

What The Hell Has
BROWN Been Reading
JOURNAL ARTICLES
10/2022

1

Ten Commandments Of
Emergency Medicine

- ▶ Secure the ABCs, but carefully
- ▶ Remember Naloxone, Glucose, and Thiamine
- ▶ Administer a Pregnancy Test and sometimes a Bedside US
- ▶ Assume the Worst
- ▶ Do Not Send Unstable Patients to Radiology and Never Alone
- ▶ Seek Out the Red Flags
- ▶ Trust No One, Believe Nothing including yourself
- ▶ Learn From Your Mistakes
- ▶ Do Unto Others As You Would Your Family
- ▶ When in Doubt, Always ERROR on the Side of the Patient

2

Cefdinir Stool



3

Cefdinir and "Bloody" Stools
EMedHome.com

- ▶ Cefdinir 3rd gen cephalosporin = UTI, OM, pharyngitis and skin infections
- ▶ RED colored stools in kids mimics bloody stools
- ▶ When combined in the gut with iron containing products
- ▶ NO NEED for workup if fecal occult blood test – (neg)

4

**BY THE NUMBERS:
SENSITIVITY OF UNENHANCED CT.** ACEP NOW 7/2022

- ▶ Aortic Dissection Type A= 94%
- ▶ Aortic Dissection Type B=71%
- ▶ Appendicitis 91%
- ▶ Traumatic Blunt Abdominal Injury 64%

5

**BY THE NUMBERS:
MONKEYPOX** ACEP NOW 7/2022

- ▶ First Discovered 1958
- ▶ First Human Case 1970
- ▶ Cases in The U.S. as of July 2022 2,891 Sept. 14, 2022 22,774 CDC 9/14/2022
- ▶ Washington DC 3.6X per capita rate of all other states
- ▶ New York highest cases in country
- ▶ Symptoms Present in Lab-Confirmed Cases
 - FEVER 100%
 - RASH 95%
 - LYMPHADENOPATHY 85%

6

Anticoagulant Reversal Strategies in the Emergency Department. Key Advances ABEM 1/2022

- ▶ ALL DOACs (Direct Oral Anticoagulants) may be reversed with Prothrombin Complex Concentrates (PCC). Specific reversal agents are recommended if available.
- ▶ Kcentra (4 Factor) PCC is FDA approved for reversal of Warfarin and is used off label for reversal of DOAC.
- ▶ Specific Reversal Agents Should Be Used As FIRST-LINE AGENTS.
- ▶ Life-Threatening Bleeding or Critical Site Bleeding Events Should Be Treated with a Reversal Agent.
 - hemoglobin drop of ≥5 g/dl
 - hemodynamic instability
 - uncontrolled bleeding requiring procedural intervention

Critical Sites: airway, brain, pericardium, aorta, spine, eye, closed spaces at risk for compartment syndrome

BOTTOM LINE IS TO BRING ALL PILL BOTTLES WITH THE PATIENT

Warfarin, Apixaban, Rivaroxaban, Edoxaban, Dabigatran

7

Critical Issues in the Evaluation and Management of Adults Presenting to the Emergency Department with Seizures. Key Advances ABEM Ann. Emerg. Med 4/2014

1. Emergency Physicians need not initiate antiepileptic medications in the ED for patients with first time provoked or unprovoked seizures.
2. Emergency Physicians need not admit patients with first time unprovoked seizures who return to their clinical baseline in the ED.
3. When restarting seizure meds in the ED IV or ORAL is OK.
4. Benzodiazepine Refractory Status patients should receive IV phenytoin, fosphenytoin, or valproate. Level B recommendation.
5. Level C recommendation IV levetiracetam (may move to B list), propofol, or barbiturates.

8

AVOIDING ROUTINE USE OF SUPPLEMENTAL OXYGEN FOR PATIENTS WITH SUSPECTED ACUTE MYOCARDIAL INFARCTION. Key Advances 2022

- ▶ The Routine ED Management of the Patient Suspected of AMI **DOES NOT** Require Supplemental Oxygen Unless their Oxygen Saturation is less than 90% or the Patient is in Respiratory Distress.

9

CRITICAL ISSUES in the EVALUATION and MANAGEMENT of ADULT PATIENTS PRESENTING to the EMERGENCY DEPARTMENT with ACUTE HEADACHE. KEY ADVANCES ABEM 2022

- ▶ Use the Ottawa Subarachnoid Hemorrhage Rule: R/O SAH
ED patients with normal neuro exam and peak headache severity within one hour of pain onset.
Presence of any criteria requires emergent neuroimaging.
 1. ≥ 40 years
 2. neck pain or stiffness
 3. witnessed LOC
 4. onset with exertion
 5. thunderclap headache
 6. limited neck flexion on exam

10

HEADACHE CONTINUED

- ▶ Preferentially use non-opioid medications in the treatment of acute primary headaches and ED patients.
- ▶ A normal non-contrast head CT (minimum third generation scanner) performed within six hours of symptom onset in an ED headache patient with a normal neurologic examination, maybe used to rule out non-traumatic SAH.
- ▶ Perform lumbar puncture or CT angiography to safely rule out SAH in the adult ED patient who is still considered to be at risk for SAH after a negative non-contrast head CT result.

11

HEART SCORE in ED PATIENTS WITH CHEST PAIN. KEY ADVANCES ABEM 2022

- ▶ Emergency physicians are recommended to use the HEART score and pathway as a clinical decision aid. Depending on local and individual patient resources, patient with a low (0-3) HEART score may be discharged from the ED with follow up.
- ▶ Subjects with a low HEART score (0-3) have less than 3% (2.5%) risk of MACE (major adverse cardiac event) at six weeks after presentation.
- ▶ HEART= History, ECG, Risk Factors, and Troponin
- ▶ MACE= acute myocardial infarction, stroke, cardiovascular death, unstable angina, and heart failure. (definition may vary somewhat.)

12

ACUTE STROKE Continued...

- ▶ **DAWN INCLUSION**
 Adult with NIHSS ≥ 10
 Disability mRS*** ≤ 1 prior to acute stroke
 No evidence of any cerebral hemorrhage on CT or MRI
 No evidence of infarct involving >1/3 middle cerebral artery territory
- ▶ **DEFUSE INCLUSION**
 Adult with NIHSS ≥ 6
 Disability mRS*** ≤ 2 prior to acute stroke (functional for all ADLs)
 Endovascular treatment can be initiated between six and 16 hours of stroke onset.

***Modified Rankin Scale **BOTTOM LINE: FIND OUT LAST KNOWN NORMAL**

16

Healthcare Personnel Exposures to Subsequently Laboratory Confirmed Monkeypox Patients – Colorado, 2020. CDC MMWR Sept. 16, 2022

- ▶ What is already known about this topic?
 CDC : **HCP wear PPE= gown, gloves, eye protection and N95.**
- ▶ What is added by this report? N 313
 PPE and post exposure prophylaxis was low (23%).
 NONE acquired Monkeypox at 21 days.
- ▶ What are the implications for public health practice?
 "The risk for acquiring monkeypox among U.S. HCP after exposure to patients with monkeypox is very low."

17
