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ISSUE HIGHLIGHTS

Comparing iTClamp to Direct Pressure and Balloon Catheter Temponade to Control Neck Hemorrhage

Penetrating neck injuries are commonly seen in the emergency department (ED). A randomized controlled trial was performed to determine if the iTClamp is equivalent to manual direct clamp and Foley catheter balloon tamponade for bleeding in a neck wound in a cadaver model. The results of this study showed that the iTClamp outperformed direct manual pressure and was equivalent to balloon catheter tamponade for controlling fluid loss. The iTClamp offers an additional option for managing hard to control bleeding in the neck.

Impact of Head of Bed Elevation on Optic Nerve Sheath Diameter

It has previously been shown that cervical collar placement increases intracranial pressure (ICP), ICP may worsen the outcome in some spinal injury patients. Head of bed elevation decreases ICP; however, there is no consensus on the degree of head of bed elevation that will decrease ICP to its baseline. This is a randomized, controlled, blinded study performed in volunteers, whose optic nerve sheath diameters were measured at different time points and at different head of bed elevations. The results showed that head of bed elevations of 30 and 45 degrees for 20 minutes decreased optic nerve sheath diameter to baseline values in healthy volunteers.

Naloxone Screening Quality-Improvement Project in an Academic ED

EDs are seeing an increasing number of opiate users and opioid-related complications, including overdose. Naloxone is a life-saving antidote for opioid-related overdose. This study reveals the process and outcomes of routine screening for overdose education and naloxone prescription in the ED. The results of the study showed that routine screening for opioid overdose risk increases naloxone prescription and access in the ED, and can help to identify individuals with overdose risk who might otherwise be missed.

Evaluation and Management of Acute Compartment Syndrome

This article presents an evidence-based review of the diagnosis and management of acute compartment syndrome (ACS) with focused update for the emergency physician. ACS is the result of decreased perfusion within a compartment. It occurs most commonly after fractures or trauma to the involved area. ACS can present with a variety of findings; pain is usually the earliest finding. Measurement of intracompartmental pressure using a pressure monitor is the most reliable test, although less invasive means of diagnosis are under study. Treatment involves surgery for emergent fasciotomy, as well as resuscitation and management of complications such as rhabdomyolysis. ACS requires rapid diagnosis and management to avoid significant complications.

Unintentional Pediatric Marijuana Exposures and Legalization

This study sought to quantify unintentional pediatric marijuana exposures prior to and after the legalization and commercial availability of recreational marijuana in Washington state. Data were obtained from the Washington Poison Center database. The results showed there were 161 calls that occurred between July 2010 and July 2016 and met the inclusion criteria. The median age of exposed children was 2 years (range 0-9 years). Of all the calls, 81% came in during the 2.5-year period after *recreational use* of marijuana was legalized. The number of exposures per month increased after recreational marijuana was legalized and increased further once recreational marijuana shops were allowed to legally open.

Use of Povidone-Iodine Antiseptic for Soft Tissue Abscess

This randomized, controlled pilot study was performed to examine the feasibility of using Povidone-Iodine (PVP-I) as a treatment adjunct in patients with superficial skin abscesses to determine whether PVP-I adds any benefit to treatment with incision and drainage (I&D) alone. The results showed that there was no difference in the clinical cure rate among patients using PVP-I vs. standard care after I&D. There were no major events; however, the addition of PVP-I was commonly associated with local skin irritation.

Bedside Transorbital Ultrasound to Evaluate Pediatric Optic Neuritis

This case report describes the case of a 15-year old girl who presented to the ED with unilateral headache and light visual disturbance. Bedside transorbital ultrasound of her left eye revealed an irregularly enlarged optic nerve sheath with increased optic nerve sheath diameter (5.1mm) and elevated optic disc height (0.5mm). Ultrasound of the right eye was normal. The findings of only a single eye abnormality with an irregularly enlarged optic nerve sheath and an elevated optic nerve disc height in the affected eye, together with the history, other clinical findings, and clinical examination facilitated the diagnosis, initial investigations, and management of her optic neuritis.