

CARDIOLOGY

221 Increased Blood Pressure in the Emergency Department: Pain, Anxiety, or Undiagnosed Hypertension? (Original Research)

P Tanabe, SD Persell, JG Adams, JC McCormick, Z Martinovich, DW Baker

What is already known on this topic: It is unclear how often increased blood pressure in emergency department (ED) patients is a marker of chronic essential hypertension and how often it is a transient finding related to stress. *What question this study addressed:* How frequently is an increased blood pressure in ED patients without known hypertension sustained at home? *What this study adds to our knowledge:* Of 156 ED patients prospectively followed at a single urban site, half had sustained hypertension at home. ED blood pressure increase was not associated with increased anxiety or pain. *How this might change clinical practice:* Patients with increased blood pressure in the ED should be advised to have serial blood pressure checks so that essential hypertension can be confirmed or excluded.

231 Utility of Routine Testing for Patients With Asymptomatic Severe Blood Pressure Elevation in the Emergency Department (Original Research)

DJ Karras, LK Kruus, JJ Cienki, MM Wald, JW Ufberg, P Shayne, DA Wald, KL Heilpern

What is already known on this topic: Textbooks recommend the laboratory screening of asymptomatic patients with very high blood pressure for evidence of end-organ damage. *What question this study addressed:* Whether screening such patients results in clinically meaningful changes in management. *What this study adds to our knowledge:* Fifty-seven of the 109 patients had at least 1 abnormal test result. Five patients had abnormalities conceivably related to the elevated blood pressure. No patient had laboratory findings indicative of a hypertensive emergency. *How this might change clinical practice:* Although screening tests are recommended, there has never been any evidence about whether patients with asymptomatic hypertension require them. These data support the concept that screening is highly unlikely to disclose results leading to changes in emergency department management.

240 Low Diagnostic Yield of Electrocardiogram Testing in Younger Patients With Syncope (Original Research)

BC Sun, JR Hoffman, WR Mower, GZ Shlamovitz, GZ Gabayan, CM Mangione

What is already known on this topic: Although a number of published guidelines recommend ECG testing in patients with syncope, the diagnostic yield is low. *What question this study addressed:* This prospective study examined the frequency of ECG abnormalities in emergency department (ED) patients with syncope, whether abnormalities predict subsequent cardiac events, and whether either varies as a function of age. *What this study adds to our knowledge:* The ECG result was abnormal in a significant proportion of the 461 patients but did not reveal a cause of syncope in any of those younger than 40 years. *How this might change clinical practice:* If confirmed in larger studies, immediate ECG testing may not be necessary in many younger ED patients presenting with syncope.

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247 Treatment of Massive Fluid Overload as a Result of Constrictive Pericarditis With Ultrafiltration in the Emergency Department (Case Report)

PD Levy, N Penugonda, M Guglin

We present a case of massive fluid overload as a result of chronic lupus-related constrictive pericarditis, which was treated in the emergency department (ED) with ultrafiltration. With this novel technique, a large volume (7,350 mL) of fluid was extracted during 19 hours, with dramatic clinical improvement. The patient was hemodynamically stable throughout the intervention, and the procedure was tolerated without complication. We highlight the challenges associated with the treatment of such individuals and the potential benefits of ultrafiltration in the ED setting.

CLINICAL PRACTICE AND PATIENT SAFETY

- ⊙ **251 Characteristics of Patient Care Management Problems Identified in Emergency Department Morbidity and Mortality Investigations During 15 Years** (Original Research)
KS Cosby, R Roberts, L Palivos, C Ross, J Schaidler, S Sherman, I Nasr, E Couture, M Lee, S Schabowski, I Ahmad, RD Scott II

What is already known on this topic: Morbidity and mortality conferences and other forms of quality review are commonplace. Their content has not been well studied. *What question this study addressed:* What types of events and what causal and contributing factors are common in morbidity and mortality reviews? *What this study adds to our knowledge:* The diagnostic process was judged the most common locus of failure in more than 600 cases, spanning 15 years. Despite imperfections in care, more than half the patients still received some benefit compared with the likely outcome with no care at all. *How this might change clinical practice:* Detailed case reviews provide useful information for practice improvement but have selection bias in the choice of cases and biases produced by the retrospective interpretation of incomplete information.

262 Thick Versus Thin: Description Versus Classification in Learning From Case Reviews
(Editorial)

RL Wears, B-T Karsh

265 Decreasing Reimbursements for Outpatient Emergency Department Visits Across Payer Groups From 1996 to 2004 (Original Research)

RY Hsia, D MacIsaac, LC Baker

What is already known on this topic: US emergency departments (EDs) are mandated to provide care yet are not guaranteed payment for the care they provide. The cost of providing uncompensated care has been cited as the reason for closure of some US EDs. *What question this study addressed:* This study determined trends in average ED charges, payments, and reimbursement rates from 1996 to 2004. *What the study adds to our knowledge:* ED charges increased faster than ED payments throughout the study period, resulting in lower reimbursement rates. The pattern of decreasing reimbursement rates over time was observed across all 4 insurance categories examined: private insurance, Medicare, Medicaid, and no insurance. *How this might change clinical practice:* Decreasing reimbursement rates will likely put more financial pressure on our already strained emergency care system.

275 TelEmergency: A Novel System for Delivering Emergency Care to Rural Hospitals
(Concepts)

R Galli, JC Keith, K McKenzie, GS Hall, K Henderson

Providing rural emergency medical care is often difficult due to limited resources and a scarcity of medical providers including physicians trained in emergency medicine. Telemedicine offers promise for improving the quality of care in rural areas but previous models were not well designed to provide affordable care to unstable or potentially unstable patients. The TelEmergency program was developed to overcome these limitations by providing quality, affordable medical care to patients in rural emergency departments utilizing specially trained nurse practitioners linked in real-time via telemedicine with their collaborating physicians at the University of Mississippi Medical Center Adult Emergency Department. We detail the development and implementation of this system and describe the patient population that has been evaluated.

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