



### **Age-Adjusted D-dimer in Deep Venous Thrombosis**

This article evaluates the diagnostic performance and potential cost-savings of previously suggested D-dimer cutoffs for emergency department (ED) patients who were >50 years of age with low pretest probability of deep venous thrombosis (DVT). A retrospective cohort study was performed in 2 large EDs. A total of 972 patients were included, with a median age of 66 years, and 59.5% were female. The conventional cutoff of <500 ng/mL had a sensitivity of 100% and a specificity of 35.6%. The age-adjusted approach increased specificity (66.6%) while maintaining high sensitivity (100%). Sixty-three (66.5%) patients were diagnosed with DVT. The results demonstrated improved specificity for both the age-adjusted D-dimer rule and a newly derived 1000 ng/mL threshold.

### **Whole Blood in Trauma**

This article reviews the use of whole blood in trauma. Whole blood is a recent advancement in the resuscitation of severely injured trauma patients. The review describes what modern-day whole blood (WB) transfusion entails, its benefits, potential drawbacks, and implementation. Although the use of whole blood in trauma patients holds promise, there are distinct challenges for storing, cycling, and defining use parameters.

### **Esophageal Foreign Bodies and Obstruction**

This narrative review provides evidence-based recommendations for the assessment and management of patients with esophageal foreign bodies. Patients present to the ED with variable symptoms ranging from mild to severe distress. Complete obstruction can lead to inability to tolerate secretions, airway compromise, even death. Pediatric patients are the most common population affected. In adults, edentulous patients are at greatest risk. History and physical

examination are key to the diagnosis, and plain radiograph is the preferred test. Medications are reported to have poor efficacy. Endoscopy is the intervention of choice.

### **Use of Extracorporeal Membrane Oxygenation in Life-Threatening Foreign Body Aspiration**

Foreign body aspiration is a common cause of morbidity and mortality in children <3 years of age. Guidelines recommend performing bronchoscopy for foreign body aspiration. Extracorporeal membrane oxygenation (ECMO) can be used as a rescue mode of support in children with life-threatening foreign body aspiration for stabilization before, during, and after removal of the foreign body. This article reports on a case series of children with life-threatening foreign body aspiration who were placed on ECMO for stabilization for the removal of the foreign body, as well as a systematic review of the literature.

### **Pediatric ED Visits for Sports and Recreation Related Concussion**

This study examines the patient and clinical characteristics of pediatric ED visits and associated health care costs, for sports- and recreation-related concussions before and after the enactment of a new concussion law. A retrospective analysis was performed in children 5-18 years of age visiting the ED for concussion between the years of 2006 and 2014, based on cases registered in the Pediatric Health Information System database. The results revealed that females, older age, and Medicaid/Medicare-insured patients had increased ED visits for sports- and recreation-related concussion post-law enactment compared to their respective counterparts. Annual adjusted costs per ED visits decreased post-law enactment, while annual total adjusted costs per hospital visit increased between pre- and post-law enactment.