The Journal of Emergency Medicine
ISSUE HIGHLIGHTS

Prescribing Opioids for Chronic Pain

A study was performed to determine if release of the Centers for Disease Control and Prevention (CDC) Guideline for prescribing opioids for chronic pain was associated with changes in prescribing habits in an academic medical center emergency department (ED). Data were extracted from electronic patient medical records between January 2015 and June 2017. A total of 8652 patients were included in the analysis, 4389 in the preguideline cohort and 4263 in the postguideline cohort. The results showed that the average morphine equivalent daily dose prescribed decreased after the release of the CDC guideline. There was also a decrease in the rate of concomitant opioid and benzodiazepine prescribing in the postguideline cohort compared to the preguideline cohort.

Delay in Seeking Emergency Care for Chest Pain

This study evaluated the prevalence and predictors of delay in seeking emergency care in patients who called 9-1-1 for chest pain. This was a secondary analysis of an observational cohort study. Two independent reviewers adjudicated the presence of acute coronary syndrome (ACS), and logistic regression was used to model the predictors of delay. The results revealed that one in four patients with chest pain, including 14% with ACS, waited more than 12 hours before seeking care. Black patients, compared to non-blacks, were 40% more likely to delay seeking care for $\geq$12 hours.

Agitation Associated with the Use of Sedatives and Restraints

This was a secondary study focusing on characteristics of agitation within a prospective observational study of agitated patients in the ED. Consecutive patients requiring Security presence or scoring $\geq$1 on an agitation scale were enrolled. Scores were recorded on 3 validated agitation scales. It was found that alcohol/drug use and psychiatric chief complaints were predominant reasons for agitated patients to visit the ED. Factors related to dissatisfaction with treatment or interactions with staff were common reasons for patients becoming agitated in the ED. A higher Severity Scale score, an agitation measurement for violent events in the ED, was associated with significantly higher odds of restraint use and significantly lower odds of sedative use.

Medications Used in U.S. Emergency Departments for Ankle Sprain

This study sought to quantify the types of medications used for an ankle sprain in U.S. EDs. This was a retrospective review of publicly available data collected through the National Hospital Ambulatory Medical Care Survey from 2006-2015. An estimated 9,052,678 ankle sprain visits in the study period were recorded. Non-steroidal anti-inflammatory drugs (NSAIDs) (56.1%) and opioid analgesic combinations (25.4%) were the two most common medications prescribed. In 2010, the use of NSAIDs appears to have increased while opioid analgesic combinations decreased.

Point-of-Care Ultrasound and the Septic Prosthetic Hip Joint

Prosthetic hip infections are difficult to identify through history and physical examination alone. Point-of-care ultrasound (POCUS) is a noninvasive tool that can be used at the bedside in the ED to evaluate for hip joint effusions in native pediatric and adult joints, and also may facilitate the diagnosis of a septic prosthetic hip joint. A case report is presented in which POCUS aided in identifying a periprosthetic synovitis and changed the direction of a patient's management course toward an investigation that lead to the final diagnosis of a septic prosthetic hip joint.

Ice Water Immersion in Severe Drug-Induced Hyperthermia

Cold water immersion is one of the most effective treatments for drug-induced life-threatening hyperthermia. However, this method is technically difficult to perform in the ED. Two cases are reported concerning patients presenting with life-threatening hyperthermia from methamphetamine, who were treated in the ED with a novel technique of using a body bag filled with ice water to perform rapid cooling. This method of cooling is a safe, rapid, and efficacious method for emergency physicians to perform cold water immersion in the ED.