


Journal Feed


Helping You Stay Smart

Articles that *might* change your practice


Nick Zelt MSc, MDCM



Information overload?



We hand-pick key articles




And spoon-feed them to you

Computed Tomography Imaging of Geriatric Patients with Uncertain Head Trauma

Michael L. Turchiaro Jr., DO,^{1,2} Joshua J. Solano, MD,^{1,2} Lisa M. Clayton, DO, MBS,^{1,2} Patrick G. Hughes, DO, MEHP,^{1,2} Richard D. Shih, MD,^{1,2} and Scott M. Alter, MD, MBA^{1,2}

- Don't know they fell, but maybe they fell.
- Prospective cohort of 3,855 patients >65y/o.
- Primary outcome of ICH comparing definite to uncertain trauma.
- Definite: 11.4% ICH, uncertain: 1.7% ICH
- Spoonful: Better safe than sorry, suspicion is enough.



Efficacy and Safety of Corticosteroid Therapy for Community-Acquired Pneumonia: A Meta-Analysis and Meta-Regression of Randomized, Controlled Trials

Felix Bergmann,^{1,2*} Lena Pracher,¹ Rebecca Sawodny,¹ Amelie Blaschke,¹ Georg Gelberogger,^{1,3} Christine Radtke,^{1,2*} Markus Zeitlinger,^{1,4} and Anselm Janda^{1,5}

- CAPE-COD was positive, and ESCAPE was negative, but it doesn't end there.
- Most recent SRMA of 15 RCTS, 3,367 patients.
- Severe CAP treated with steroids has reduced 30-day mortality RR 0.67 (95%CI 0.53-0.85).
- NNT = 34
- Spoonful: Steroids are a go for severe CAP, will it stick?



SGLT2 Inhibitor-Associated Ketoacidosis vs Type 1 Diabetes-Associated Ketoacidosis

Mahesh M. Umappathysivam, DPhil; Bethany Morgan, MBBS; Joshua M. Inglis, MBBS; Emily Meyer, PhD; Danny Liew, PhD; Venkatesan Thiruvengatarajan, MD; David Jesudason, PhD

- The mechanism of T1D-DKA and SGLT2-Euglycemic DKA is different, and yet the treatment is the same.
- Retrospective cohort study comparing insulin doses and DKA recovery times.
- Euglycemic DKA took twice as long to resolve with half the dose of insulin.
- Spoonful: We're much less aggressive, but there are ways to be more aggressive.



Phenobarbital treatment of alcohol withdrawal in the emergency department: A systematic review and meta-analysis

Carmen M. Lee MD, MAS¹ | David G. Dillon MD, PhD² | Peggy M. Tahir MA, MLIS³ | Charles E. Murphy IV MD, MAS⁴

- So many GABA agonist options! Phenobarb seems nice...
- SRMA of 8 studies, phenobarb vs. benzos for AWS.
- Same ICU admission (p=0.115), hospital admission (p=0.146) and readmission (p=0.232).
- Spoonful: Options remain open and valid, chose your antidote.



Restrictive or Liberal Transfusion Strategy in Myocardial Infarction and Anemia

J.L. Carson, M.M. Brooks, P.C. Hébert, S.G. Goodman, M. Bernstein, S.A. Glynn, B.S. Chaitman, T. Simon, R.D. Lopes, A.M. Goldstein, A.P. Durrigioni, J.D. Abbott, B.J. Potter, F.M. Carrer, S.V. Rao, H.A. Cooper, S. Chughzai, D.A. Ferguson, W.J. Korkeila, M. Noveck, J. Kim, M. Teasdale, G. Dunning, P. Gabriel Melo de Barros + Silva, D.J. Trullio, C. Alvarado, M.A. Monaghan, J.D. Weary, L. Liu, J.B. Strom, C.B. Fordyce, E. Ferran, J. Sliam, F.O. Wood, B. Daneshi, T.S. Polonsky, M. Serencin, E. Spurnin, C. Boulet, B. Lattuca, H.D. White, S.F. Keeley, P.G. Sing, and J.H. Alexander, for the MINT Investigators*

- More Boxcars? Transfusion Trigger for STEMI and NSTEMI.
- 10g/dL vs. 7-8g/dL in 3,504 patients with MI (types 1,2,4b or 4c).
- No significant change in 30-day MI/death p=0.07.
- More PRBC given, but secondary outcomes also negative (HF, VTE, infections)
- Spoonful: Huge RCT, no significant difference. Probably best to keep targeting ~8g/dL.



Randomized Trial Comparing Low- vs High-Dose IV Dexamethasone for Patients With Moderate to Severe Migraine

Benjamin W. Friedman, MD, Clemencia Solorzano, PharmD, Benjamin D. Kessler, MD, Kristina Martorello, FNP, Carlo L. Lutz, MD, MS, Carmen Feliciano, RN, Nicole Adler, FNP, Hillary Moss, MD, Darnell Cain, MD, and Eddie Irizarry, MD

- Dex reduces migraine recurrence, NNT 9, but how much to give?
- Double-blind RCT of 10mg metoclopramide + 16mg vs 4mg dex.
- 209 patient adult patients with migraine/status migrainosis.
- No significant difference in recurrence or days with h/a x 1 week.
- Spoonful: Plausible efficacy and less drugs the better!



Effectiveness of nail bed repair in children with or without replacing the fingernail: NINJA multicentre randomized clinical trial

Ahlishah Jain^{1,2}, Aina V. H. Greig³, Amy Jones⁴, Coshla Cooper⁵, Loretta Davies⁶, Akiko Oreshon⁷, Heidi Fletcher¹, Adam Sierakowski¹, Melina Dritsaki⁸, Thi Thui An Nguyen⁹, May Ye Png¹, Jamie R. Stokes¹⁰, Helen Dakin¹¹, Jonathan A. Cook¹², David J. Beard¹³, and Matthew D. Gardiner^{1,7*} NINJA Collaborative

- We were all taught to replace the nail. . . but why?
- RCT, nail replacement vs. not.
- 451 children <16y/o (avg 5.9).
- Similar cosmetics up to 12 months.
- Numerically more infections with nail replacement.
- Spoonful: Doesn't prove safety, but efficacy not convincing.



Nasal Suctioning Therapy Among Infants With Bronchiolitis Discharged Home From the Emergency Department A Randomized Clinical Trial

Suzanne Schuh, MD, Allan L. Coates, MDCM, BEng, Judy Sweeney, RN, BScN, Maggie Rumanir, MD, Mohamed Eltoriki, MSc, Waleed Alqurashi, MD, MSc, Amy C. Pflin, MD, MSc, Roger Zemel, MD, Navneet Poonai, MD, Patricia C. Parkin, MD, Diane Soares, RRT, Rahim Moineddin, PhD, Yaron Finkelstein, MD, for the Pediatric Emergency Research Canada (PERC) Network

- Is better suctioning of SNOT better?
- RCT comparing minimal (bulb) to enhanced suction (electric device)
- 372 infants, no significant difference in revisits, adverse events, infant sleep or parental sleep.
- More use of unassigned devices in minimal suction group.
- Spoonful: Suctioning is likely futile, but parents like trying.



Intranasal Fentanyl and Discharge from the Emergency Department Among Children with Sickle Cell Disease and Vaso-occlusive Pain: A Multicenter Pediatric Emergency Medicine Perspective

Chris A. Rees, MD, MPH^{1,2}, David C. Broussseau, MD, MS³, Fahd A. Ahmad, MD, MSCH⁴, Jonathan Bennett, MD⁵, Seema Bhatt, MD, MS⁶, Amanda Bogie, MD⁷, Kathleen M. Brown, MD⁸, T. Charles Casper, MBA, PhD⁹, Laura L. Chagnac, MD¹⁰, Corrie E. Champagnat, MD, MS¹¹, Daniel M. Cohen, MD¹², Carleen Dempster, MD¹³, Angela M. Elshero, MD¹⁴, Harneet Grassmann, MD¹⁵, Dunia Hatabah, MD¹⁶, Robert W. Hickey, MD¹⁷, Lewis L. Hsu, MD¹⁸, Nitya Iyengar, MBS¹⁹, Sara Leshchovich, MD²⁰, Prabhatharajan Patel, MBS²¹, Elizabeth C. Powell, MD, MPH²², Rachel Richards, MStat²³, Syana Sarnalki, MD²⁴, Debra L. Weiner, MD, PhD²⁵, Claudia R. Morris, MD²⁶ SCD Arginine Study Group and PECARN

- If they come for pain, we need to treat the pain.
- Chart review from 20 academic peds EDs, identified 400 children.
- IN fentanyl used at 50% of sites on 19% of children.
- IN fentanyl = 900% greater odds of discharge, up to ~4000% within IN fentanyl sites.
- Treatment with IN fentanyl was associated with faster time to IV opioids (OR 9.83 to treatment <30mins)
- Spoonful: IN fentanyl is magic?

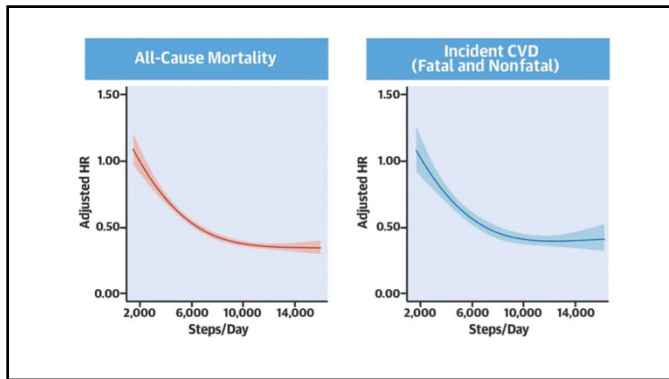


Relationship of Daily Step Counts to All-Cause Mortality and Cardiovascular Events

Niels A. Stens, MSc,^{1,2} Emée A. Bakker, PhD,^{1,2} Aster Mañas, PhD,^{3,4,5,6} Laurien M. Buffart, PhD,³ Francisco B. Ortega, PhD,^{3,4} Duck-chul Lee, PhD,⁵ Paul D. Thompson, MD,⁶ Dick H.J. Thijssen, PhD,^{3,4} Thijs M.H. Eijssvogels, PhD⁷

- Exercise, it's good for you, but how much?
- SRMA of wearable device data tracking step counts, >110,000 patients, CVD and all-cause mortality.
- Benefits begin at ~2,500 steps/day.
- Majority of benefit by 8,800 steps/day.
- Spoonful: Walk! Or better yet, run!






Retrospective Comparison of Upper and Lower Extremity Intraosseous Access During Out-of-Hospital Cardiac Arrest Resuscitation

Tanner Smida^a, Remle Crowe^b, Jeffrey Jarvis^{c,d}, Taylor Ratcliff^e, and Mat Goebel^e

- So many places to drill, but where?
- Retrospective chart review of IO location (UE vs. LE), ROSC and survival to discharge.
- 37,346 humerus, 115,882 tibia, 2,655 femur
- Humeral IO associated with ROSC aOR 1.11 [1.08, 1.15], survival to discharge aOR 1.18 and discharge home aOR 1.23.
- Spoonful: Humeral IO will be my go-to.



Home Therapies to Neutralize Button Battery Injury in a Porcine Esophageal Model

Angela L. Chiew, BSci (Med), MBBS, PhD^a; Calvin S. Lin; Dan T. Nguyen, MBBS; Felicity A. W. Sinclair, MChD, BMedSc (Hons); Betty S. Chan, PhD; Annalisa Solinas, MBBS, FRCPA

- If you must eat a battery, what should you pair it with?
- Porcine esophagus model using 3V CR2032 button batteries.
- Honey and Jam both showed a significant decrease in pH, area of ulceration and histologic changes.
- Spoonful: Honey on route, if not then Jam.

