central - Open Access

Abstract:Crowding in emergency departments (EDs) is associated with long lengths of stay (LOS); however, it is not known whether the effect is equal across different chief complaints. The aim of the study was to compare the effect of crowding on LOS in the 10 most common medical or surgical chief complaints in the ED. **[ABSTRACT EDITED]**

Endovascular rewarming in the emergency department for moderate to severe accidental hypothermia

Author(s): Klein L.R.; Rischall M.; Brunette D.D.; Prekker M.E.; Huelster J.; Adil U.; Kempainen R.R.

Source: American Journal of Emergency Medicine; Nov 2017; vol. 35 (no. 11); p. 1624-1629

Publication Type(s): Article

Available at [American Journal of Emergency Medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Background Endovascular temperature control catheters can be utilized for emergent rewarming in accidental hypothermia. The purpose of this study was to compare patients with moderate to severe hypothermia rewarmed with an endovascular temperature control catheter versus usual care at our institution. **[ABSTRACT EDITED]**

The relationship between ocular trauma and substance abuse in emergency department patients

Author(s): Chang S.L.; Patel V.; Giltner J.; Lee R.; Marco C.A.

Source: American Journal of Emergency Medicine; Nov 2017; vol. 35 (no. 11); p. 1734-1737

Publication Type(s): Article

Available at [American Journal of Emergency Medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Introduction Eye injury is the second most common cause of visual impairment and a leading cause of monocular blindness in the United States. There are approximately 6 million ED visits related to drug use annually, including misuse or abuse of pharmaceuticals and illicit drug use. The purpose of this study was to assess the relationship between ocular trauma and substance abuse among emergency department patients and to assess that relationship with demographic factors, including age and gender. **[ABSTRACT EDITED]**

Who breaches the four-hour emergency department wait time target? A retrospective analysis of 374,000 emergency department attendances between 2008 and 2013 at a type 1 emergency department in England

Author(s): Bobrovitz N.; Lasserson D.S.; Briggs A.D.M.

Source: BMC Emergency Medicine; Nov 2017; vol. 17 (no. 1)

Publication Type(s): Article

Available at [BMC Emergency Medicine](#) - from Europe PubMed Central - Open Access

Abstract:Background: The four-hour target is a key hospital emergency department performance indicator in England and one that drives the physical and organisational design of the ED. Some studies have identified time of presentation as a key factor affecting waiting times. Few studies have investigated other determinants of breaching the four-hour target. Therefore, our objective was to describe patterns of emergency department breaches of the four-hour wait time target and identify patients at highest risk of breaching. **[ABSTRACT EDITED]**

The role of perceived threat during emergency department cardiac evaluation and the age-posttraumatic stress disorder link.

Author(s): Meli, Laura; Kautz, Marin; Julian, Jacob; Edmondson, Donald; Sumner, Jennifer A

Source: Journal of behavioral medicine; Nov 2017

Publication Type(s): Journal Article

Abstract:Evaluation for acute coronary syndrome (ACS) can trigger posttraumatic stress symptoms (PSS). Research suggests that younger, versus older, individuals may be at elevated risk for PSS after ACS evaluation. It has been proposed that younger individuals may be at greater risk because they perceive the suspected ACS event as more threatening than their older counterparts; however, this has yet to be tested. We examined whether perceived threat during ACS evaluation mediated the association between age and PSS after ACS evaluation in an observational cohort study of patients presenting to the emergency department (ED) with suspected ACS. **[ABSTRACT EDITED]**

Routine blood tests are associated with short term mortality and can improve emergency department triage: a cohort study of >12,000 patients.

Author(s): Kristensen, Michael; Iversen, Anne Kristine Servais; Gerds, Thomas Alexander

Source: Scandinavian journal of trauma, resuscitation and emergency medicine; Nov 2017; vol. 25 (no. 1); p. 115

Publication Type(s): Journal Article

Available at [Scandinavian journal of trauma, resuscitation and emergency medicine](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND Prioritization of acutely ill patients in the Emergency Department remains a challenge. We aimed to evaluate whether routine blood tests can predict mortality in unselected patients in an emergency department and to compare risk prediction with a formalized triage algorithm. **[ABSTRACT EDITED]**

Higher versus standard amikacin single dose in emergency department patients with severe sepsis and shock: a randomized controlled trial.

Author(s): De Winter, Sabrina; Wauters, Joost; Meersseman, Wouter; Verhaegen, Jan

Source: International journal of antimicrobial agents; Nov 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Recent studies suggest that ICU patients treated with amikacin frequently do not attain the PK/PD target, i.e. a peak above minimal inhibitory concentration (MIC) ratio of at least 8, when a single dose of 15 mg/kg is used. No data are available for patients admitted to the emergency department (ED). The aim of this study was to determine PK/PD target attainment in patients presenting with severe sepsis or septic shock and treated with 15 vs. 25 mg/kg of amikacin. **[ABSTRACT EDITED]**

Impaired cognition is associated with adverse outcome in older patients in the Emergency Department; the Acutely Presenting Older Patients (APOP) study.

Author(s): Lucke, J A; de Gelder, J; Heringhaus, C; van der Mast, R C; Fogteloo, A J; Anten,

Source: Age and ageing; Nov 2017 ; p. 1-6

Publication Type(s): Journal Article

Abstract:Objective to investigate whether cognitive impairment, measured early after Emergency Department (ED) arrival and irrespective of its cause, is independently associated with functional decline or mortality after 3 and 12 months in older ED patients. **[ABSTRACT EDITED]**

Lung ultrasound in diagnosing pneumonia in the emergency department: a systematic review and meta-analysis.

Author(s): Orso, Daniele; Guglielmo, Nicola; Copetti, Roberto

Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Nov 2017

Publication Type(s): Journal Article

Abstract:Community-acquired pneumonia (CAP) is one of the most widespread and severe infectious diseases worldwide. In the emergency department (ED), there is still a need for a rapid and accurate tool that can diagnose CAP. Lung ultrasound (LUS) is a recent tool that is increasingly being used for this purpose. So far, the LUS has been evaluated on a wide range of patients, but not yet on the specific population in the ED through a meta-analysis. Our aim was to assess the accuracy of the LUS in diagnosing CAP in this setting through a systematic review and a meta-analysis. **[ABSTRACT EDITED]**

Identification of older adults with frailty in the Emergency Department using a frailty index: results from a multinational study.

Author(s): Brousseau, Audrey-Anne; Dent, Elsa; Hubbard, Ruth; Melady, Don; Émond, Marcel

Source: Age and ageing; Nov 2017 ; p. 1-7

Publication Type(s): Journal Article

Abstract: Objective frailty is a central concept in geriatric medicine, yet its utility in the Emergency Department (ED) is not well understood nor well utilised. Our objectives were to develop an ED frailty index (FI-ED), using the Rockwood cumulative deficits model and to evaluate its association with adverse outcomes. **[ABSTRACT EDITED]**

Analgesia in Patients with Trauma in Emergency Medicine.

Author(s): Häske, David; Böttiger, Bernd W; Bouillon, Bertil; Fischer, Matthias; Gaier, Gernot

Source: Deutsches Arzteblatt international; Nov 2017; vol. 114 (no. 46); p. 785-792

Publication Type(s): Journal Article

Available at [Deutsches Arzteblatt international](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND Suitable analgesic drugs and techniques are needed for the acute care of the approximately 18 200-18 400 seriously injured patients in Germany each year. **[ABSTRACT EDITED]**

Patient and Health Care Provider Responses from a Prospective, Double-Blind, Randomized Controlled Trial Comparing Vapocoolant Spray versus Placebo Spray in Adults Undergoing Venipuncture in the Emergency Department.

Author(s): Barbour, Tracy; O'Keefe, Sharon; Mace, Sharon E

Source: Pain management nursing : official journal of the American Society of Pain Management Nurses; Nov 2017

Publication Type(s): Journal Article:

Abstract: Painful medical procedures are common. Topical anesthetics are easily applied, rapid onset, inexpensive, and avoid injection pain and needlestick injury. The aims of this study, using patient and health care provider questionnaires, were to answer the following questions: (1) Does vapocoolant spray decrease venipuncture pain? (2) Would patients be satisfied with and use a vapocoolant spray in the future? (3) Would providers be satisfied with and use a vapocoolant spray in the future? **[ABSTRACT EDITED]**

Randomized controlled trials of simulation-based interventions in Emergency Medicine: a methodological review.

Author(s): Chauvin, Anthony; Truchot, Jennifer; Bafeta, Aida; Pateron, Dominique; Plaisance, Patrick; Yordanov, Youri

Source: Internal and emergency medicine; Nov 2017

Publication Type(s): Journal Article Review

Abstract: The number of trials assessing Simulation-Based Medical Education (SBME) interventions has rapidly expanded. Many studies show that potential flaws in design, conduct and reporting of randomized controlled trials (RCTs) can bias their results. We conducted a methodological review of RCTs assessing a SBME in Emergency Medicine (EM) and examined their methodological characteristics. We searched MEDLINE via PubMed for RCT that assessed a simulation intervention in EM, published in 6 general and internal medicine and in the top 10 EM journals. **[ABSTRACT EDITED]**

Infectious Gastroenteritis and the Need for Strict Contact Precaution Procedures in Adults Presenting in the Emergency Department - a Danish Register-based Study.

Author(s): Skyum, Florence; Andersen, Vibeke; Chen, Ming; Pedersen, Court; Mogensen, Christian Backer

Source: The Journal of hospital infection; Nov 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Acute infectious gastroenteritis requires contact precautions to prevent spreading. On acute admission the cause of diarrhoea is unknown, so the decision of whom to isolate has to be made on clinical information with a risk of inexpedient use of contact precautions. AIM The aims of the study were to investigate how often gastroenteritis occurs, and thus the isolation indication has to be assessed, in Danish emergency departments, and how often patients have to remain on contact precaution according to the results of the faecal samples.

[ABSTRACT EDITED]

Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department: A Randomized Clinical Trial.

Author(s): Chang, Andrew K; Bijur, Polly E; Esses, David; Barnaby, Douglas P; Baer, Jesse

Source: JAMA; Nov 2017; vol. 318 (no. 17); p. 1661-1667

Publication Type(s): Comparative Study Randomized Controlled Trial Journal Article

Available at [JAMA](#) - from EBSCO (MEDLINE Complete)

Abstract:Importance The choice of analgesic to treat acute pain in the emergency department (ED) lacks a clear evidence base. The combination of ibuprofen and acetaminophen (paracetamol) may represent a viable nonopioid alternative. Objectives To compare the efficacy of 4 oral analgesics. Design, Settings, and Participants Randomized clinical trial conducted at 2 urban EDs in the Bronx, New York, that included 416 patients aged 21 to 64 years with moderate to severe acute extremity pain enrolled from July 2015 to August 2016. **[ABSTRACT EDITED]**

Identification of Seniors at Risk (ISAR) in the emergency room: A prospective study.

Author(s): Tavares, João Paulo de Almeida; Sá-Couto, Pedro; Boltz, Marie; Capezuti, Elizabeth

Source: International emergency nursing; Nov 2017; vol. 35 ; p. 19-24

Publication Type(s): Journal Article

Abstract:INTRODUCTION The Identification of Seniors at Risk (ISAR) is one of the most frequently utilized risk screening tools in emergency departments (ED). The goal of this study was to evaluate the predictive validity of the ISAR screening tool for adverse outcomes in an ED. **[ABSTRACT EDITED]**



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