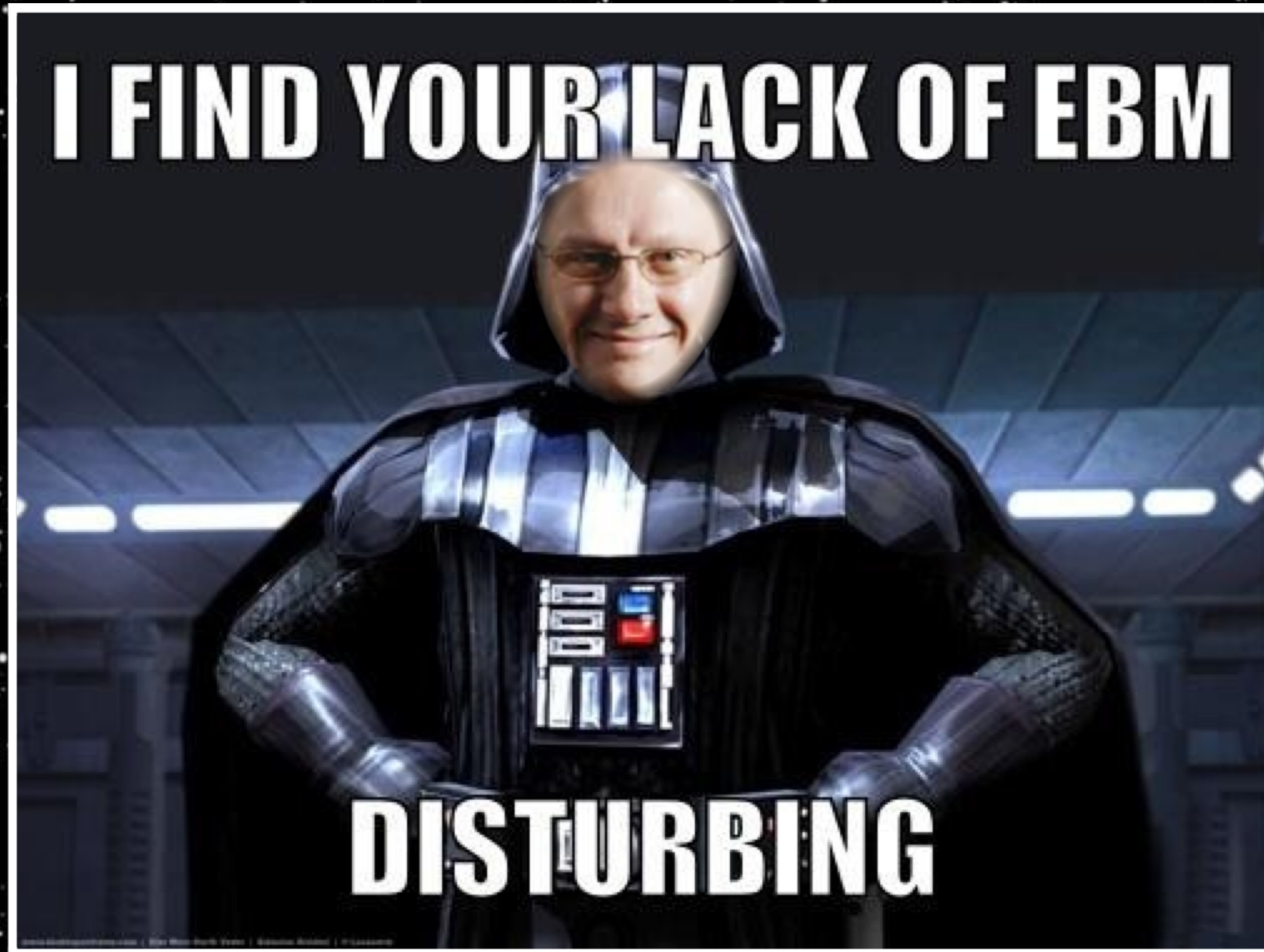


IAEMC 2017



THREE THINGS TO REMEMBER

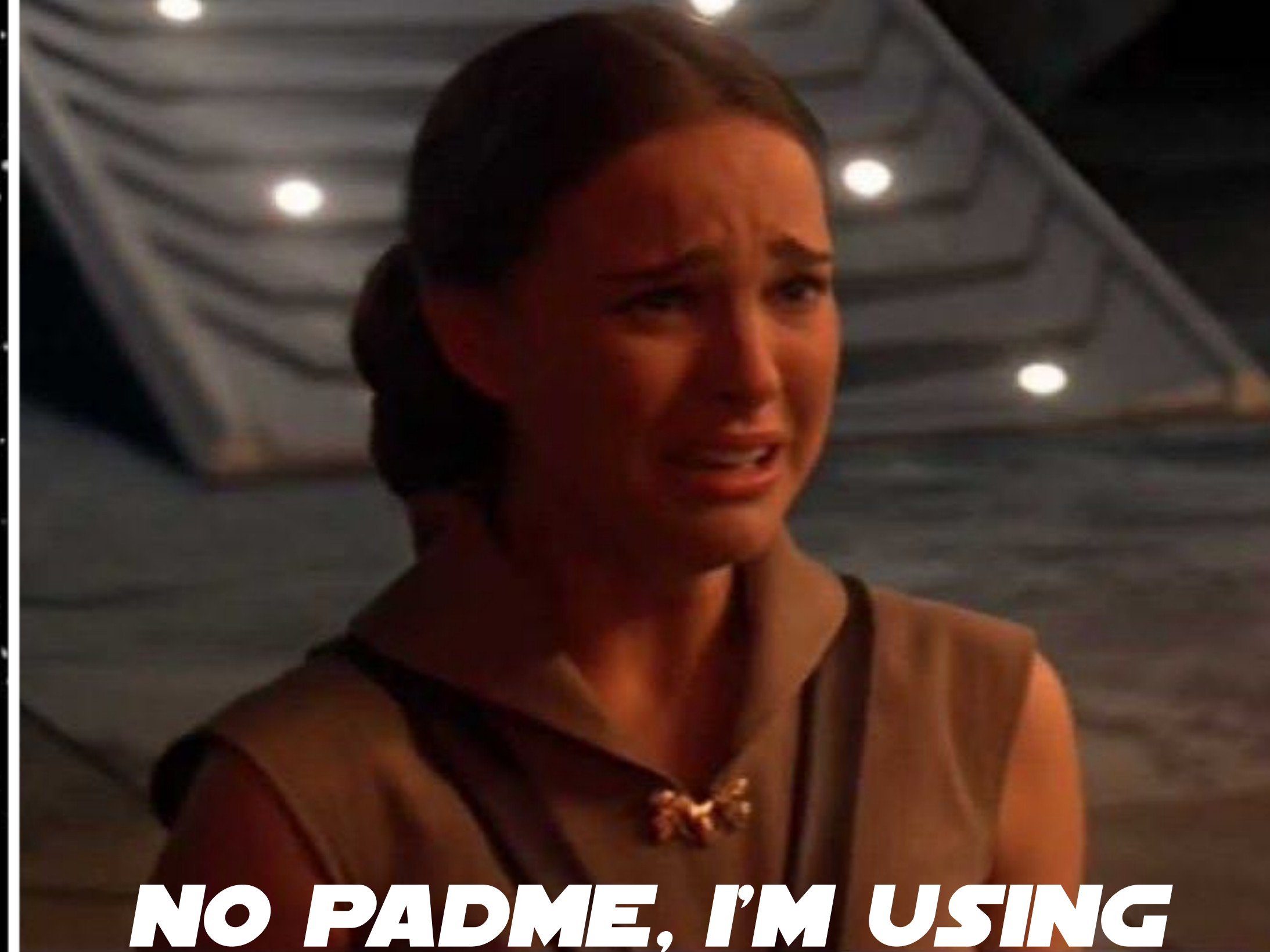
**USE
#FOAMED**

**IT ALL
DEPENDS**

**BE A
SKEPTIC**

1) HEART PATHWAY

***ANAKIN YOU'RE
BREAKING MY HEART***



***NO PADME, I'M USING
THE HEART PATHWAY***

The HEART Pathway Randomized Trial

Identifying Emergency Department Patients With Acute Chest Pain for Early Discharge

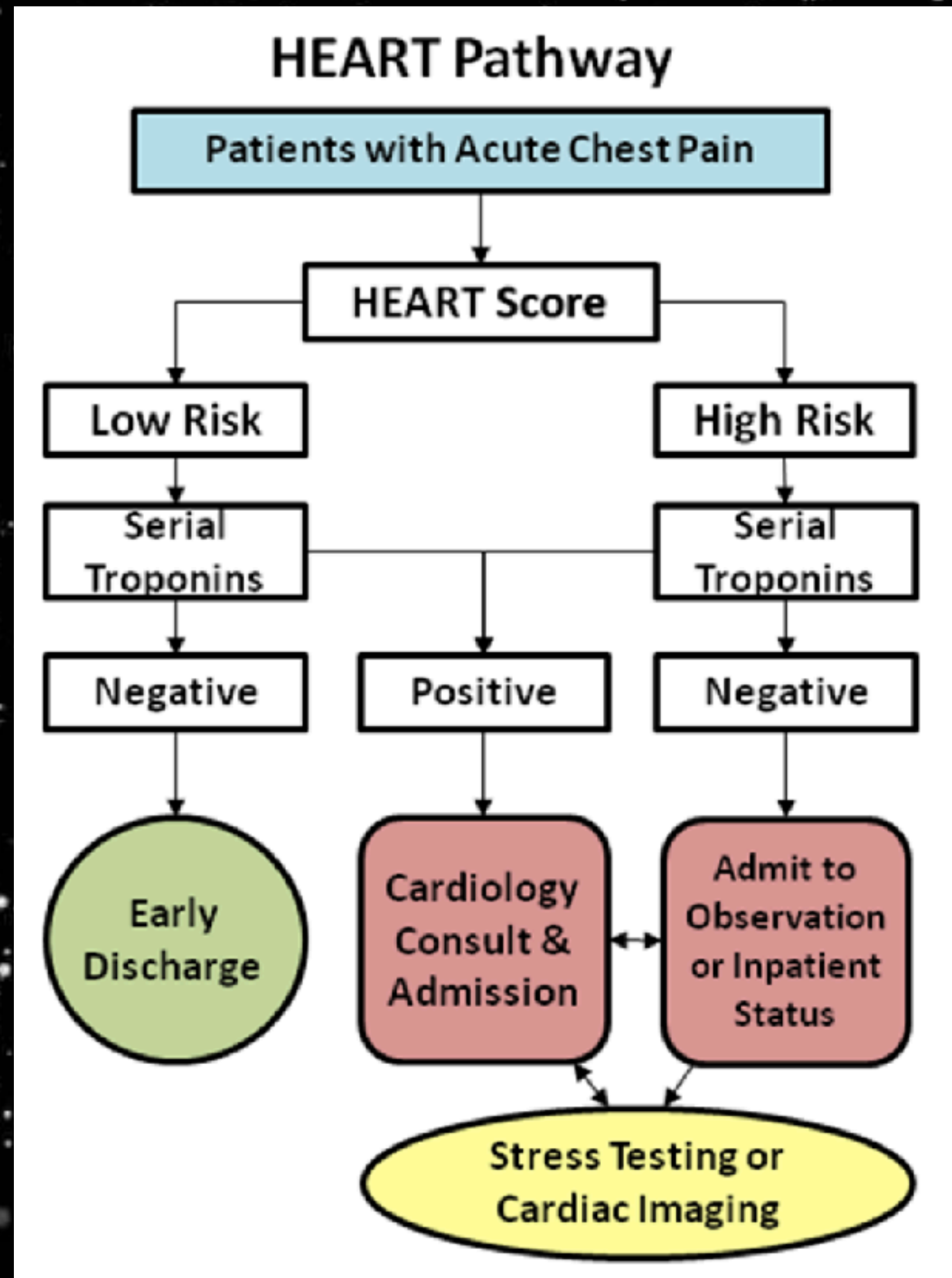
Simon A. Mahler, Robert F. Riley, Brian C. Hiestand, Gregory B. Russell, James W. Hoekstra, Cedric W. Lefebvre, Bret A. Nicks, David M. Cline, Kim L. Askew, Stephanie B. Elliott, David M. Herrington, Gregory L. Burke, Chadwick D. Miller

MAHLER ET AL CIRCULATION 2015



| | |
|---|----------------|
| P | • Patient |
| I | • Intervention |
| C | • Comparison |
| O | • Outcome |

HEART PATHWAY AND SCORE



SCORE

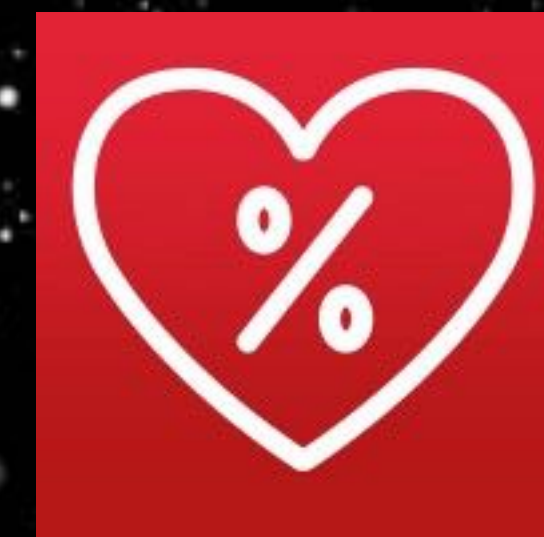
HISTORY

ECG

AGE

RISK FACTORS

TROPONIN



KEY RESULTS AND LIMITATIONS

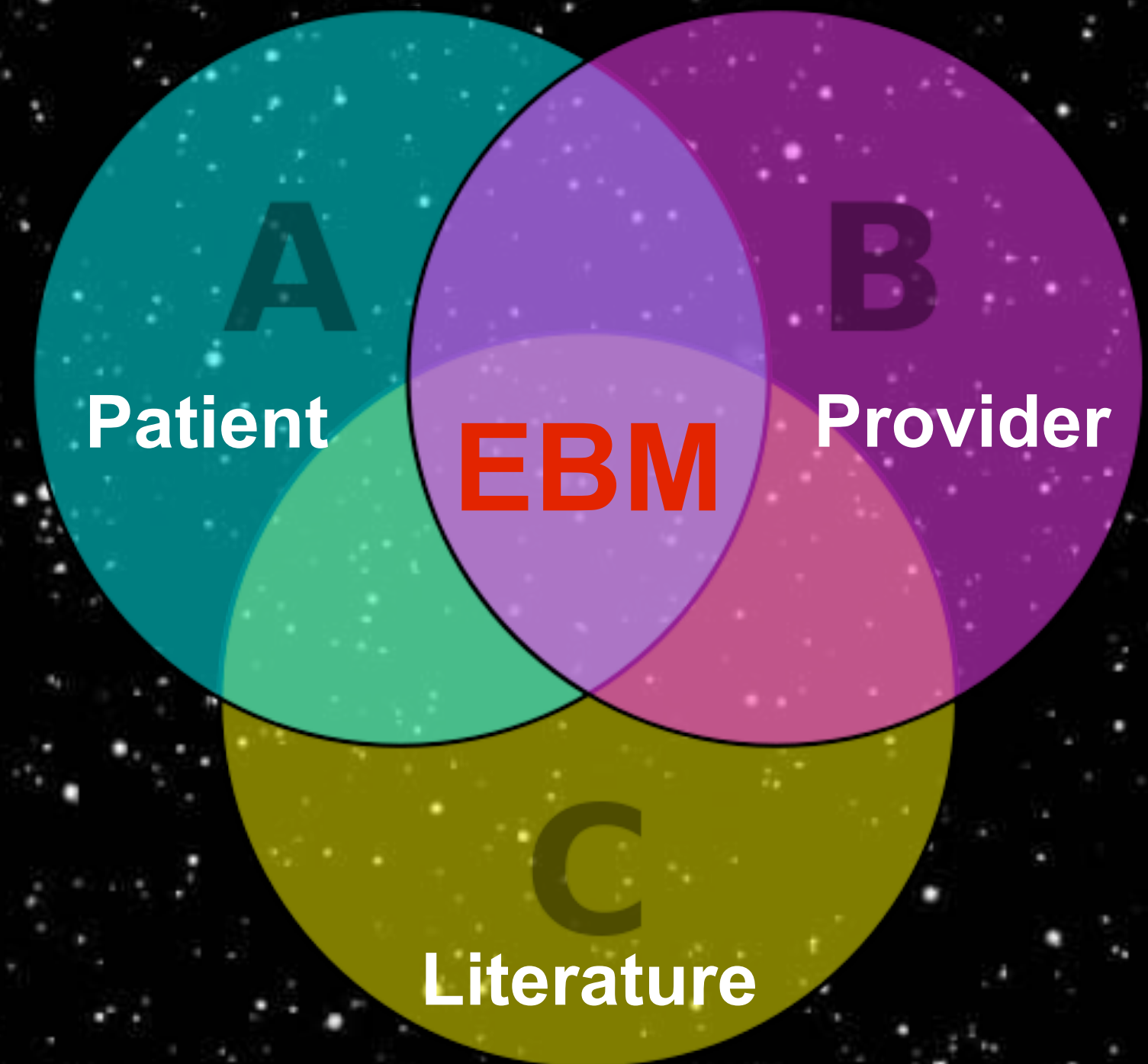
***12% LESS
OBJECTIVE
TESTING***



- SINGLE
CENTRE***
- USA***
- DOO***
- LOW RISK?***

HEART PATHWAY

***POTENTIAL TO SAFELY
DECREASE CARDIAC TESTING,
INCREASE EARLY D/C RATES
AND CUT LOS IN LOW RISK CP
PATIENTS***



SCEM#151: GROVE IS IN THE HEART PATHWAY

2) RENAL COLIC



**JUDGE ME BY MY SIZE,
DO YOU?**

Distal Ureteric Stones and Tamsulosin: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Trial

Jeremy S. Furyk, MBBS MPH&TM*; Kevin Chu, MBBS MS; Colin Banks, MBBS; Jaimi Greenslade, PhD; Gerben Keijzers, MBBS PhD; Ogilvie Thom, MBBS; Tom Torpie, MBBS; Carl Dux, MBBS; Rajan Narula, MBBS

FURYK ET AL ANN OF EM 2016



| | |
|---|----------------|
| P | • Patient |
| I | • Intervention |
| C | • Comparison |
| O | • Outcome |

KEY RESULTS AND LIMITATIONS

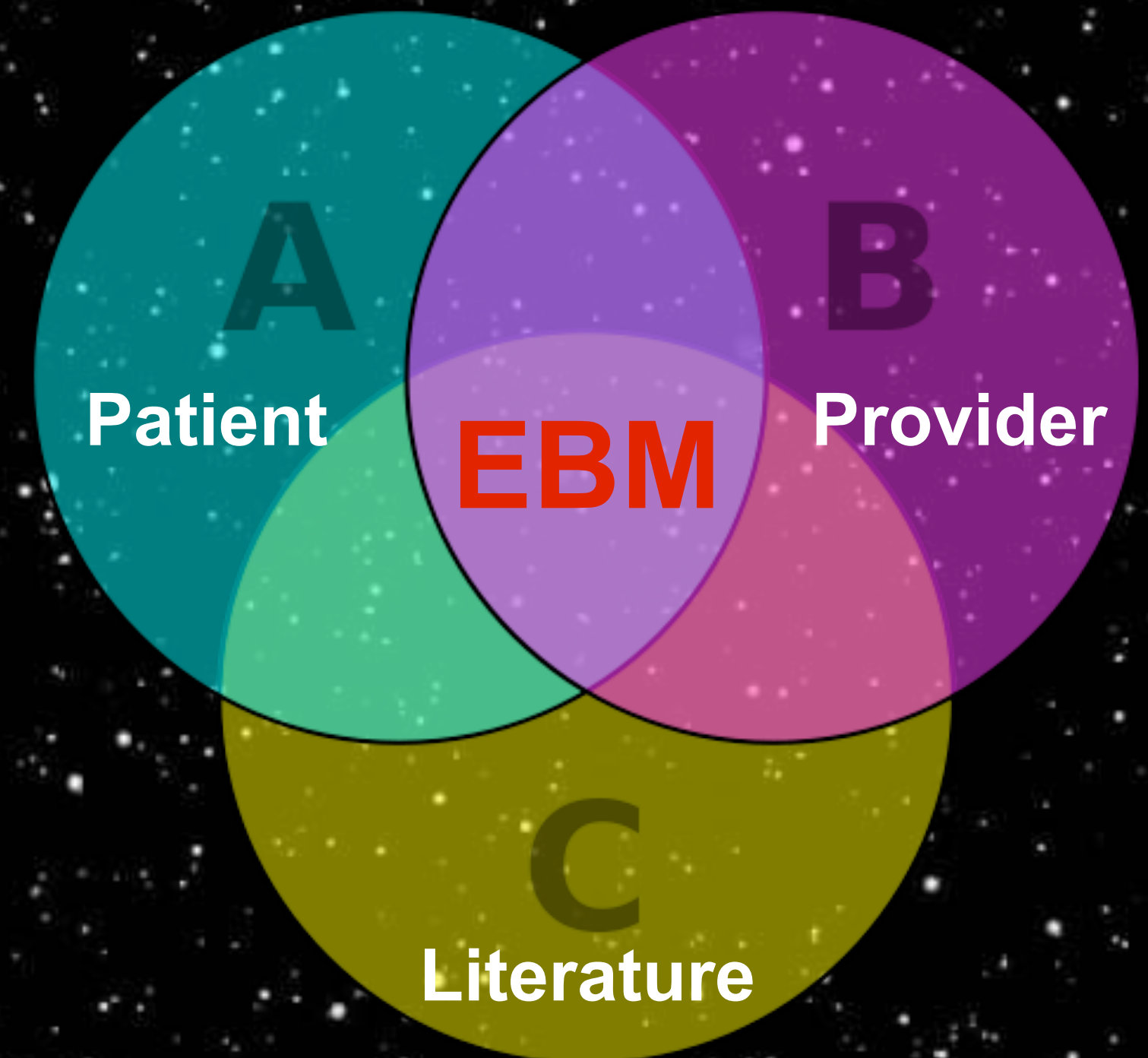
***NO
DIFFERENCE***



- CONSECUTIVE***
- CO-PRIMARY***
- FOLLOW-UP***
- COMPLIANCE***
- SUBGROUPS***

M.E.T. FOR RENAL COLIC

***THIS IS UNNECESSARY FOR
STONES LESS THAN 5MM.
THERE IS SOME WEAK
EVIDENCE THAT TAMSULOSIN
MAY HELP PASSAGE OF LARGER
STONES.***



SCEM#154: HERE I GO AGAIN, KIDNEY STONE

3) SIMPLE ABSCESSSES



**I THOUGHT THEY SMELLED
BAD ON THE OUTSIDE**

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trimethoprim–Sulfamethoxazole versus Placebo for Uncomplicated Skin Abscess

TALAN ET AL NEJM 2016



| | |
|---|----------------|
| P | • Patient |
| I | • Intervention |
| C | • Comparison |
| O | • Outcome |

KEY RESULTS AND LIMITATIONS

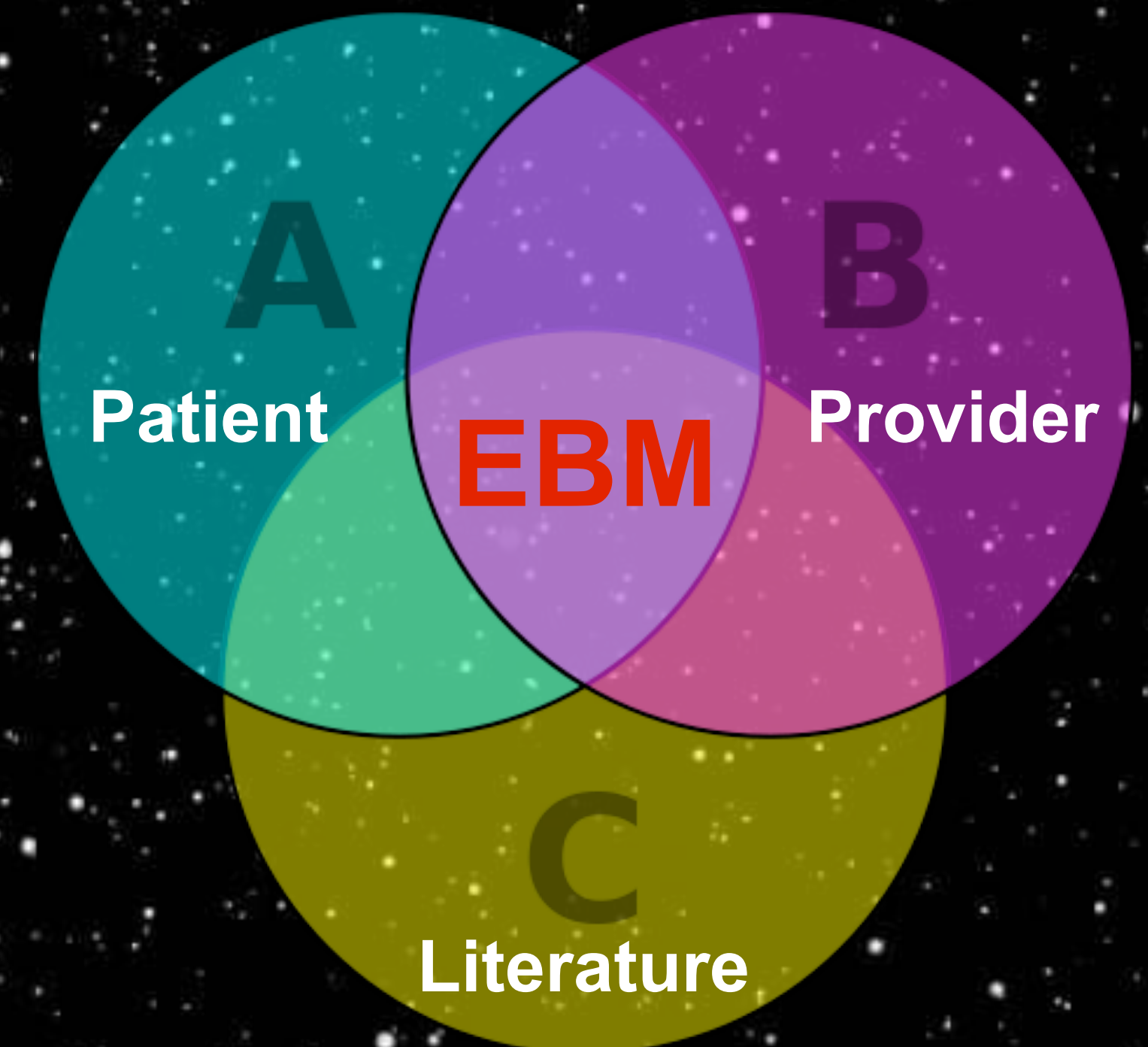
***7% BETTER
NNT 14***



- CONSECUTIVE***
- DOSE***
- MRSA***
- STATISTICAL***

ANTIBIOTICS FOR ABSCESSES

***THE ADDITION OF TMP/SMX TO
THE TREATMENT OF
UNCOMPLICATED CUTANEOUS
ABSCESSSES REPRESENTS AN
OPPORTUNITY FOR SHARED
DECISION-MAKING.***



***SGEM#164: CUTS LIKE A KNIFE BUT
YOU MIGHT ALSO NEED ANTIBIOTICS***

4) BRONCHIOLITIS



Volume 18, Issue 6 November 2016, pp. 443-452

Management of Bronchiolitis in Community Hospitals in Ontario: a Multicentre Cohort Study

Amy C. Plint^(a1), Monica Taljaard^(a2) ^(a3), Candice McGahern^(a4), Shannon D. Scott^(a5) ... 

PLINT ET AL CJEM 2016



| | |
|---|----------------|
| P | • Patient |
| I | • Intervention |
| C | • Comparison |
| O | • Outcome |

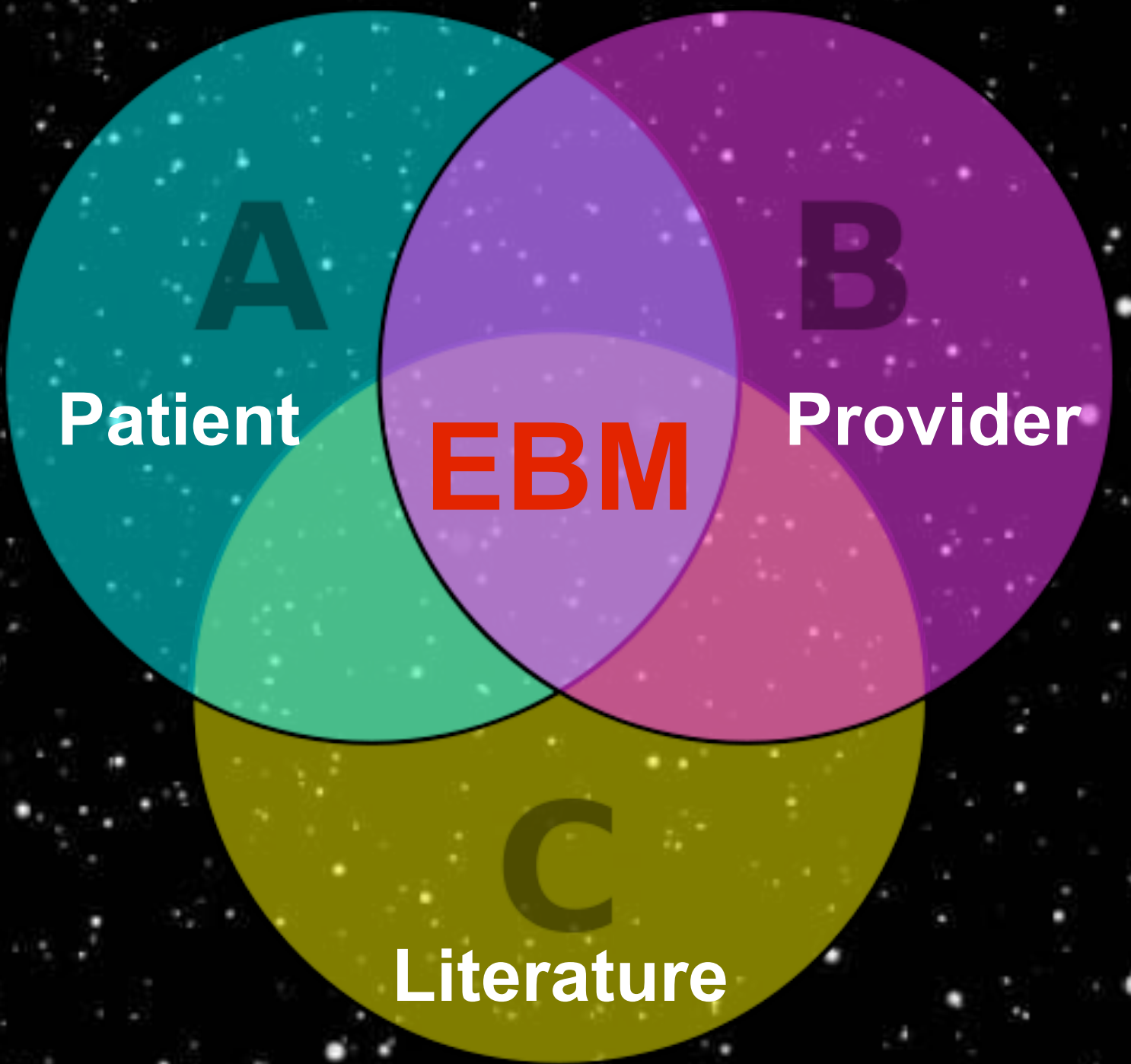
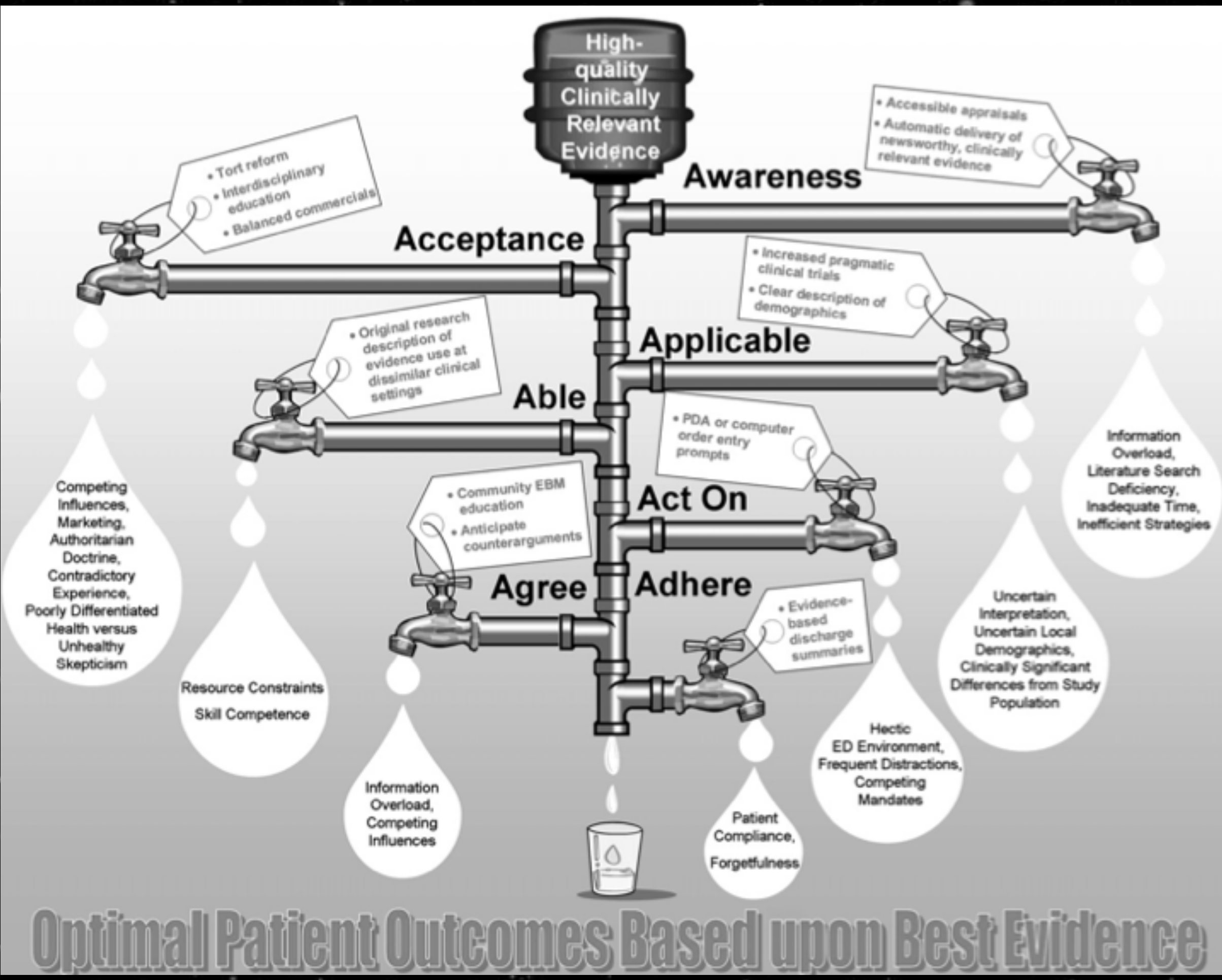
KEY RESULTS AND LIMITATIONS

***30% ADMIT
3% TRANSFER
7% BOUNCE
BACK***



- ***28/76
HOSPITALS***
- ***OLD DATA***
- ***KNOWLEDGE
GAP***

BRONCHIOLITIS






SGEM#167: THE MANAGEMENT OF BRONCHIOLITIS IN COMMUNITY HOSPITALS

5) ACUTE LOWBACK PAIN



Article in Press

Diazepam Is No Better Than Placebo When Added to Naproxen for Acute Low Back Pain

[Benjamin W. Friedman](#), MD, MS   , [Eddie Irizarry](#), MD, [Clemencia Solorzano](#), PharmD, [Nauman Khankel](#), MD, [Jennifer Zapata](#), DO, [Eleftheria Zias](#), RPh, [E. John Gallagher](#), MD

FRIEDMAN ET AL ANN EM 2016



| | |
|---|----------------|
| P | • Patient |
| I | • Intervention |
| C | • Comparison |
| O | • Outcome |

“Red Flag” Symptoms in Back Pain = TUNA FISH

T = Trauma

U = Unexplained Weight Loss

N = Neurologic Symptoms

A = Age > 50

F = Fever

I = IVDU

S = Steroid Use

H = History of Cancer (Prostate, Renal, Breast,
Lung)

REBEL EM

KEY RESULTS AND LIMITATIONS

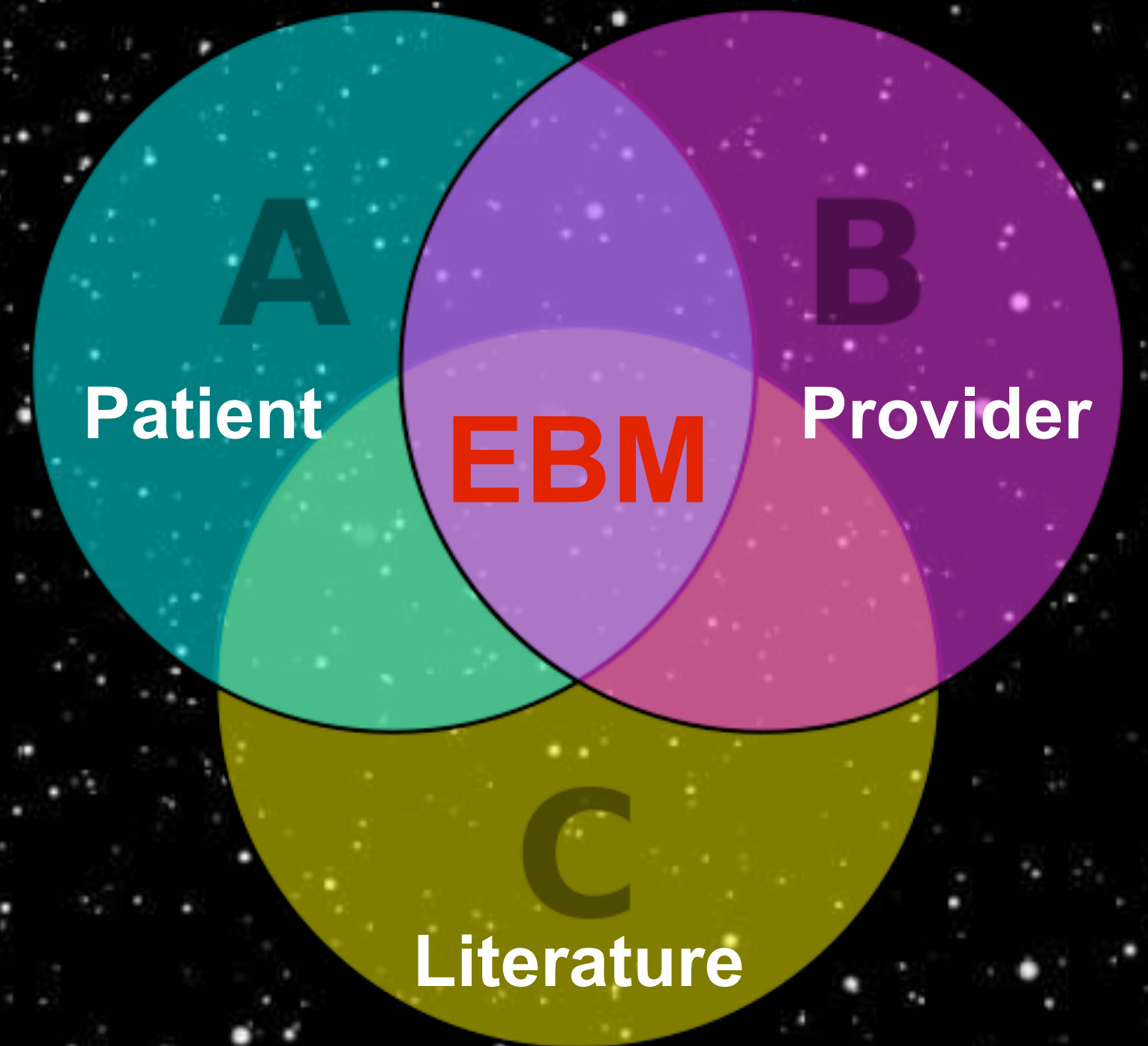
***NO
IMPROVEMENT
WITH
DIAZEPAM***



- ***INCLUSION***
- ***EXCLUSION***
- ***RECALL BIAS***
- ***BLINDING***

DIAZEPAM FOR BACK PAIN

***IT DOES NOT APPEAR THAT
DIAZEPAM SHOULD BE ROUTINELY
ADDED TO AN NSAID FOR
OUTPATIENT MANAGEMENT OF
ACUTE, NONTRAUMATIC LOW
BACK PAIN.***



SCEM#173: DIAZEPAM WON'T GET BACK PAIN DOWN

A LONG TIME AGO IN A GALAXY FAR FAR AWAY...

SUMMARY

SCEM #151 HEART PATHWAY

SCEM #154 KIDNEY STONES

SCEM #164 ABSCESSSES

SCEM #167 BRONCHIOLITIS

SCEM #173 DIAZEPAM FOR LBP



THREE THINGS TO REMEMBER

**USE
#FOAMED**

**IT ALL
DEPENDS**

**BE A
SKEPTIC**





Ken Milne www.TheSGEM.com