Journal Feed

Helping You *Stay* Smart

Articles that *might* change you practice

Nick Zelt MSc, MDCM

34 medical journals → 5 articles/week

~3,500 words → ~350 words

Spiced RCT: Success and Pain Associated with Intravenous Cannulation in the Emergency Department Randomized Controlled Trial

Tatum Priyambada Mitra, MD, MSC,[*,†,‡] Sarah Coulter-Nile, MD,[§,‖] Thuvarahan Jegathees, MD,[§,¶] Jason Luong, MD,[§] Amith Shetty, MBBS, FACEM, PHD,[*,#] and Kevin Lai, MBBS, FACEM[*,**]

- Bigger needle, more difficult and more painful. . . Right?
- Single blinded RCT of inserting 20G vs. 18G cannulas to compare difficulty and pain.
- Just as easy.
- Just as painful.
- Spoonful: Bigger is better, default to bigger.

JAMA Internal Medicine | Original Investigation

Evidence for Anchoring Bias During Physician Decision-Making

Dan P. Ly, MD, PhD, MPP; Paul G. Shekelle, MD, PhD; Zirui Song, MD, PhD

- We're more easily fooled than we like to think.
- 108,000 triaged patients, 4,400 with SOB had CHF mentioned.
- Rates of PE testing decreased by 5%.
- Less Dx at initial visit 0.05 vs 0.25%.
- Rates of PE Dx at 30-days were the same.
- Spoonful: Triage may bias you.

Efficacy of prescribed opioids for acute pain after being discharged from the emergency department: A systematic review and meta-analysis

Raoul Daoust MD, MSc, Jean Paquet PhD, Martin Marquis MSc, David Williamson PhD, Guillaume Fontaine PhD, RN, Jean-Marc Chauny MD, MSc, Amélie Frégeau MD, MSc, Aaron M. Orkin MD, PhD, Suneel Upadhye MD, Justine Lessard MD, MSc, Alexis Cournoyer MD, PhD

- Opioids are never the answer?
- 6 study SRMA:
  - 2 ankles, 2 LBP, 2 extremity fractures.
  - Canada and USA.
  - Adults and pediatrics.
- Opioid durations of 1-7 days.
- If you ignore ~~codeine~~ trials, then opioids > NSAIDs, but more AE (OR 2.64).
- Spoonful: Opioids for some? But only the exceptions.

Original Investigation | Emergency Medicine

Clinician Risk Tolerance and Rates of Admission From the Emergency Departmen

Peter B. Smulowitz, MD, MPH; Ryan C. Burke, PhD, MPH; Daniel Ostrovsky, BMedSc; Victor Novack, MD, PhD; Linda Isbell, PhD; Vincent Kan, MD; Bruce E. Landon, MD, MBA, MSc

- Are you the cowboy?
- Authors built a model of projected admission rates from data on 400,000 ED visits.
- Clinicians who self identified to have a high risk tolerance had significantly lower admission rates.
- Spoonful: Cowboys exist!

Effectiveness of Fludrocortisone Plus Hydrocortisone *Versus* Hydrocortisone Alone in Septic Shock: A Systematic Review and Network Meta-Analysis of Randomized Controlled Trials

Bijan Teja , Megan Berube , Tiago V. Pereira , Anica C. Law , Carly Schanock , Brandon Pang , Hannah Wunsch , Allan J. Walkey , and Nicholas A. Bosch

- As steroids gain popularity, are corticosteroids enough?
- Bayesian network analysis of 17 RCTs, 8,000 patients.
- All-cause mortality:
  - H + F > Placebo → RR 0.85 (CrI 0.72,0.99)
  - H + F ≈ H alone → RR 0.88 (CrI 0.74, 1.03)
    - 94.2% probability of RR <1
- Spoonful: If you're giving steroids, consider giving two of them.

Ketamine versus etomidate as an induction agent for tracheal intubation in critically ill adults: a Bayesian meta-analysis

Takatoshi Koroki[1], Yuki Kotani[1,2,3*], Takahiko Yaguchi[1], Taisuke Shibata[1], Motoki Fujii[1], Stefano Fresilli[2], Mayuko Tonai[1], Toshiyuki Karumai[1], Todd C. Lee[4], Giovanni Landoni[2,3] and Yoshiro Hayashi[1]

- The battle of K vs. E rages on.
- Follow up meta-analysis of 7 RCTs + 1 propensity study.
- Last SRMA: E increased mortality RR 1.16 (CI 1.01-1.33, p = 0.03).
- Now: K decreased mortality RR 0.93 (CrI 0.79-1.08).
- Probability of survival benefit: 83.2%, 62.2% for 1% ARR.
- Spoonful: Ketamine is *probably* better.

Use of Topical Anesthetics in the Management of Patients With Simple Corneal Abrasions: Consensus Guidelines From the American College of Emergency Physicians

Steven M. Green, MD*; Christian Tomaszewski, MD; Jonathan H. Valente, MD; Bruce Lo, MD; Ken Milne, MD

- We've always been told your cornea will melt.
- Venture between the American Academy of Ophthalmology (AAO) and the American College of Emergency Physicians (ACEP).
- Delphi Method, 10 members
- Level B recommendation: topical anes. Q30m prn x 24hrs.
- Spoonful: ACEP (alone) supports local anesthetics use for corneal abrasions.

P.S. The paper contains text to use as a patient handout.

Low-dose ketamine versus morphine in the treatment of acute pain in the emergency department: A meta-analysis of 15 randomized controlled trials

Juan Guo [a], Fei Zhao [a], Jinglan Bian [a], Yunlong Hu [a], Jixiang Tan [a,b,*]

- We know Ketamine sedates, but how is it with pain?
- SRMA of 15 RCTs comparing 0.1-0.5 mg/kg ketamine and 0.1mg/kg morphine.
- Pain reductions equivalent up to 120 minutes, ketamine superior 15min.
- Spoonful: Significant and safe pain control.

Validity of Computer-interpreted "Normal" and "Otherwise Normal" ECG in Emergency Department Triage Patients

Ashley Deutsch, MD
Kye Poroksy
Lauren Westafer, DO
Paul Visintainer, PhD
Timothy Mader, MD*

*University of Massachusetts Chan Medical School, Baystate Medical Center, Springfield, Massachusetts

- Do we really have to read all of them?
- 2,275 ECGs computer-interpreted as normal/otherwise normal.
- 3.3% disagreement rate after cardiologist over-read.
- 100% NPV for STEMI/ACS.
- Spoonful: It's (very?) unlikely to miss a STEMI when the computer says "normal."

Maintaining a whole blood-centered transfusion improves survival in hemorrhagic resuscitation

Griffin J. Feinberg, ScM, Anastasia C. Tillman, MD, Marcelo L. Paiva, MPP, Brent Emigh, MD, Stephanie N. Lueckel, MD, ScM, FACS, Allyson M. Hynes, MD, FAAEM, FACEP, *and* Tareq Kheirbek, MD, ScM, FACS, *Providence, Rhode Island*

- 1:1:1? 1:1:2? How about just 1?
- Retrospective review of the Trauma Quality Improvement Program database.
- 3,884 patients received WB +/- component transfusion.
- >3:1 (PRBC:WB) ratio associated with greater mortality.
- Spoonful: If you've got it, give it to target at least 3:1.

The impact of double sequential shock timing on outcomes during refractory out-of-hospital cardiac arrest

Mahbod Rahimi[a], Ian R. Drennan[b,c,d,e], Linda Turner[b], Paul Dorian[f], Sheldon Cheskes[a,b,c,d,g,]*

- Two shocks, but how quickly?
- Retrospective review of 106 OHCAs receiving DSED, 65% were part of the DOSE-VF RCT.
- Shock intervals <75ms had the highest probability of VF termination.
- No directly patient centered outcomes.
- Spoonful: Double ***Simultaneous*** external defibrillation?

Effect of Noninvasive Airway Management of Comatose Patients With Acute Poisoning
A Randomized Clinical Trial

Yonathan Freund, MD, PhD; Damien Viglino, MD, PhD; Marine Cachanado, MSc; Clémentine Cassard, MD; Emmanuel Montassier, MD, PhD; Bénedicte Douay, MD; Jérémy Guenezan, MD, PhD; Pierrick Le Borgne, MD; Youri Yordanov, MD, PhD; Armelle Severin, MD; Mélanie Roussel, MD; Matthieu Daniel, MD; Adrien Marteau, MD; Nicolas Peschanski, MD, PhD; Dorian Teissandier, MD; Richard Macrez, MD, PhD; Julia Morere, MD, PhD; Tahar Chouihed, MD, PhD; Damien Roux, MD, PhD; Frédéric Adnet, MD, PhD; Ben Bloom, MD; Anthony Chauvin, MD, PhD; Tabassome Simon, MD, PhD

- GCS8 INTUBATE!!!
- 225 suspected intoxications randomized to conservative airway management for 4 hours vs. standard care.
- -29% ICU admissions, -43% mechanical ventilation
- No deaths
- Spoonful: GCS is for head trauma, not tox. Reasonable to let them prove they need airway protection.

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