

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 Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by *Annals*.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

Challenges relating to the inter-facility transport of high acuity paediatric cases

Vincent-Lambert C, Wade G. Challenges relating to the inter-facility transport of high acuity paediatric cases. *Afr J Emerg Med*. 2018;8:29-33.

Introduction: The motivation for this study came from anecdotal reports and observations that there was a potential need for improvement to the systems that support inter-facility transfers of high acuity paediatric cases between referring and receiving facilities in Johannesburg, South Africa. In this exploratory study, we formally document and describe challenges being experienced by members of the healthcare team in facilitating the inter-facility transport of high acuity paediatric cases.

Methods: A qualitative, explorative design was applied, making use of interviews with purposefully identified role players involved in paediatric transportation and care. Verbatim transcripts from audio recorded interviews underwent content analysis to allow for the identification of common categories.

Results: Participants described a number of challenges, which included time delays, lack of qualified ambulance personnel, poor communication between role players, and lack of appropriate equipment.

Discussion: There are significant challenges experienced by members of the healthcare team with regard to inter-facility transport of high acuity paediatric and neonatal cases in Johannesburg, South Africa. Whilst we acknowledge the African context and resource-constrained setting, health systems managers need to explore the feasibility of establishing dedicated and suitably resourced retrieval teams who specialise in the transfer of high acuity paediatric and neonatal patients in order to improve quality of care and overall patient outcomes in this population.

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Canadian Journal of Emergency Medicine

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Official Journal of the Canadian Association of Emergency Physicians

Emergency Department Ultrasound for the Detection of B lines in the Early Diagnosis of Acute Decompensated Heart Failure: A Systematic Review and Meta-Analysis

McGivery K, Atkinson P, Lewis D, Taylor L, Harris T, Gadd K, Fraser J, Stoica G. Emergency Department Ultrasound for the Detection of B lines in the Early Diagnosis of Acute Decompensated Heart Failure: A Systematic Review and Meta-Analysis. CJEM. 2018;20:343-352.

Objectives: Dyspnea is a common presenting problem that creates a diagnostic challenge for physicians in the emergency department (ED). While the differential diagnosis is broad, acute decompensated heart failure (ADHF) is a frequent cause that can be challenging to differentiate from other etiologies. Recent studies have suggested a potential diagnostic role for emergency lung ultrasound (US). The objective of this systematic review was to assess the accuracy of early bedside lung US in patients presenting to the ED with dyspnea.

Methods: A systematic search of EMBASE, PubMed, and the Cochrane Library was performed in addition to a grey literature search. We selected prospective studies that reported on the sensitivity and specificity of B-lines from early lung ultrasound in dyspneic patients presenting to the ED. Selected studies underwent quality assessment using the Critical Appraisal and Skills Program (CASP) questionnaire.

Data Extraction and Synthesis: The search yielded 3674 articles; seven studies met inclusion criteria and fulfilled CASP requirements for a total of 1861 patients. Summary statistics from the meta-analysis showed that as a diagnostic test for ADHF, bedside lung US had a pooled sensitivity of 82.5% (95% confidence interval [CI] = 66.4% to 91.8%) and a pooled specificity of 83.6% (95% CI = 72.4% to 90.8%).

Conclusions: Our results suggest that in patients presenting to the ED with undifferentiated dyspnea, B-lines from early bedside lung US may be reliably used as an adjunct to current diagnostic methods. The incorporation of lung US may lead to more appropriate and timely diagnosis of patients with undifferentiated ADHF.

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Official Journal of the Spanish Society of Emergency Medicine

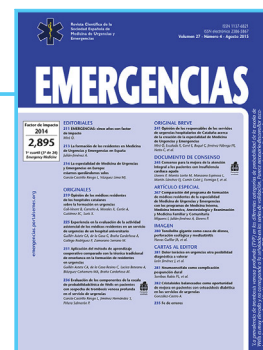
Profile of older patients attended in the emergency department after falls: a FALL-ER registry study of the magnitude of the problem and opportunities for improving hospital emergency care

Miró O, Brizzi BN, Aguiló S, Alemany X, Jacob J, Llorens P, et al. Profile of older patients attended in the emergency department after falls: a FALL-ER registry study of the magnitude of the problem and opportunities for improving hospital emergency care. Emergencias. 2018;30:231-240.

Objective: To profile patients aged 65 years or older who are attended in a hospital emergency department after falls. To describe the falls, their severity, and factors relevant to recommended preventive measures.

Methods: The FALL-ER is a multipurpose, multicenter prospective registry of a systematically described cohort of patients aged 65 years or older attended in 5 hospital emergency departments on 52 days of the same year. We collected data on 68 independent variables. Patients were classified according to whether they had received recommendations related to preventing falls in any of the following categories: exercise, education on fall prevention, referral to a specialist or changes in medication.

Results: A total of 1507 patients or carers were interviewed (93.6% of the 1610 patients in the registry). The cohort was of advanced age and had high rates of comorbidity, polypharmacy, and history of geriatric syndromes. The majority of falls occurred during the day and in the patient's home. Half the falls were not witnessed. Forty-eight percent of the patients reported fear of falling, 22% had acute functional impairment, 16% were admitted, and 0.6% died in the hospital. Recommendations directed to preventing falls were received by 509 (33.8%) cases. Loss of hearing acuity, self-reported cognitive impairment, emergency first aid at the site of the fall, fear of falling again, acute functional impairment, and hospitalization were associated with a greater likelihood of receiving recommendations for



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