



Long-term Survival After Drowning-related Cardiac Arrest

Cardiac arrest complicates drowning in approximately 10% of cases. This study attempts to estimate long-term survival in a large regional cohort of drowning subjects with both cardiac arrest and attempted professional resuscitation. The primary outcome was long-term survival. The study also sought to identify factors associated with subsequent death. The results showed that the immediate case fatality was substantial, but only 23% of patients surviving to hospital discharge died during long-term follow-up. In adjusted modeling, older age and indicators of shock were associated with subsequent death. It is suggested that prevention and mitigation of drowning injury are the main areas for improving clinical outcomes.

New York State Electronic Mandate on Opioid Prescribing

This retrospective study investigated the opioid prescribing patterns of emergency physicians after the introduction of the New York State Electronic Prescription for Controlled Substances (EPCS) program mandate. The study had a pre- and post-test design. The results showed there was a significant decline in the overall number of opioid prescriptions after implementation of the New York State EPCS program.

Does My Emergency Physician Sleep? Recovery from Night Shift

Sleep patterns were examined in emergency physicians to explore the effect of shift work on sleep. Twenty-seven EPs wore wrist actigraphy devices and performed data collection over a 3-month period. It was found that EPs sleeping in the daytime had significantly less sleep than evening and night sleepers, experiencing a 23% decrease in overall median sleep duration. This study provides statistical evidence that EPs working the night shift experience significantly less sleep than those working other shifts.

Cognitive Bias in Emergency Physicians: A Pilot Study

Cognitive bias can lead to systematic errors in judgement. This pilot study assesses cognitive bias in EPs and compares

the results to a sample of non-physicians (controls). All subjects took the Rationality Quotient (RQ) test, which measures cognitive bias. The study results showed that cognitive bias was common in this sample of EPs, however, there was less bias found in the EPs than in the control subjects.

Pediatric Septic Cancer Patients: A Retrospective Cohort Study

Pediatric oncology patients may be at higher risk of complications and mortality from sepsis than their non-oncology counterparts. This retrospective study compares characteristics, treatment, and sepsis-related mortality between septic oncology and non-oncology patients presenting to the emergency department (ED) over a 5-year period. The results demonstrated no statistically significant difference in mortality between the two cohorts. Pediatric cancer patients were found to have a higher incidence of bacteremia and received more aggressive treatment than the cancer-free pediatric patients.

Repeat Assault Injury Among Adolescent ED Patients

Violent injuries are a leading cause of morbidity and mortality among youths. Little is known about the characteristics of adolescent patients presenting to the ED with repeat assault injuries. This study sought to estimate the 5-year cumulative incidence of and risk factors for repeat ED visits for assault injury among adolescents. State-wide longitudinal data from California were used to follow 17,945 adolescents who reported to an ED with assault-related injuries in 2010. The results showed that 18.3% of the assaulted adolescents experienced one or more additional assault injury ED visits during the full 5-year follow-up period, and 37.3% repeat assaults occurred within the first year following the index assault visit. Sociodemographic characteristics and history of prior ED visits for assault and mental health problems predicted increased risk of repeat assaults.