

Editor's note: *Annals* has partnered with a small group of selected journals of international emergency medicine societies to share from each a highlighted research study, as selected monthly by their editors. Our goals are to increase awareness of our readership to research developments in the international emergency medicine literature, promote collaboration among the selected international emergency medicine journals, and support the improvement of emergency medicine world-wide, as described in the WAME statement at <http://www.wame.org/about/policy-statements#Promoting%20Global%20Health>. Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by *Annals*.

African Journal of Emergency Medicine

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Official Journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopian Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association

The accuracy of paediatric weight estimation during simulated emergencies: The effects of patient position, patient cooperation, and human errors

Wells M, Goldstein LN, Bentley A. The accuracy of paediatric weight estimation during simulated emergencies: The effects of patient position, patient cooperation, and human errors. *Afr J Emerg Med.* 2018;8:43-50.

Introduction: The effect of patient position and patient cooperation on the accuracy of emergency weight estimation systems has not been evaluated previously. The objective of this study was to evaluate weight estimation accuracy of the Broselow tape, the PAWPER XL tape, the Mercy method, and a custom-designed mobile phone App in a variety of realistic simulated paediatric emergencies.

Methods: This was a prospective study in which 32 emergency medicine volunteers participated in eight simulations of common paediatric emergency conditions, using children models. The participants used each of the four methods to estimate the children's weight. The accuracy of and time taken for the weight estimations were evaluated for each method. A regression analysis determined the effects of patient position and cooperation on weight estimation accuracy. Evaluation of subgroups of best-performers and worst-performers among the participants provided information on the effects of human user-error on weight estimation accuracy.

Results: The Broselow tape, Mercy method, App and the PAWPER XL tape achieved percentages of weight estimation within 10% of actual weight in 47.7, 57.3, 68.1, and 73.0% of estimations, respectively. Patient position and cooperation strongly impacted the accuracy of the Broselow tape, had a minimal effect on the Mercy method and the App, and had no effect on the PAWPER XL tape. The best performing participants achieved very high accuracy with all methods except the Broselow tape.

Discussion: The Mercy method, the App, and the PAWPER XL tape achieved exceptionally high accuracy even in uncooperative and sub-optimally positioned children when used by the best-performing participants. Human error, from inexperience and inadequate training, had the most significant impact on accuracy. The Mercy method was the most subject to human error, and the PAWPER XL tape, the least. Adequate training in using weight estimation systems is essential for paediatric patient safety.

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Canadian Journal of Emergency Medicine

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Official Journal of the Canadian Association of Emergency Physicians

The writer's guide to education scholarship in emergency medicine: systematic reviews and the scholarship of integration (part 4)

Murnaghan A, Weersink K, Thoma B, Hall AK, Chan T. The Writer's Guide to Education Scholarship in Emergency Medicine: Systematic Reviews and the Scholarship of Integration (Part 4). CJEM. 2018;20:626-633.

Introduction: Reviews help scholars consolidate the evidence to guide their educational practice. There are, however, few papers that consolidate all the literature around publishing review papers. We completed a scoping review to develop a set of quality indicators that will assist junior authors to publish their reviews and integrative scholarship.

Methods: Medline, Embase, Eric and Google Scholar were searched for English language articles published between 2012 and January 2016 using the terms "review", "medical education", "how to publish" and "emergency medicine". Titles and abstracts were reviewed by two authors and included if they focused on how to publish a review or outlined reporting guidelines of reviews. The articles were reviewed in parallel for calibration and disagreements were resolved through consensus. A hand search of the articles reference lists revealed an additional

eight articles, while four relevant papers were discovered via expert recommendation.

Results: A full text review of the 25 articles was conducted and 196 recommendations were extracted from 13 articles. These recommendations were thematically analyzed into a list of 7 themes and 32 items. Additionally, seven evaluation tools and reporting guidelines were found to guide researchers in optimizing their reviews for publication.

Discussion: In emergency medicine education, review articles can help synthesize educational research so that educators can engage in evidence-based scholarly teaching. We hope that this work will act as an introduction to those interested in engaging in integrative scholarship by providing them with a guide to key quality markers and important checklists for improving their work.

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Official Journal of the Spanish Society of Emergency Medicine

Intubation through 2 supraglottic airway device in cervical spine immobilization: a randomized trial of residents' use of the intubating laryngeal mask airway and the intubating laryngeal tube in manikins

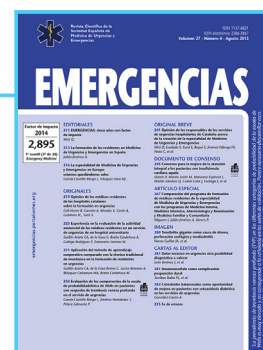
Aleksandrowicz D, Gaszyski T. Intubation through 2 supraglottic airway device in cervical spine immobilization: a randomized trial of residents' use of the intubating laryngeal mask airway and the intubating laryngeal tube in manikins. Emergencias. 2018;30:186-189.

Objective: The aim of this study was to compare the intubating laryngeal mask (iLM) airway and the new intubating laryngeal tube (iLTS-D) in use by residents with minimal previous intubation experience during simulated conditions of reduced cervical spine mobility.

Methods: Thirty first-year residents in anesthesiology participated in the study (18 women). All participants had minimal intubation experience (fewer than 10 previously performed intubations) and were novices in the specialty. Both devices

were used by each participant after random assignment of order. We recorded the time required to insert the device and start to ventilate through it (T1) and the time from insertion and intubation to successful ventilation (T2). Efficacy of intubation and each resident's assessment of ease of use were also assessed.

Results: The residents' mean (SD) T1 values were similar for the 2 devices (iLMA, 15.3 [5.5] seconds; iLTS-D, 15.4 [5.5] seconds; P=.938). T2 was shorter with the iLTS-D (25.4 [8.6] seconds vs 31.9 [8.8] seconds with the iLMA;



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