

Adult Emergency Medicine

Evidence Update



April 2018
(Quarterly)

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 Teaching and Learning

Lunchtime Drop-in Sessions

April (12.00-13.00)

5th (Thu) **Literature Searching**

9th (Mon) **Critical Appraisal**

17th (Tue) **Statistics**

25th (Wed) **Literature Searching**

May (13.00-14.00)

3rd (Thu) **Critical Appraisal**

11th (Fri) **Statistics**

14th (Mon) **Literature Searching**

22nd (Tue) **Critical Appraisal**

30th (Wed) **Statistics**

June (12.00-13.00)

7th (Thu) **Literature Searching**

11th (Mon) **Critical Appraisal**

20th (Wed) **Statistics**

28th (Thu) **Literature Searching**

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Emergency Medicine Journals

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[Emergency Medicine Journal](#)

April 2018 ; Volume 35 - Issue 4

[Annals of Emergency Medicine](#)

April 2018; Volume 71 - Issue 4

[Academic Emergency Medicine](#)

March 2018; Volume 25 - Issue 3

[European Journal of Emergency Medicine](#)

April 2018; Volume 25 - Issue 2

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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Library Clinic

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April 11th: Foyer, St Michael's Hospital 12.00-14.00

May 2nd: Canteen (Level 9, BRI) 12.00-14.00

June 6th: Terrace (Level 4, Education Centre) 12.00-14.00

June 19th: Welcome Centre, BRI 10.00-16.00

July 3rd: Welcome Centre, BRI 10.00-16.00

July 4th: Canteen (Level 9, BRI) 12.00-14.00

August 8th: Foyer, Education Centre 12.00-14.00

August 29th: Foyer, St Michael's Hospital 12.00-14.00

September 5th: Canteen (Level 9, BRI) 12.00-14.00

September 11th: Welcome Centre, BRI 10.00-16.00

October 3rd: Terrace (Level 4, Education Centre) 12.00-14.00

November 7th: Canteen (Level 9, BRI) 12.00-14.00

December 5th: Foyer, Education Centre 12.00-14.00

December 11th: Welcome Centre, BRI 10.00-16.00

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[Primary care professionals providing non-urgent care in hospital emergency departments](#)

Online Publication Date: February 2018

NICE National Institute for
Health and Care Excellence

[A comparison between video laryngoscopy and direct laryngoscopy for endotracheal intubation in the emergency department: A meta-analysis of randomized controlled trials](#) Source: [PubMed](#) - 14 March 2018 - Publisher: Journal Of Clinical Anesthesia [Read Summary](#)

[Patient nonadherence to filling discharge medication prescriptions from the emergency department: Barriers and clinical implications](#) Source: [Medicines Management Collection](#) - 01 March 2018 - Publisher: American Journal Of Health-system Pharmacy : Ajhp : Official Journal Of The American Society Of Health-system Pharmacists [Read Summary](#)

[Are non-pharmacologic pain interventions effective at reducing pain in adult patients visiting the Emergency Department? A Systematic Review and Meta-analysis](#) Source: [PubMed](#) - 15 March 2018 - Publisher: Academic Emergency Medicine : Official Journal Of The Society For Academic Emergency Medicine [Read Summary](#)

[Emergency department: weekly bulletins for 2018](#) Source: [GOV UK](#) - Source: [Public Health England](#) - 29 March 2018

[Prospective validation of clinical criteria to identify emergency department patients at high risk for adverse drug events](#) Source: [Medicines Management Collection](#) - 08 March 2018 - Publisher: Academic Emergency Medicine : Official Journal Of The Society For Academic Emergency Medicine [Read Summary](#)

[Effect of a Data-Driven Intervention on Opioid Prescribing Intensity Among Emergency Department Providers: A Randomized Controlled Trial](#) Source: [Medicines Management Collection](#) - 02 March 2018 - Publisher: Academic Emergency Medicine : Official Journal Of The Society For Academic Emergency Medicine [Read Summary](#)

Recent Database Articles

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

Prognosis After Emergency Department Intubation to Inform Shared Decision-Making

Author(s): Ouchi K.; Jambaulikar G.D.; George N.R.; Schuur J.D.; Pallin D.J.; Aaronson E.L.

Source: Journal of the American Geriatrics Society; 2018

Publication Type(s): Article In Press

Abstract: Objectives: To inform the shared decision-making process between clinicians and older adults and their surrogates regarding emergency intubation. Design: Retrospective cohort study. Setting: Multicenter, emergency department (ED)-based cohort. Participants: Adults aged 65 and older intubated in the ED from 2008 to 2015 from 262 hospitals across the United States (>95% of U.S. nonprofit academic medical centers). Measurements: Our primary outcome was age-specific in-hospital mortality. Secondary outcomes were age-specific odds of death after adjusting for race, comorbid conditions, admission diagnosis, hospital disposition, and geographic region [ABSTRACT EDITED]

Geography, Not Health System Affiliations, Determines Patients' Revisits to the Emergency Department

Author(s): Rising K.L.; Karp D.N.; Carr B.G.; Powell R.E.; Victor T.W.

Source: Health Services Research; Apr 2018; vol. 53 (no. 2); p. 1092-1109

Publication Type(s): Article

Available at [Health Services Research](#) - from EBSCO (MEDLINE Complete)

Abstract: Objectives: To determine how frequently patients revisit the emergency department after an initial encounter, and to describe revisit capture rates for the same hospital, health system, and geographic region. Data Sources/Study Setting: Florida state data from January 1, 2010, to June 30, 2011, from the Healthcare Cost and Utilization Project. [ABSTRACT EDITED]

Emergency Department Attendance after Telephone Triage: A Population-Based Data Linkage Study

Author(s): Gibson A.; Randall D.; Tran D.T.; Havard A.; Jorm L.R.; Byrne M.; Lawler A.; Robinson M.

Source: Health Services Research; Apr 2018; vol. 53 (no. 2); p. 1137-1162

Publication Type(s): Article

Available at [Health Services Research](#) - from EBSCO (MEDLINE Complete)

Abstract: Objective: To investigate compliance with telephone helpline advice to attend an emergency department (ED) and the acuity of patients who presented to ED following a call. Data Sources/Collection Methods: In New South Wales (NSW), Australia, 2009-2012, all (1.04 million) calls to a telephone triage service, ED presentations, hospital admissions and death registrations, linked using probabilistic data linkage. [ABSTRACT EDITED]

Infectious gastroenteritis and the need for strict contact precaution procedures in adults presenting to the emergency department: a Danish register-based study

Author(s): Skyum F.; Mogensen C.B.; Andersen V.; Chen M.; Pedersen C.

Source: Journal of Hospital Infection; Apr 2018; vol. 98 (no. 4); p. 391-397

Publication Type(s): Article

Abstract:Background: Acute infectious gastroenteritis requires contact precautions to prevent spread. On acute admission, the cause of diarrhoea is unknown, so the decision regarding which patients to isolate has to be made on clinical information with a risk of inexpedient use of contact precautions. Aim: To investigate how often gastroenteritis occurs (and therefore how often the need for isolation has to be assessed) in Danish emergency departments, and how often patients have to remain on contact precautions according to the results of faecal samples. **[ABSTRACT EDITED]**

Review article: Best practice management of common ankle and foot injuries in the emergency department (part 2 of the musculoskeletal injuries rapid review series)

Author(s): Strudwick K.; McPhee M.; Russell T.; Bell A.; Martin-Khan M.

Source: EMA - Emergency Medicine Australasia; Apr 2018; vol. 30 (no. 2); p. 152-180

Publication Type(s): Review

Abstract:Ankle and foot injuries are the most common musculoskeletal injuries presenting to Australian EDs and are associated with a large societal and economic impact. The quality of ED care provided to patients with ankle and foot fractures or soft tissue injuries is critical to ensure the best possible outcomes for the patient. This rapid review investigated best practice for the assessment and management of common ankle and foot injuries in the ED. Databases including **[ABSTRACT EDITED]**

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

Author(s): De Winter S.; Spriet I.; Wauters J.; Meersseman W.; Van Wijngaerden E.; Peetermans W.

Source: International Journal of Antimicrobial Agents; Apr 2018; vol. 51 (no. 4); p. 562-570

Publication Type(s): Article

Abstract:Recent studies suggest that intensive care unit patients treated with amikacin frequently do not attain the desired pharmacokinetic/pharmacodynamic (PK/PD) target, i.e. peak amikacin concentration (C_{peak}) to minimum inhibitory concentration (MIC) ratio of ≥ 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 prospective randomised controlled study was to determine PK/PD target attainment in ED patients presenting with severe sepsis or septic shock treated with 15 mg/kg versus 25 mg/kg amikacin. **[ABSTRACT EDITED]**

Cardiac CT in the Emergency Department: Contrasting Evidence from Registries and Randomized Controlled Trials

Author(s): Lee N.J.; Litt H.

Source: Current Cardiology Reports; Apr 2018; vol. 20 (no. 4)

Publication Type(s): Review

Abstract:Purpose of Review: To compare outcomes between registries and randomized controlled trials of coronary computed tomographic angiography (CCTA)-based versus standard of care

approaches to the initial evaluation of patients with acute chest pain. Recent Findings: Randomized trials have demonstrated CCTA to be a safe and efficient tool for triage of low- to intermediate-risk patients presenting to the emergency department with chest pain. Recent studies demonstrate heterogeneous results using different standard of care approaches for evaluation of hard endpoints in comparison with standard evaluation. Also, there has been continued concern for increase in subsequent testing after coronary CTA. Summary: Although CCTA improves detection of coronary artery disease, it is uncertain if it will bring improvement of long-term health outcomes at this point of time. Careful analysis of the previous results and further investigation will be required to validate evaluation of hard endpoints. Copyright © 2018, Springer Science+Business Media, LLC, part of Springer Nature.

Repeated closed reduction attempts of distal radius fractures in the emergency department

Author(s): Schermann H.; Kadar A.; Dolkart O.; Atlan F.; Rosenblatt Y.; Pritsch T.

Source: Archives of Orthopaedic and Trauma Surgery; Apr 2018; vol. 138 (no. 4); p. 591-596

Publication Type(s): Article

Abstract:Introduction: Repeated attempts of closed reduction of distal radius fractures (DRF) are performed in the emergency department setting to optimize fracture alignment and avoid surgery. The additional manipulation of the fracture may, however, increase dorsal comminution and lead to loss of reduction in the cast. This retrospective cohort study has investigated the effect of second reduction attempt on fracture alignment and comminution. **[ABSTRACT EDITED]**

Interface design dividing physical findings into medical and trauma findings facilitates clinical document entry in the emergency department: A prospective observational study.

Author(s): Inokuchi, Ryota; Maehara, Hiromu; Iwai, Satoshi; Iwagami, Masao; Sato, Hajime

Source: International journal of medical informatics; Apr 2018; vol. 112 ; p. 143-148

Publication Type(s): Journal Article

Abstract:PURPOSEThe interface design and its effect on workflow are key determinants of the usability of electronic medical records (EMRs) in the emergency department (ED). However, whether the overall clinical care can be improved by dividing the interface design of physical findings into medical and trauma findings is unknown. We previously developed an EMR system in which the checkpoints were separated into different sections according to the body part. Herein, we modified this EMR system by remaking the interface design specifically for trauma patients, and evaluated its performance. **[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

Source: Internal and emergency medicine; Apr 2018; vol. 13 (no. 3); p. 433-444

Publication Type(s): Journal Article Review

Available at [Internal & Emergency Medicine](#) - from EBSCO (MEDLINE Complete)

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. **[ABSTRACT EDITED]**

Characteristics, treatment and outcomes for all emergency department patients fulfilling criteria for septic shock: a prospective observational study.

Author(s): Williams, Julian M; Greenslade, Jaimi H; Dymond, Chelsea A; Chu, Kevin

Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Apr 2018; vol. 25 (no. 2); p. 97-104

Publication Type(s): Journal Article

Abstract:OBJECTIVE Most published data on emergency department (ED) patients with septic shock have been generated from studies examining the effect of early protocolised resuscitation in selected cohorts. Consequently, these data do not generally represent patients falling outside trial inclusion criteria or judged unsuitable for aggressive treatment. Our aim was to determine the characteristics, treatment and outcomes for all ED patients fulfilling the criteria for septic shock.

[ABSTRACT EDITED]

Thirty-day hospital readmissions among mechanically ventilated emergency department patients.

Author(s): Page, David B; Drewry, Anne M; Ablordeppey, Enyo; Mohr, Nicholas M; Kollef, Marin H

Source: Emergency medicine journal : EMJ; Apr 2018; vol. 35 (no. 4); p. 252-256

Publication Type(s): Journal Article

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

Abstract:BACKGROUND Unplanned 30-day readmissions have a negative impact on patients and healthcare systems. Mechanically ventilated ED patients are at high risk for complications, but factors associated with readmission are unknown. OBJECTIVE (1) Determine the rate of 30-day hospital readmission for ED patients receiving mechanical ventilation. (2) Identify associations between ED-based risk factors and readmission. DESIGN Retrospective cohort study. **[ABSTRACT EDITED]**

Orthostatic blood pressure recovery patterns in suspected syncope in the emergency department.

Author(s): van Wijnen, Veera K; Ten Hove, Dik; Gans, Reinold O B; Nieuwland, Wybe

Source: Emergency medicine journal : EMJ; Apr 2018; vol. 35 (no. 4); p. 226-230

Publication Type(s): Journal Article

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

Abstract:INTRODUCTION Orthostasis is a frequent trigger for (pre)syncope but some forms of orthostatic (pre)syncope have a worse prognosis than others. Routine assessment of orthostatic BP in the ED can detect classic orthostatic hypotension, but often misses these other forms of orthostatic (pre)syncope. This study aimed to determine the frequency of abnormal orthostatic BP recovery patterns in patients with (pre)syncope by using continuous non-invasive BP monitoring. **[ABSTRACT EDITED]**

Ketamine procedural sedation in the emergency department of an urban tertiary hospital in Dar es Salaam, Tanzania.

Author(s): Coralic, Zlatan; Sawe, Hendry R; Mfinanga, Juma A; Cortez, Alfredo; Koehl, Jennifer

Source: Emergency medicine journal : EMJ; Apr 2018; vol. 35 (no. 4); p. 214-219

Publication Type(s): Journal Article

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

Abstract:STUDY OBJECTIVEWe describe ketamine procedural sedations and associated adverse events in low-acuity and high-acuity patients in a resource-limited ED. **[ABSTRACT EDITED]**

Performance of high-sensitivity cardiac troponin in the emergency department for myocardial infarction and a composite cardiac outcome across different estimated glomerular filtration rates.

Author(s): Kavsak, Peter A; Worster, Andrew; Shortt, Colleen; Ma, Jinhui; Clayton, Natasha

Source: Clinica chimica acta; international journal of clinical chemistry; Apr 2018; vol. 479 ; p. 166-170

Publication Type(s): Journal Article

Abstract:BACKGROUNDClinicians regularly observe increased high-sensitivity cardiac troponin (hs-cTn) concentrations in patients with low estimated glomerular filtration rate (eGFR). The challenge is to differentiate acute coronary syndrome (ACS) from increased hs-cTn results across a range of eGFR. The objective of this study was to determine the optimal hs-cTn concentrations for acute myocardial infarction (MI) and a composite cardiovascular outcome across different eGFR ranges and to assess the utility of a low hs-cTn cutoff to rule-out events. **[ABSTRACT EDITED]**

The HEART score for early rule out of acute coronary syndromes in the emergency department: a systematic review and meta-analysis

Author(s): Van Den Berg P.; Body R.

Source: European Heart Journal: Acute Cardiovascular Care; Mar 2018; vol. 7 (no. 2); p. 111-119

Publication Type(s): Review

Abstract:Aims: The objective of this systematic review was to summarise the current evidence on the diagnostic accuracy of the HEART score for predicting major adverse cardiac events in patients presenting with undifferentiated chest pain to the emergency department. **[ABSTRACT EDITED]**

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

Author(s): Brousseau A.-A.; Melady D.; Dent E.; Hubbard R.; emond M.; Mercier E.; Costa A.P.

Source: Age and Ageing; Mar 2018; vol. 47 (no. 2); p. 242-248

Publication Type(s): 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]**

Risk Factors Associated with Emergency Department Return Visits Following Trauma System Discharge

Author(s): Ruttan T.; Wilkinson M.; Lawson K.A.; Piper K.

Source: Pediatric Emergency Care; Mar 2018; vol. 34 (no. 3); p. 202-207

Publication Type(s): Article

Abstract:Objectives Little evidence exists in the pediatric trauma literature regarding what factors are associated with re-presentation to the hospital for patients discharged from the emergency department (ED). **[ABSTRACT EDITED]**

Incidence and adverse outcomes of patients with major haemorrhage to the emergency department. the massa-carrara propensity matched community hospital cohort study

Author(s): Conti A.; Finizola F.; Bogazzi I.; Tognarelli A.; Bini G.; Renzi N.; Mazzucchelli M.; Vanni S

Source: European Heart Journal: Acute Cardiovascular Care; Mar 2018; vol. 7 (no. 1); p. 274-275

Publication Type(s): Conference Abstract

Abstract:Background: The incidence of major haemorrhage (MH) and the search for predictors, among clinical baseline characteristics, in patients with any bleeding events to the emergency department (ED) is still unclear. **[ABSTRACT EDITED]**

Short and long-term mortality of patients presenting with major bleeding to the emergency department. the massa-carrara propensity matched community hospital cohort study

Author(s): Conti A.; Finizola F.; Bogazzi I.; Renzi N.; Bini G.; Tognarelli A.; Molesti D.; Frosini F.

Source: European Heart Journal: Acute Cardiovascular Care; Mar 2018; vol. 7 (no. 1); p. 241-242

Publication Type(s): Conference Abstract

Abstract:Background: Management and outcomes of patients presenting with bleeding events to the emergency department (ED) still represent a major problem. Aim of the present study was to analyze clinical characteristics associated with short and long-term adverse outcomes. **[ABSTRACT EDITED]**

Exploring ECG patterns predictive of chest pain due to coronary microvascular dysfunction in emergency department (ED) patients

Author(s): Safdar B.; Felton O.; D'Onofrio G.; Dziura J.; Stolar M.; Sinusas A.; Marieb M.

Source: European Heart Journal: Acute Cardiovascular Care; Mar 2018; vol. 7 (no. 1); p. 240

Publication Type(s): Conference Abstract

Abstract:Background: Electrocardiographic (ECG) changes in patients with chest pain due to cardiac microvascular dysfunction (CMD) have not been well studied. We aimed to identify patterns of ECG changes that would predict patients at high or low risk for CMD in ED populations. **[ABSTRACT EDITED]**

Female sex is an independent risk factor for coronary microvascular dysfunction (CMD) in patients presenting to emergency department with chest pain

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

Source: European Heart Journal: Acute Cardiovascular Care; Mar 2018; vol. 7 (no. 1); p. 288

Publication Type(s): Conference Abstract

Abstract:Background: Coronary microvascular dysfunction (CMD) i.e. disease of the small vessels of the heart is an alternate cause of angina, affecting up to 2 million patients in the U.S. Evidence is sparse regarding sex-specific socio-demographic and clinical profile of patients with CMD in the emergency department (ED) setting. **[ABSTRACT EDITED]**

Do combined pharmacist and prescriber efforts on medication reconciliation reduce postdischarge patient emergency department visits and hospital readmissions?

Author(s): Baker M.; Xiong W.; Rossos P.G.; Lane K.; Tripp T.; Lam M.; Tiwana K.; Leong D.; Wong G.

Source: Journal of Hospital Medicine; Mar 2018; vol. 13 (no. 3); p. 152-157

Publication Type(s): Article

Abstract:BACKGROUND: Although medication reconciliation (Med Rec) has demonstrated a reduction in potential adverse drug events, its effect on hospital readmissions remains inconclusive.

OBJECTIVE: To evaluate the impact of an interprofessional Med Rec bundle from admission to discharge on patient emergency department visits and hospital readmissions (hospital visits).

[ABSTRACT EDITED]

Telephone Follow-Up for Older Adults Discharged to Home from the Emergency Department: A Pragmatic Randomized Controlled Trial

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

Source: Journal of the American Geriatrics Society; Mar 2018; vol. 66 (no. 3); p. 452-458

Publication Type(s): Article

Abstract:Background/Objectives: Telephone calls after discharge from the emergency department (ED) are increasingly used to reduce 30-day rates of return or readmission, but their effectiveness is not established. The objective was to determine whether a scripted telephone intervention by registered nurses from a hospital-based call center would decrease 30-day rates of return to the ED or hospital or of death. **[ABSTRACT EDITED]**

Population and patient factors affecting emergency department attendance in London: Retrospective cohort analysis of linked primary and secondary care records

Author(s): Hull S.A.; Homer K.; Boomla K.; Robson J.; Ashworth M.

Source: British Journal of General Practice; Mar 2018; vol. 68 (no. 668)

Publication Type(s): Article

Available at [British Journal of General Practice](#) - from EBSCO (MEDLINE Complete)

Abstract:Background Population factors, including social deprivation and morbidity, predict the use of emergency departments (EDs). Aim To link patient-level primary and secondary care data to determine whether the association between deprivation and ED attendance is explained by multimorbidity and other clinical factors in the GP record. Design and setting Retrospective cohort study based in East London. **[ABSTRACT EDITED]**

Are Geriatric Patients Placed in an Emergency Department Observation Unit on a Chest Pain Pathway More Likely Than Non-Geriatric Patients to Re-Present to the Hospital within 30 Days?

Author(s): Gruenberg C.C.; Breaud A.H.; Liu J.H.; Mitchell P.M.; Feldman J.A.; Kahn J.H.; Nelson K.P.

Source: Journal of Emergency Medicine; Mar 2018; vol. 54 (no. 3); p. 302-306

Publication Type(s): Article

Abstract:Background: Emergency department observation units (EDOUs) are used frequently for low-risk chest pain evaluations. Objective: The purpose of this study was to determine whether geriatric compared to non-geriatric patients evaluated in an EDU for chest pain have differences in unscheduled 30-day re-presentation, length of stay (LOS), and use of stress testing. Methods: We conducted an exploratory, retrospective, cohort study at a single academic, urban ED of all adult patients placed in an EDU chest pain protocol from June 1, 2014 to May 31, 2015. Our primary outcome was any unscheduled return visits within 30 days of discharge from the EDU. Secondary outcomes included EDU LOS and stress testing. **[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; Mar 2018; vol. 54 (no. 3); p. 320-327

Publication Type(s): Article

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]**

Screening for frailty in older emergency department patients: The utility of the Survey of Health, Ageing and Retirement in Europe Frailty Instrument

Author(s): Fallon A.; Kilbane L.; Briggs R.; Collins R.; Coughlan T.; O'Neill D.; Ryan D.; Kennelly S.P.

Source: QJM; Mar 2018; vol. 111 (no. 3); p. 151-154

Publication Type(s): Article

Abstract:Background: Greater numbers of older patients are accessing hospital services. Specialist geriatric input at presentation may improve outcomes for at-risk patients. The Survey of Health, Ageing and Retirement in Europe Frailty Instrument (SHARE-FI) 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]**

Emergency department frequent users for acute alcohol intoxication

Author(s): Klein L.R.; Martel M.L.; Driver B.E.; Reing M.; Cole J.B.

Source: Western Journal of Emergency Medicine; Mar 2018; vol. 19 (no. 2); p. 398-402

Publication Type(s): Article

Available at [The western journal of emergency medicine](#) - from escholarship.org

Abstract:Introduction: A subset of frequent users of emergency services are those who use the emergency department (ED) for acute alcohol intoxication. This population and their ED encounters have not been previously described. Methods: This was a retrospective, observational, cohort study of patients presenting to the ED for acute alcohol intoxication between 2012 and 2016. We collected all data from the electronic medical record. Frequent users for alcohol intoxication were defined as those with greater than 20 visits for acute intoxication without additional medical chief complaints in the previous 12 months. We used descriptive statistics to evaluate characteristics of frequent users for alcohol intoxication, as well as their ED encounters. **[ABSTRACT EDITED]**

By default: The effect of prepopulated prescription quantities on opioid prescribing in the emergency department

Author(s): Santistevan J.R.; Sharp B.R.; Hamedani A.G.; Lee A.W.; Patterson B.W.; Fruhan S.

Source: Western Journal of Emergency Medicine; Mar 2018; vol. 19 (no. 2); p. 392-397

Publication Type(s): Article

Available at [The western journal of emergency medicine](#) - from escholarship.org

Abstract:Introduction: Opioid prescribing patterns have come under increasing scrutiny with the recent rise in opioid prescriptions, opioid misuse and abuse, and opioid-related adverse events. To date, there have been limited studies on the effect of default tablet quantities as part of emergency department (ED) electronic order entry. Our goal was to evaluate opioid prescribing patterns before and after the removal of a default quantity of 20 tablets from ED electronic order entry. **[ABSTRACT EDITED]**

Multicenter Evaluation of the YEARS Criteria in Emergency Department Patients Evaluated for Pulmonary Embolism.

Author(s): Kabrhel, Christopher; Van Hylckama Vlieg, Astrid; Muzikanski, Alona; Singer, Adam

Source: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine; Mar 2018

Publication Type(s): Journal Article

Abstract:BACKGROUNDIt may be possible to safely rule out pulmonary embolism (PE) in patients with low pre-test probability (PTP) using a higher than standard D-dimer threshold. The YEARS criteria, which includes three questions from the Wells PE Score to identify low PTP patients and a variable D-dimer threshold, was recently shown to decrease the need for imaging to rule out PE by 14% in a multicenter study in the Netherlands. However, the YEARS approach has not been studied in the United States.M**[ABSTRACT EDITED]**

Hyponatraemia, hyperglycaemia and worsening renal function at first blood sample on emergency department admission as predictors of in-hospital death in patients with dyspnoea with suspected acute heart failure: retrospective observational analysis of the PARADISE cohort.

Author(s): Chouihed, Tahar; Buessler, Aurélien; Bassand, Adrien; Jaeger, Deborah; Virion, Jean Marc

Source: BMJ open; Mar 2018; vol. 8 (no. 3); p. e019557

Publication Type(s): Journal Article

Available at [BMJ open](#) - from HighWire - Free Full Text

Abstract:OBJECTIVESTo assess the prognostic value of hyponatraemia, hyperglycaemia and impaired estimated glomerular filtration rate (eGFR) in predicting in-hospital death in patients with acute heart failure (AHF) admitted for acute dyspnoea in the emergency department.DESIGNRetrospective observational study. **[ABSTRACT EDITED]**

Systematic Review and Meta-analysis of Unplanned Reoperations, Emergency Department Visits, and Hospital Readmission After Thyroidectomy.

Author(s): Margolick, Joseph; Chen, Wenjia; Wiseman, Sam

Source: Thyroid : official journal of the American Thyroid Association; Mar 2018

Publication Type(s): Journal Article

Abstract:BACKGROUNDUnplanned reoperation, Emergency Department (ED) visits, and hospital readmission following thyroid operations usually arise due to complications, and are a source of frustration for both surgeons and patients. With an aim to provide insight important for the development of patient quality care improvement initiatives, the primary objective of this review was to systematically evaluate the available literature in order to determine the contemporary rates of reoperation, readmission and ED visits following thyroid operations. A secondary study objective was to determine if there were any practices that showed promise in reducing the occurrence of these undesirable post-operative events. **[ABSTRACT EDITED]**

Clustered Emergency Room Visits Following an Acute Heart Failure Admission: A Population-Based Study.

Author(s): Duero Posada, Juan G; Moayedi, Yasbanoo; Zhou, Limei; McDonald, Michael

Source: Journal of the American Heart Association; Mar 2018; vol. 7 (no. 7)

Publication Type(s): Journal Article

Available at [Journal of the American Heart Association](#) - from HighWire - Free Full Text

Abstract:BACKGROUNDWhile it is well known that heart failure patients presenting to the emergency room (ER) have high short-term mortality after discharge, the outcomes of patients with heart failure with repeated ER visits within a short time are not known. In this study, we aimed to determine whether clustering is associated with an increased risk of death. **[ABSTRACT EDITED]**

Acupuncture in the emergency department: a systematic review of randomised controlled trials.

Author(s): Chia, Kwan Leung; Lam, Rex Pui Kin; Lam, Chung Kwun; Tsui, Sik Hon

Source: Acupuncture in medicine : journal of the British Medical Acupuncture Society; Mar 2018

Publication Type(s): Journal Article

Abstract:INTRODUCTIONA comprehensive review of both English and Chinese language literature to inform acupuncture practice in emergency department (ED) settings is lacking. Accordingly, we aimed to conduct a systematic review of English and Chinese randomised controlled trials (RCTs) of acupuncture use in the ED. **[ABSTRACT EDITED]**

Patients' readiness for discharge: Predictors and effects on unplanned readmissions, emergency department visits and death.

Author(s): Kaya, Sıdıka; Sain Guven, Gulay; Aydan, Seda; Kar, Ahmet; Teleş, Mesut; Yıldız, Ahmet

Source: Journal of nursing management; Mar 2018

Publication Type(s): Journal Article

Abstract:AIMTo determine the variables that affect patients' perceptions about their readiness for discharge and to elucidate the effects of these perceptions on patient outcomes such as unplanned readmission to the hospital, emergency department visits and death within 30 days after discharge.BACKGROUNDIn recent years, it has become even more important to assess patients' readiness for discharge as patients tend to be discharged more quickly. **[ABSTRACT EDITED]**

Experience using the «Shetty test» for initial foot and ankle fracture screening in the Emergency Department.

Author(s): Ojeda-Jiménez, J; Méndez-Ojeda, M M; Martín-Vélez, P; Tejero-García, S; Pais-Brito, J L

Source: Revista española de cirugía ortopédica y traumatología; Mar 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe indiscriminate practice of radiographs for foot and ankle injuries is not justified and numerous studies have corroborated the usefulness of clinical screening tests such as the Ottawa Ankle Rules. The aim of our study is to clinically validate the so-called Shetty Test in our area. **[ABSTRACT EDITED]**

C-reactive protein and emergency department seven days revisit.

Author(s): Ziv-Baran, Tomer; Wasserman, Asaf; Shteinvil, Ronen; Zeltser, David; Shapira, Itzhak;

Source: Clinica chimica acta; international journal of clinical chemistry; Mar 2018; vol. 481 ; p. 207-211

Publication Type(s): Journal Article

Abstract:BACKGROUND Emergency department (ED) revisit might be partially preventable. C-reactive protein (CRP) is an inflammatory biomarker which is commonly used as screening tool in the ED. We sought to evaluate the association between CRP level in patients visiting emergency department and 7 days revisit after discharge. **[ABSTRACT EDITED]**

Apneic oxygenation provides incremental benefit during intubation of patients in the emergency medicine and critical care settings.

Author(s): Ting, Daniel K; Lang, Eddy S

Source: CJEM; Mar 2018 ; p. 1-4

Publication Type(s): Journal Article

Abstract:Clinical question Should I use apneic oxygenation when intubating patients in the emergency department to increase peri-intubation oxygen saturation and first-pass success? Article chosen Oliveira JE, Silva L, Cabrera D, Barrionuevo P, et al. Effectiveness of apneic oxygenation during intubation: a systematic review and meta-analysis. Ann Emerg Med 2017;70(4):483-94. OBJECTIVE The purpose of this study was to synthesize and appraise the apneic oxygenation literature for its effect on peri-intubation outcomes.

Modelling attending physician productivity in the emergency department: a multicentre study.

Author(s): Joseph, Joshua W; Davis, Samuel; Wilker, Elissa H; Wong, Matthew L; Litvak, Ori;

Source: Emergency medicine journal : EMJ; Mar 2018

Publication Type(s): Journal Article

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

Abstract:OBJECTIVE Emergency physician productivity, often defined as new patients evaluated per hour, is essential to planning clinical operations. Prior research in this area considered this a static quantity; however, our group's study of resident physicians demonstrated significant decreases in hourly productivity throughout shifts. We now examine attending physicians' productivity to determine if it is also dynamic. **[ABSTRACT EDITED]**

Helpful Only When Elevated: Initial Serum Lactate in Stable Emergency Department Patients with Sepsis Is Specific, but Not Sensitive for Future Deterioration.

Author(s): Fernando, Shannon M; Barnaby, Douglas P; Herry, Christophe L; Gallagher, E John

Source: The Journal of emergency medicine; Mar 2018

Publication Type(s): Journal Article

Abstract:BACKGROUND Early emergency department (ED) identification of septic patients at risk of deterioration is critical. Lactate is associated with 28-day mortality in admitted patients, but little evidence exists on its use in predicting short-term deterioration. OBJECTIVE Our aim was to determine the role of initial serum lactate for prediction of short-term deterioration in stable ED patients with suspected sepsis. **[ABSTRACT EDITED]**

Impact of night shifts on emergency medicine resident resuscitation performance.

Author(s): Edgerley, Sarah; McKaigney, Conor; Boyne, Devon; Ginsberg, Darrell; Dagnone, Jeffrey Damon; Hall, Andrew Koch

Source: Resuscitation; Mar 2018

Publication Type(s): Journal Article

Abstract:AIMEmergency medicine (EM) trainees often work nightshifts. We sought to measure how this circadian disruption affects EM resident performance during simulated resuscitations.

[ABSTRACT EDITED]

Outcome of elderly emergency department patients hospitalised on weekends - a retrospective cohort study.

Author(s): Brouns, Steffie H A; Wachelder, Joyce J; Jonkers, Femke S; Lambooi, Suze L

Source: BMC emergency medicine; Mar 2018; vol. 18 (no. 1); p. 9

Publication Type(s): Journal Article

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

Abstract:BACKGROUNDStudies investigating different medical conditions and settings have demonstrated mixed results regarding the weekend effect. However, data on the outcome of elderly patients hospitalised on weekends is scarce. The objective was to compare in-hospital and two-day mortality rates between elderly emergency department (ED) patients (≥ 65 years) admitted on weekends versus weekdays. [ABSTRACT EDITED]

Emergency department visits and unanticipated readmissions after liver transplantation: A retrospective observational study.

Author(s): Oh, Seung-Young; Lee, Jeong Moo; Lee, Hannah; Jung, Chul-Woo; Yi, Nam-Joon

Source: Scientific reports; Mar 2018; vol. 8 (no. 1); p. 4084

Publication Type(s): Journal Article

Available at [Scientific Reports](#) - from PubMed Central

Abstract:Improved survival after LT are likely to result in increased healthcare resource utilization. The pattern and risk factors of emergency department (ED) visits and unanticipated readmissions, associated cost, and predictors of healthcare resource utilization after liver transplantation (LT) patients who received LT between 2011 and 2014 were analyzed. A total of 430 LT recipients were enrolled and the 1 year all-cause mortality was 1.4%. ED visits occurred in 53% (229/430) and unanticipated readmissions occurred at least once in 58.6% (252/430) of the patients. Overall risk factors for ED visits after LT included emergency operation [OR 1.56 (95%CI 1.02-2.37), $p = 0.038$] and warm ischemic time of >15 minutes [OR 2.36 (95%CI 1.25-4.47), $p = 0.015$]. Risk factors for readmissions after LT included greater estimated blood loss during LT [OR 1.09 (95%CI 1.02-1.17), $p = 0.012$], warm ischemic time of >15 minutes [OR 1.98 (95%CI 1.04-3.78), $p = 0.038$], and hospital length of stay of >2 weeks.

Detecting aberrant opioid behavior in the emergency department: a prospective study using the screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R), Current Opioid Misuse Measure (COMM)™, and provider gestalt.

Author(s): Varney, Shawn M; Perez, Crystal A; Araña, Allyson A; Carey, Katherine R;

Source: Internal and emergency medicine; Mar 2018

Publication Type(s): Journal Article

Abstract:Emergency department (ED) providers have limited time to evaluate patients at risk for opioid misuse. A validated tool to assess the risk for aberrant opioid behavior may mitigate adverse sequelae associated with prescription opioid misuse. We sought to determine if SOAPP-R, COMM, and provider gestalt were able to identify patients at risk for prescription opioid misuse as

determined by pharmacy records at 12 months. We conducted a prospective observational study of adult patients in a high volume US ED. Patients completed the SOAPP-R and COMM, and treating EM providers evaluated patients' opioid misuse risk. We performed variable-centered, person-centered, and hierarchical cluster analyses to determine whether provider gestalt, SOAPP-R, or COMM, or a combination, predicted higher misuse risk. The primary outcome was the number of opioid prescriptions at 12 months according to pharmacy records. F[**ABSTRACT EDITED**]

Emergency Department Experience with Novel Electronic Medical Record Order for Referral to Food Resources.

Author(s): Martel, Marc L; Klein, Lauren R; Hager, Kurt A; Cutts, Diana B

Source: The western journal of emergency medicine; Mar 2018; vol. 19 (no. 2); p. 232-237

Publication Type(s): Journal Article

Available at [The western journal of emergency medicine](#) - from escholarship.org

Abstract:IntroductionFood insecurity is a significant issue in the United States and is prevalent in emergency department (ED) patients. The purpose of this study was to report the novel use of an integrated electronic medical record (EMR) order for food resources, and to describe our initial institutional referral patterns after focused education and implementation of the order. [**ABSTRACT EDITED**]

Comparison of Clinical Practice in the Emergency Department: Female Versus Male Emergency Physicians.

Author(s): Huang, Kuo-Chen; Lin, Yan-Ren; Syue, Yuan-Jhen; Kung, Chia-Te; Chiu, I-Min; Li, Chao-Jui

Source: The American journal of the medical sciences; Mar 2018; vol. 355 (no. 3); p. 215-219

Publication Type(s): Journal Article

Abstract:BACKGROUNDThere are fewer female emergency physicians (EPs) than male ones. This study attempted to analyze the differences in clinical practice between female and male EPs in the emergency department (ED). [**ABSTRACT EDITED**]

Patients discharged from the emergency department after referral for hospitalist admission.

Author(s): Caulfield, Christopher A; Stephens, John; Sharalaya, Zarina; Laux, Jeffrey P

Source: The American journal of managed care; Mar 2018; vol. 24 (no. 3); p. 152-156

Publication Type(s): Journal Article

Abstract:OBJECTIVESTo describe the characteristics and outcomes of patients discharged from the emergency department (ED) by hospitalist physicians.STUDY DESIGNRetrospective cohort study at a tertiary academic medical center. [**ABSTRACT EDITED**]

Telemedicine Use Decreases Rural Emergency Department Length of Stay for Transferred North Dakota Trauma Patients.

Author(s): Mohr, Nicholas M; Vakkalanka, J Priyanka; Harland, Karisa K; Bell, Amanda; Skow, Brian

Source: Telemedicine journal and e-health : the official journal of the American Telemedicine Association; Mar 2018; vol. 24 (no. 3); p. 194-202

Publication Type(s): Journal Article

Abstract:BACKGROUNDTelemedicine has been proposed as one strategy to improve local trauma care and decrease disparities between rural and urban trauma outcomes.OBJECTIVESThis study was

conducted to describe the effect of telemedicine on management and clinical outcomes for trauma patients in North Dakota. **[ABSTRACT EDITED]**

Preventing intrusive memories after trauma via a brief intervention involving Tetris computer game play in the emergency department: a proof-of-concept randomized controlled trial.

Author(s): Iyadurai, L; Blackwell, S E; Meiser-Stedman, R; Watson, P C; Bonsall, M B; Geddes, J R

Source: Molecular psychiatry; Mar 2018; vol. 23 (no. 3); p. 674-682

Publication Type(s): Journal Article

Available at [Molecular Psychiatry](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:After psychological trauma, recurrent intrusive visual memories may be distressing and disruptive. Preventive interventions post trauma are lacking. Here we test a behavioural intervention after real-life trauma derived from cognitive neuroscience. We hypothesized that intrusive memories would be significantly reduced in number by an intervention involving a computer game with high visuospatial demands (Tetris), via disrupting consolidation of sensory elements of trauma memory. The Tetris-based intervention (trauma memory reminder cue plus c. 20 min game play) vs attention-placebo control (written activity log for same duration) were both delivered in an emergency department within 6 h of a motor vehicle accident. The randomized controlled trial compared the impact on the number of intrusive trauma memories in the subsequent week (primary outcome). **[ABSTRACT EDITED]**

A Group Lifestyle Intervention Program Is Associated with Reduced Emergency Department Presentations for People with Metabolic Syndrome: A Retrospective Case-Control Study.

Author(s): Peiris, Casey L; Taylor, Nicholas F; Hull, Susan; Anderson, Amanda; Belski, Regina

Source: Metabolic syndrome and related disorders; Mar 2018; vol. 16 (no. 2); p. 110-116

Publication Type(s): Journal Article

Abstract:BACKGROUNDOne quarter of the world's adults have metabolic syndrome. Lifestyle modification is the first line of intervention as improvements in diet and exercise can have positive effects on the individual components of metabolic syndrome. The primary aim of this research was to evaluate the effect of an 8-week lifestyle intervention program for people with metabolic syndrome on emergency department presentations, hospital admissions, and metabolic parameters. **[ABSTRACT EDITED]**

Difference between elderly and non-elderly patients in using serum lactate level to predict mortality caused by sepsis in the emergency department.

Author(s): Cheng, Hsien-Hung; Chen, Fu-Cheng; Change, Meng-Wei; Kung, Chia-Te; Cheng, Chi-Yung

Source: Medicine; Mar 2018; vol. 97 (no. 13); p. e0209

Publication Type(s): Journal Article

Available at [Medicine](#) - from IngentaConnect - Open Access

Abstract:Elderly people are more susceptible to sepsis and experience more comorbidities and complications than young adults. Serum lactate is a useful biomarker to predict mortality in patients with sepsis. Lactate production is affected by the severity of sepsis, organ dysfunction, and adrenergic stimulation. Whether the predictive ability of serum lactate will be different between non-elderly and elderly patients is unknown. A retrospective cohort study was conducted to compare the prognostic value of hyperlactatemia in predicting the mortality between elderly (≥ 65 years) and non-elderly (< 65 years) patients with sepsis. This is a single-center retrospective observational cohort study conducted from January 2007 to December 2013 in southern Taiwan. **[ABSTRACT EDITED]**

The effectiveness of using magnetic resonance imaging in syncope patients visiting an emergency department: A case-control study.

Author(s): Choi, Go Eun; Moon, Byung Hyun; Lee, Sung Do; Jeung, Eu Jen; Lee, Dong Hun;

Source: JPMA. The Journal of the Pakistan Medical Association; Mar 2018; vol. 68 (no. 3); p. 364-369

Publication Type(s): Journal Article

Available at [JPMA. The Journal of the Pakistan Medical Association](#) - from EBSCO (MEDLINE Complete)

Abstract:OBJECTIVETo evaluate the effectiveness of brain magnetic resonance imaging in excluding neurological causes in patients with syncope. **[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; Mar 2018; vol. 44 (no. 2); p. 146-155

Publication Type(s): Journal Article

Available at [Journal of emergency nursing: JEN : official publication of the Emergency Department Nurses Association](#) - from ProQuest (Hospital Premium Collection) - NHS Version

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]**

The impact of geriatric focused nurse assessment and intervention in the emergency department: A systematic review.

Author(s): Malik, M; Moore, Z; Patton, D; O'Connor, T; Nugent, L E

Source: International emergency nursing; Mar 2018; vol. 37 ; p. 52-60

Publication Type(s): Journal Article Review

Abstract:BACKGROUNDNursing assessment of elderly patients is imperative in Emergency Departments (ED) while providing interventions that increase independence facilitating discharge to primary healthcare.AIMSTo systematically review the impact of geriatric focused nurse assessment and intervention in the ED on hospital utilisation in terms of admission rate, ED revisits and length of hospital stay (LOHS). **[ABSTRACT EDITED]**

A Retrospective Nested Cohort Study of Emergency Department Revisits for Migraine in New York City.

Author(s): Minen, Mia T; Boubour, Alexandra; Wahnich, Amanda; Grudzen, Corita;

Source: Headache; Mar 2018; vol. 58 (no. 3); p. 399-406

Publication Type(s): Journal Article

Abstract:OBJECTIVEMigraine causes more than 1.2 million visits to US emergency departments (EDs) annually. Many of these visits are revisits among patients who had already been treated in an ED for migraine. The goal of this analysis was to determine the frequency of headache revisits among patients who present to an ED for management of migraine and sociodemographic factors associated with the revisit. **[ABSTRACT EDITED]**headache revisits.

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, Deahne; Close, Benjamin; Laspina, Kathryn;

Source: Emergency medicine journal : EMJ; Mar 2018; vol. 35 (no. 3); p. 179-184

Publication Type(s): Journal Article

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

Abstract:OBJECTIVETo 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]**

Implementation of an Early Discharge Protocol and Chest Pain Clinic for Low-Risk Chest Pain in the Emergency Department.

Author(s): Kashef, Mohammad Amin; Garb, Jane; Kugelmass, Aaron; Lotfi, Amir

Source: Critical pathways in cardiology; Mar 2018; vol. 17 (no. 1); p. 1-5

Publication Type(s): Journal Article

Abstract:BACKGROUNDMost of the patients presenting to emergency department with chest pain are at low risk of adverse events. Identifying high-risk patients can be challenging and resource intensive. **[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; Mar 2018; vol. 46 (no. 3); p. e213

Publication Type(s): Journal Article

Available at [Critical Care Medicine](#) - from Ovid (Journals @ Ovid) - Remote Access

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. **[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; Mar 2018; vol. 66 ; p. 1-8

Publication Type(s): Journal Article

Available at [Contemporary Clinical Trials](#) - from PubMed Central

Abstract:BACKGROUNDTobacco 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]**

A Comparison of Headache Treatment in the Emergency Department: Prochlorperazine Versus Ketamine.

Author(s): Zitek, Tony; Gates, Melanie; Pitotti, Christopher; Bartlett, Alexandria; Patel, Jayme

Source: Annals of emergency medicine; Mar 2018; vol. 71 (no. 3); p. 369

Publication Type(s): Journal Article

Abstract:STUDY OBJECTIVEIntravenous subdissociative-dose ketamine has been shown to be effective for pain management, but has not been specifically studied for headaches in the emergency department (ED). For this reason, we designed a study to compare standard treatment (prochlorperazine) with ketamine in patients with benign headaches in the ED. **[ABSTRACT EDITED]**

Effect of Automated Prescription Drug Monitoring Program Queries on Emergency Department Opioid Prescribing.

Author(s): Sun, Benjamin C; Charlesworth, Christina J; Lupulescu-Mann, Nicoleta; Young, Jenny I

Source: Annals of emergency medicine; Mar 2018; vol. 71 (no. 3); p. 337

Publication Type(s): Journal Article

Abstract:STUDY OBJECTIVEWe assess whether an automated prescription drug monitoring program intervention in emergency department (ED) settings is associated with reductions in opioid prescribing and quantities. **[ABSTRACT EDITED]**

Unsuspected Critical Illness Among Emergency Department Patients Presenting for Acute Alcohol Intoxication.

Author(s): Klein, Lauren R; Cole, Jon B; Driver, Brian E; Battista, Christopher; Jelinek, Ryan;

Source: Annals of emergency medicine; Mar 2018; vol. 71 (no. 3); p. 279-288

Publication Type(s): Journal Article

Abstract:STUDY OBJECTIVEEmergency department (ED) visits for acute alcohol intoxication are common, but this population is at risk for decompensation and occult critical illness. The purpose of this study is to describe the incidence and predictors of unsuspected critical illness among patients with acute alcohol intoxication. **[ABSTRACT EDITED]**

Effect of a single dose of i.v. ondansetron on QTc interval in emergency department patients.

Author(s): Li, Kai; Vo, Kathy; Lee, Byron K; Addo, Newton; Coralic, Zlatan

Source: American journal of health-system pharmacy : AJHP : official journal of the American Society of Health-System Pharmacists; Mar 2018; vol. 75 (no. 5); p. 276-282

Publication Type(s): Journal Article

Available at [American Journal of Health-System Pharmacy](#) - from EBSCO (CINAHL with Full Text)

Abstract:PURPOSEResults of a study to determine whether i.v. administration of a single dose of 4 mg of ondansetron was associated with QT interval prolongation in emergency department (ED) patients are reported. **[ABSTRACT EDITED]**



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