



Correspondence

Ultrasonography utilization in forearm fractures at the emergency department



Dear editor,

We have read the article by Auten et al. [1] published in American Journal of Emergency Medicine. In this article, it is concluded that ultrasonography accurately predicts adequacy of reduction with a high concordance between emergency medicine and radiology interpretations of post-reduction images.

In our experience, ultrasonography is a reliable method to determinate fracture focus location and ease the administration of local anesthesia. We have also utilized this technique for fracture post-reduction control. However, due to interobserver variability, its application in clinical routine in the emergency department may be initially limited. Due to this, we believe that not only the availability of both diagnostic tests must be taken into account, but also the existence of trained personnel on its utilization. Otherwise, extrapolation of the results obtained in this study may be limited when trying to establish this diagnostic-therapeutic protocol in all emergency services.

Even so, we totally agree with the authors that the implementation of ultrasonography utilization can be useful in cases in which fluoroscopy is not available, or even relegating fluoroscopy to a second plane, with the aim of reducing X-ray irradiation to the patient and the health-care personnel.

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Declaration of Competing Interest

Authors declare no conflict of interest.

References

- [1] Auten JD, Naheedy JH, Hurst ND, Pennock AT, Hollenbach KA, Kanegaye JT. Comparison of pediatric post-reduction fluoroscopic- and ultrasound forearm fracture images. *Am J Emerg Med* 2019 May;37(5):832–8.

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What do I do with this stuff now? Drug retention and disposal practices among ED patients



Misuse of opioids (e.g., the “opioid epidemic”) and antibiotics (e.g., the “antibiotic resistance crisis”) has become priority public health concerns. Opioid overdose has increased approximately three fold since 2000 [1]. Many opioid prescriptions are not being used as directed and proper disposal methods are frequently not being used, resulting in patient and household risk [2]. With regard to antibiotics, the CDC approximates that 2 million people/year become sick with antibiotic resistant ailments in the U.S. [3]. Like opioids, antibiotics are often used improperly by patients who have stored the “excess” medication and are self-medicating a subsequent illness. Disposal of antibiotics has also become of concern, as flushing down the toilet (a popular disposal technique) results in antibiotics in water supplies and the development of antibiotic resistant bacteria [4,5]. Identification of patients likely to store prescriptions after their needed use or improperly dispose of medications is imperative for subsequent intervention.

The study was approved by the Research Subjects Review Board at the University of Rochester Medical Center. A convenience sample of adults 18–89 years old who presented to the ED at University of Rochester Medical Center from 11/18 to 12/18 was enrolled. Patients were excluded if 1) in the psychiatric ED; 2) presenting with chief complaints of intoxication, suicide, mental health arrest or overdose; 3) in the critical care bay or; 4) failed to demonstrate decisional capacity. Eligible patients were approached by a member of the University of Rochester Medical Center Emergency Department Research Associates program who administered consent and a self-report questionnaire including demographics and information on drug disposal and holding patterns [6].

A total of 178 patients (55% Men; 74% White, 20% Black; 7% Hispanic; 64% > High School degree; 55% private insurance, 29% Medicaid, 27% Medicare) were surveyed. The average patient age was 50 years (SD = 19).