

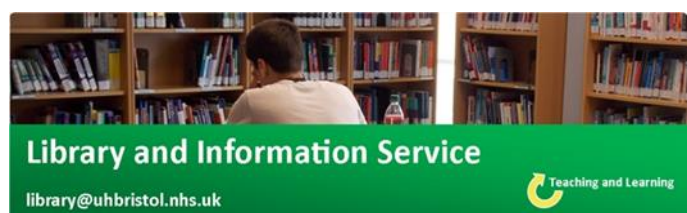
Emergency Medicine

Current Awareness Newsletter



May 2017
(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

June	(12.00)
Thurs 1 st	Literature Searching
Thurs 8 th	Interpreting Statistics
Tues 13 th	Critical Appraisal
Thurs 29 th	Literature Searching
July	(13.00)
Mon 3 rd	Interpreting Statistics
Wed 12 th	Critical Appraisal
Fri 21 st	Literature Searching
Wed 26 th	Interpreting Statistics

Your Outreach Librarian- Jo Hooper

Whatever your information needs, the library is here to help. As your Outreach Librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practise for all in the oral and maxillofacial surgery team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books,** and setting up individual **current awareness alerts.** We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal.**

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Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of

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Tables of Contents from 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](#)

June 2017; Volume 34, Issue 6

[Annals of Emergency Medicine](#)

June 2017; Volume 69, Issue 6

[Academic Emergency Medicine](#)

June 2017; Volume 24, Issue 6

[European Journal of Emergency Medicine](#)

June 2017; Volume 24, Issue 3



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Updates

NICE National Institute for
Health and Care Excellence

[BTS Guideline for oxygen use in healthcare and emergency settings](#)

Source: [British Thoracic Society - BTS](#) - 15 May 2017 - Publisher: British Thoracic Society (BTS)

[Read Summary](#)

[Ultimate guide for pharmacists working in urgent & emergency care](#)

26 April 2017 - Publisher: Royal Pharmaceutical Society

[Read Summary](#)

[Identifying trauma centre need in adult patients sustaining injury.](#)

Source: [BestBETS](#) - 07 April 2017

[BTS guideline for oxygen use in adults in healthcare and emergency settings](#)

15 May 2017 - Publisher: British Thoracic Society

[NIHR Signal: Combination inhaler treatment in emergency departments may reduce admissions for asthma attacks](#)

30 May 2017 - Publisher: National Institute for Health Research Signal

[Read Summary](#)

[Peripheral Metaraminol Infusion in the Emergency Department](#)

Source: [BestBETS](#) - 03 May 2017

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

Literature review current through: **May 2017**. | This topic last updated: **Jun 07, 2017**.

- [Treatment of nonpurulent cellulitis \(June 2017\)](#)
- [The qSOFA prediction score and in-hospital mortality \(January 2017\)](#)

[Advanced emergency airway management in adults](#)

Literature review current through: **May 2017**. | This topic last updated: **Apr 30, 2015**.

- [Summary and recommendations](#)

[Assessment and emergency management of the acutely agitated or violent adult](#)

Literature review current through: **May 2017**. | This topic last updated: **May 23, 2017**.

- [Violence prevention in the emergency department](#)
- [Summary and recommendations](#)

[Devices for difficult emergency airway management outside the operating room in adults](#)

Literature review current through: **May 2017**. | This topic last updated: **May 10, 2017**.

- [Surgical airway devices](#)
- [Evidence and use of video laryngoscopes in emergency settings](#)
- [Summary and recommendations](#)

[Emergency cricothyrotomy \(cricothyroidotomy\)](#)

Literature review current through: May 2017. | This topic last updated: Sep 19, 2016.

- [Frequency](#)
- [Summary and recommendations](#)

[Emergency airway management in the adult with direct airway trauma](#)

Literature review current through: May 2017. | This topic last updated: May 02, 2017.

- [Time available and difficult airway anticipated](#)
- [Summary and recommendations](#)



[Intramuscular versus oral corticosteroids to reduce relapses following discharge from the emergency department for acute asthma](#)

Scott W Kirkland , Elfriede Cross , Sandra Campbell , Cristina Villa-Roel and Brian H Rowe

Online Publication Date: April 2017

[Capnography versus standard monitoring for emergency department procedural sedation and analgesia](#)

Brian F Wall, Kirk Magee, Samuel G Campbell, Peter J Zed

Online Publication Date: March 2017

Current Awareness Database Articles

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Does attending general practice prior to the emergency department change patient outcomes? A descriptive, observational study of one central London general practice

Author(s): Morton S.; Hames R.; Kelso I.; Newth A.; Gnani S.

Source: London Journal of Primary Care; 2017; vol. 9 (no. 3); p. 28-32

Abstract:Background: The challenge of keeping Emergency Department (ED) attendances down continues and timely access to general practice (GP) is often portrayed as a potential solution. Setting: One London general practice (registered population = 4900) Question: Does seeing a GP before attending the ED affect the outcome of a patient's ED care?

[Abstract Edited]

Is warfarin usage a risk factor for osteoporotic fractures? A cohort study in the emergency department

Author(s): Drozdinsky G.; Cohen J.; Shohat Z.; Shiber-Ofer S.; Grossman A.

Source: Australasian Medical Journal; 2017; vol. 10 (no. 4); p. 329-334

Abstract:Background Several studies have examined the association between warfarin sodium use and risk of osteoporotic fractures with conflicting results. Our study addresses this question, for the first time regarding patients attending emergency department (ED). Aims The aim of this study was to retrospectively detect whether there is higher rate of usage of warfarin sodium in patients with osteoporotic fractures attending an ED.

[Abstract Edited]

Comparing the quality and complications of tube thoracostomy by emergency medicine and surgery residents; a cohort study

Author(s): Kashani P.; Harati S.; Shirafkan A.; Amirbeigi A.; Hatamabadi H.R.

Source: Emergency; 2017; vol. 5 (no. 1); p. 185-189

Abstract:Introduction: Tube thoracostomy complications depend on the operator's skill, patients' general condition and the place in which the procedure is done. The present study aimed to compare the quality and complications of tube thoracostomy carried out by emergency medicine residents (EMRs) and surgery residents (SRs).

[Abstract Edited]

Role of emergency ultrasound screening in the management of acute pyelonephritis in emergency department: A large observational study from a tertiary care center of South India

Author(s): Mitra S.; Acharya H.; Dua J.; Mutyala S.K.; Abhilash K.P.P.; Yadav B.; Shyam Kumar N.K.

Source: JMS - Journal of Medical Society; 2017; vol. 31 (no. 1); p. 43-47

Abstract:Background: Role of emergency ultrasound screening (EUS) in the evaluation of all patients with clinically suspected acute pyelonephritis (APN) in the emergency department (ED) remains unclear. The aim of the study was to describe the frequency of abnormal EUS findings in APN presenting to ED and ascertain the laboratory abnormalities associated with significant abnormal findings to identify the subgroup of patients who will benefit from EUS in ED. **[Abstract Edited]**

A prospective observational study of use of antibiotics at emergency department in tertiary care hospital

Author(s): Mamatha V.; Nagesh H.N.; Parashivamurthy B.M.

Source: National Journal of Physiology, Pharmacy and Pharmacology; 2017; vol. 7 (no. 1); p. 103-107

Available in full text at [National Journal of Physiology, Pharmacy and Pharmacology](#) - from ProQuest

Abstract:Background: Antibiotics are most extensively used drugs in hospitals. It is documented that antibiotics in developing countries have been consumed in relatively high levels, and consequently, led to higher occurrence of improper use and greater levels of resistance when compared to developed countries. Aims and Objective: The aim of this study was to analyze the antibiotic prescription patterns in emergency department (ED) prescribed for various illnesses. **[Abstract Edited]**

Soft tissue oxygen saturation to predict admission from the emergency department: A prospective observational study

Author(s): Davis W.T.; Barnwell R.M.; Hughes J.; Smith T.B.; April M.D.; Lospinso J.; Schauer S.G.

Source: American Journal of Emergency Medicine; Dec 2017

Abstract:Objective: We evaluated a soft tissue oxygen saturation (Sto2) measurement at triage for predicting admission to the hospital in adults presenting to the emergency department (ED) in addition to data routinely gathered at triage. **[Abstract Edited]**

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

Author(s): Beyer A.; Rees R.; Palmer C.; Wessman B.T.; Fuller B.M.

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

Available in full text at [International Journal of Emergency Medicine](#) - from BioMed Central

Abstract:Background: Blood 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 M.; Gibo K.; Hagiwara Y.; Nakayama Y.; Hasegawa K.

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

Available in full text at [International Journal of Emergency Medicine](#) - from BioMed Central

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 ketamine/propofol (ketofol) and etomidate/fentanyl (etofen) combinations for procedural sedation and analgesia in the emergency department: An observational study

Author(s): Sanri E.; Karacabey S.; Akoglu H.; Kaya B.; Guneysel O.

Source: Turkish Journal of Emergency Medicine; Oct 2017

Abstract: Objectives: The primary aim of this study was to report the vital signs, hemodynamic parameters and pain scores of the patients who have received procedural sedation and analgesia (PSA) with either ketofol (combination of ketamine and propofol) or etofen (combination of etomidate and fentanyl) and compare the proportion of patients with airway or respiratory adverse events (AEs) requiring an intervention and calculate the relative risk of AEs with each combination. **[Abstract Edited]**

A randomized trial of a 1-hour troponin T protocol in suspected acute coronary syndromes: Design of the Rapid Assessment of Possible ACS In the emergency Department with high sensitivity Troponin T (RAPID-TnT) study

Author(s): Papendick C.; Karnon J.; Nelson A.J.; Seshadri A.; Chuang A.; Morton E.; Chew D.P.; Blyth A.; Edmonds M.J.R.; Horsfall M.; Briffa T.; Cullen L.; Quinn S.

Source: American Heart Journal; Aug 2017; vol. 190 ; p. 25-33

Abstract: Background Protocols incorporating high-sensitivity troponin to guide decision making in the disposition of patients with suspected acute coronary syndromes (ACS) in the emergency department have received a lot of attention. Traditionally, patients with chest pain have required long periods of observation in emergency department before being deemed safe for discharge. In an era of limited health service resources, a protocol that could discharge patients safely within an hour of presentation is extremely attractive. Unfortunately, despite incorporation into some guidelines, these protocols have not been subjected to randomized comparisons evaluating safety, effectiveness, and cost-effectiveness. Objective This study is designed to provide the evidence required to allow key decision makers to implement these protocols: specifically, to provide evidence that a decision rule based on 0- and 1-hour high-sensitivity troponin T (hs-TnT) is safe, provides noninferior outcomes in all patients with suspected ACS, and that implementation of a rapid troponin protocol leads to efficient care. **[Abstract Edited]**

Randomized Controlled Trial of Screening, Risk Modification, and Physical Therapy to Prevent Falls Among the Elderly Recently Discharged From the Emergency Department to the Community: The Steps to Avoid Falls in the Elderly Study

Author(s): Matchar D.B.; Ong M.E.H.; Gao F.; Sim R.; Eom K.; Duncan P.W.; Lien C.T.; Lee M.

Source: Archives of Physical Medicine and Rehabilitation; Jun 2017; vol. 98 (no. 6); p. 1086-1096

Abstract: Objective To evaluate the effectiveness of a multifactorial, tailored program of physical therapy to reduce the occurrence of falls among a heterogeneous group of high-risk elderly Singaporeans recently discharged from the emergency department (ED). **[Abstract Edited]**

Review article: Workplace violence in the emergency department: A systematic review and meta analysis

Author(s): Nikathil S.; Olausson A.; Gocentas R.A.; Mitra B.; Symons E.

Source: EMA - Emergency Medicine Australasia; Jun 2017; vol. 29 (no. 3); p. 265-275

Abstract: Patient or visitor perpetrated workplace violence (WPV) has been reported to be a common occurrence within the ED. No universal definition of violence or recording of such events exists. In addition ED staff are often reluctant to report violent incidents. The true incidence of WPV is therefore unclear. This systematic review aimed to quantify WPV in EDs. The association of WPV to drug and alcohol exposure was explored. **[Abstract Edited]**

Effect of light pressure stroking massage with sesame (*Sesamum indicum* L.) oil on alleviating acute traumatic limbs pain: A triple-blind controlled trial in emergency department

Author(s): Nasiri M.; Farsi Z.

Source: Complementary Therapies in Medicine; Jun 2017; vol. 32 ; p. 41-48

Abstract: Objectives Due to adverse effects of common medications used for traumatic pain management, it is crucial to use complementary methods to alleviate this pain. Present study aimed to assess the effect of light pressure stroking massage with topical sesame oil on pain severity of patients with limbs trauma. **[Abstract Edited]**

Frailty identification in the emergency department-a systematic review focussing on feasibility

Author(s): Elliott A.; Hull L.; Conroy S.P.

Source: Age and Ageing; May 2017; vol. 46 (no. 3); p. 509-513

Abstract: Introduction: risk-stratifying older people accessing urgent care is a potentially useful first step to ensuring that the most vulnerable are able to access optimal care from the start of the episode. While there are many risk-stratification tools reported in the literature, few have addressed the practical issues of implementation. This review sought evidence about the feasibility of risk stratification for older people with urgent care needs. **[Abstract Edited]**

Insurance Transitions and Changes in Physician and Emergency Department Utilization: An Observational Study

Author(s): Barnett M.L.; Bitton A.; Song Z.; Rose S.; Chernew M.E.; Landon B.E.

Source: Journal of General Internal Medicine; May 2017 ; p. 1-10

Available in full text at [Journal of General Internal Medicine](#) - from National Library of Medicine

Abstract: Background: Shopping for health insurance is encouraged as a way to find the most affordable coverage that best meets an enrollee's needs. However, the extent to which individuals switch insurance and subsequent changes in health care utilization that might arise, particularly new physician visits, are not well understood. Objective: To examine the relationship between insurance switching and new physician and emergency department visits around the time of a switch. **[Abstract Edited]**

Beyond appointment reminders: Can electronic automated bidirectional text messages improve follow-up adherence and recidivism after emergency department discharge? a randomized controlled trial

Author(s): Peters R.M.; Amatya R.; House S.L.; Lewis L.M.; Henson M.; Hu A.; Ising M.; Adney J.C.

Source: Academic Emergency Medicine; May 2017; vol. 24

Abstract: Background: The majority of Emergency Department (ED) visits result in discharge (85% in the US) with patients being referred for follow-up. Attending followup appointments has been shown to improve health outcomes, decrease ED recidivism, and decrease associated healthcare costs. However, adherence to follow-up appointments is relatively low for a variety of reasons,

especially when the onus is left to the patient to arrange the appointment. Objectives: Evaluate the effectiveness of an electronic health (eHealth) intervention designed to proactively engage and support outpatient follow-up attendance after ED discharge. **[Abstract Edited]**

Ranolazine and microvascular angina by positron emission tomography in the emergency department (RAMP-ED): Results from a pilot randomized controlled trial

Author(s): Safdar B.; D'Onofrio G.; Sinusas A.J.; Dziura J.; Johnson C.; Russell R.R.

Source: Academic Emergency Medicine; May 2017; vol. 24

Abstract:Background: Coronary microvascular dysfunction (CMD) is a common alternate cause of cardiac ischemia. Little is known regarding treatment of CMD that is associated with emergency department (ED) chest pain. Ranolazine, a myocardial late sodium channel blocker, has been shown to improve microvascular circulation. Objective: To explore the effect of ranolazine on coronary flow reserve (CFR) among ED patients with cardiac microvascular dysfunction. **[Abstract Edited]**

Syncope prognosis based on emergency department diagnosis: A prospective cohort study

Author(s): Toarta C.; Mukarram M.; Arcot K.; Kim S.-M.; Gaudet S.; Sivilotti M.L.A.; Rowe B.H.; Thiruganasambandamoorthy V.

Source: Academic Emergency Medicine; May 2017; vol. 24

Abstract:Background: Relatively little is known about outcomes after disposition among syncope patients assigned various diagnostic categories during emergency department (ED) evaluation. Objectives: We sought to measure the 30-day serious outcomes among 4 diagnostic groups (vasovagal, orthostatic hypotension, cardiac, other/unknown) within 30 days of the index ED visit. **[Abstract Edited]**

Telephone follow-up for older adults discharged to home from the emergency department: A randomized controlled trial

Author(s): Biese K.; Busby-Whitehead J.; Roberts E.; Emmett D.; Kizer J.S.; Cai J.; Stearns S.C.; Zhou Q.; Farmer F.; Mihos P.

Source: Academic Emergency Medicine; May 2017; vol. 24

Publication Type(s): Conference Abstract

Abstract:Background: Telephone calls to patients after discharge from EDs are increasingly used to reduce 30-day rates of return/readmission, but their effectiveness is not established. This study determines if a scripted telephone intervention by registered nurses from a hospital-based call center decreases 30-day rates of return to the ED/hospital or death. **[Abstract Edited]**

Sleep-wake patterns of emergency medicine residents: A prospective cohort study

Author(s): Mollo M.; Lessmeier A.; Brayboy T.; Dunn C.O.; Runyon M.S.; Templin M.A.; Moore C.; Patterson P.D.

Source: Academic Emergency Medicine; May 2017; vol. 24

Publication Type(s): Conference Abstract

Abstract:Background: Emergency Medicine (EM) shift work disrupts natural circadian cycles and contributes to fatigue. Prior studies have linked resident fatigue to poor safety outcomes, but we continue to have a poor understanding of how to address resident sleep health. We characterized sleepwake patterns, shift duration, and alertness in first-year EM residents. **[Abstract Edited]**

A cohort study examining emergency department visits and hospital admissions among people who use drugs in Ottawa, Canada

Author(s): Kendall C.E.; Boucher L.M.; Mark A.E.; Bayoumi A.M.; Martin A.; Marshall Z.; Boyd R.; Oickle P.; Diliso N.; Pineau D.; Renaud B.; Rose T.; LeBlanc S.; Tyndall M.; Lee O.M.

Source: Harm Reduction Journal; May 2017; vol. 14 (no. 1)

Publication Type(s): Article

Available in full text at [Harm Reduction Journal](#) - from BioMed Central

Abstract:Background: The health of people who use drugs (PWUD) is characterized by multimorbidity and chronicity of health conditions, necessitating an understanding of their health care utilization. The objective of this study was to evaluate emergency department (ED) visits and hospital admissions among a cohort of PWUD. **[Abstract Edited]**

Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial

Author(s): Bodenmann P.; Griffin J.L.; Vu F.; Schupbach J.; Velonaki V.-S.; Baggio S.; Iglesias K.; Moschetti K.; Burnand B.; Wasserfallen J.-B.; Ruggeri O.; Hugli O.; Daeppen J.-B.

Source: Journal of General Internal Medicine; May 2017; vol. 32 (no. 5); p. 508-515

Publication Type(s): Article

Abstract:Background: Frequent emergency department (ED) users account for a disproportionately high number of ED visits. Studies on case management (CM) interventions to reduce frequent ED use have shown mixed results, and few studies have been conducted within a universal health coverage system. Objective: To determine whether a CM intervention-compared to standard emergency care-reduces ED attendance. **[Abstract Edited]**

Effect of Using the HEART Score in Patients With Chest Pain in the Emergency Department: A Stepped-Wedge, Cluster Randomized Trial.

Author(s): Poldervaart, Judith M; Reitsma, Johannes B; Backus, Barbra E; Koffijberg, Hendrik;

Source: Annals of internal medicine; May 2017; vol. 166 (no. 10); p. 689-697

Publication Type(s): Randomized Controlled Trial Journal Article

Available in full text at [Annals of Internal Medicine](#) - from EBSCOhost

Abstract:BackgroundThe HEART (History, Electrocardiogram, Age, Risk factors, and initial Troponin) score is an easy-to-apply instrument to stratify patients with chest pain according to their short-term risk for major adverse cardiac events (MACEs), but its effect on daily practice is unknown.ObjectiveTo measure the effect of use of the HEART score on patient outcomes and use of health care resources. **[Abstract Edited]**

Palliative homecare is associated with reduced high- and low-acuity emergency department visits at the end of life: A population-based cohort study of cancer decedents.

Author(s): Sutradhar, Rinku; Barbera, Lisa; Hsien, Yeang Seow

Source: Palliative Medicine; May 2017; vol. 31 (no. 5); p. 448-455

Publication Type(s): Academic Journal

Abstract:Background: Prior work shows that palliative homecare services reduce the subsequent need for hospitalizations and emergency services; however, no study has investigated whether this

association is present for emergency department visits of high acuity or whether it only applies to low-acuity emergency department visits. Aim: To examine the association between palliative versus standard homecare nursing and the rate of high-acuity and low-acuity emergency department visits among cancer decedents during their last 6 months of life. **[Abstract Edited]**

Importance of respiratory rate for the prediction of clinical deterioration after emergency department discharge: a single-center, case-control study

Author(s): Mochizuki K.; Mori K.; Takeshige K.; Nitta K.; Imamura H.; Shintani R.; Sato T.; **Source:** Acute Medicine and Surgery; Apr 2017; vol. 4 (no. 2); p. 172-178

Abstract:Aim: The purpose of the present study was to investigate the predictors of clinical deterioration soon after emergency department (ED) discharge. **[Abstract Edited]**

Long Term Prognostic Value of a Negative Work-Up for Acute Coronary Disease in Emergency Department Chest Pain Patients Without Known Coronary Artery Disease: A Cohort Study

Author(s): Kelly A.-M.; Klim S.

Source: Heart Lung and Circulation; Apr 2017; vol. 26 (no. 4); p. 338-342

Abstract:Background To determine the rate of all cause and cardiac death, new myocardial infarction (MI) or coronary revascularisation at over three years from index visit in emergency department chest pain patients without known coronary artery disease (CAD) at index presentation who had a negative electrocardiogram (ECG) and biomarker workup for acute coronary syndrome (ACS). **[Abstract Edited]**

Randomized trial of adding parenteral acetaminophen to prochlorperazine and diphenhydramine to treat headache in the emergency department

Author(s): Meyering S.H.; Stringer R.W.; Hysell M.K.

Source: Western Journal of Emergency Medicine; Apr 2017; vol. 18 (no. 3); p. 373-381

Available in full text at [Western Journal of Emergency Medicine](#) - from National Library of Medicine

Abstract:Introduction: Headaches represent over three million emergency department (ED) visits per year, comprising 2.4% of all ED visits. There are many proposed methods and clinical guidelines of treating acute headache presentations. However, data on intravenous acetaminophen usage in these settings are lacking. In this study, we sought to determine the efficacy of intravenous (IV) acetaminophen as an adjunct to a standard therapy for the treatment of patients who present to the ED with a chief complaint of headache. **[Abstract Edited]**

Observational study of alternative therapies among paediatric emergency department patients

Author(s): Ding J.-L.; Taylor D.M.; Lee M.; Johnson O.G.; Ashok A.; Babl F.E.; Griffiths M.; Craig S.S.; Cheek J.A.; Simma L.

Source: EMA - Emergency Medicine Australasia; Apr 2017; vol. 29 (no. 2); p. 136-142

Abstract:Objective: While complementary medicine use among ED paediatric patients is common, the use of alternative therapies (ATs; physical or spiritual therapies) is unknown. We aimed to determine the 12 month period prevalence and nature of AT use among paediatric patients and parent perceptions of AT use. **[Abstract Edited]**

Procedural sedation in the emergency department by Dutch emergency physicians: A prospective multicentre observational study of 1711 adults

Author(s): Smits G.J.P.; Thijssen W.A.M.H.; Kuypers M.I.; Mignot L.A.A.; Reijners E.P.J.; Oskam E.; Van Doorn K.; Korsten E.H.M.

Source: Emergency Medicine Journal; Apr 2017; vol. 34 (no. 4); p. 237-242

Available in full text at [Emergency Medicine Journal](#) - from Highwire Press

Abstract:Objective: To describe our experience performing ED procedural sedation in a country where emergency medicine (EM) is a relatively new specialty. **[Abstract Edited]**

Severe hyponatremia in an Emergency Department in 2015: A retrospective observational study

Author(s): Claverie P.; Karam H.H.; Laroche M.L.; Geniaux H.

Source: Fundamental and Clinical Pharmacology; Apr 2017; vol. 31 ; p. 35

Abstract:Introduction: Hyponatremia is one of the most common biochemical abnormalities encountered in hospital practice. It has multiple etiologies and consequences can be serious. The objective was to describe the population of patients with severe hyponatremia < 125 mmol/L in an Emergency Department in 2015. **[Abstract Edited]**



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