External Validation of the qSOFA in Patients with Pneumonia

Pneumonia is the leading cause of sepsis. The Quick Sepsis-relative Organ Failure Assessment (qSOFA) score was developed to identify risk for mortality in sepsis. This study compares the test characteristics of the qSOFA score to the accuracy of 5 existing pneumonia severity scores. The results showed no significant difference in accuracy among any of the scores; all tests were equally accurate. Furthermore, the qSOFA score is the simplest of the severity scores evaluated, and it requires no laboratory values for calculation.

Thoracotomies at Level I Trauma Centers Have Improved Survival

Early thoracotomy is a procedure performed in extremis. This was a retrospective study utilizing the National Trauma Databank from 2014-2015. There were 3183 early thoracotomies included in the study; 2131 (66.9%) were performed at Level I Trauma Centers. Patients treated at Level I trauma centers had significantly higher survival rates. Factors extrinsic to the patient may play a role in survival of severely injured patients.

Certification Lapse and Disciplinary Action

This study was undertaken to determine if maintaining American Board of Emergency Medicine (ABEM) certification was associated with a lower risk of medical disciplinary action. Physicians whose certification lapsed had higher rates of disciplinary action than physicians whose certification did not lapse. Further, ABEM physicians whose certification did not lapse were significantly less likely to be disciplined than were physicians who let their certification lapse.

Post-Contrast Acute Kidney Injury After CT Pulmonary Angiography

A retrospective observational study was conducted using data automatically collected by a clinical data retrieval system for 1300 patients who underwent computed tomography (CT) pulmonary angiography for suspected acute pulmonary embolism. The results demonstrated that the total incidence rate of post-contrast acute kidney injury was 6.49% (41/632). No statistically significant association between estimated glomerular filtration rate and the risk of post-contrast acute kidney injury was observed.

Delayed Intracranial Hemorrhage in Anticoagulated Geriatric Patients After a Fall

A retrospective review of a trauma registry of geriatric patients who had a fall from standing height or less and were anticoagulated (on warfarin or a novel oral anticoagulant [NOAC) was performed over a one-year period. There were 77 patients enrolled, with a mean age of 80 $\pm$ 7.7 years, and 46% were male. The results of the study show a significant risk for the development of delayed intracranial hemorrhage in geriatric patients taking NOACs after falls from standing height or less. A history of loss of consciousness does not help to triage these patients into groups that do or do not need head CT scans to rule out intracranial hemorrhage.

Direct Oral Anticoagulant Treatment and Mild Traumatic Brain Injury

The risk of intracranial hemorrhage in patients taking direct oral anticoagulants after mild traumatic brain injury is unclear. The present study's objective was to show any possible difference between warfarin and direct oral anticoagulants (DOAC) in early, delayed, and global bleeding risk after mild traumatic brain injury. It was found that the DOAC-treated patients had a lower risk of post-traumatic intracranial bleeding compared with vitamin K antagonist (VKA)-treated patients. Assessment of pre= and post-traumatic risk factors can predict the likelihood of intracranial bleeding after mild traumatic brain injury. Delayed bleeding that seems non-life-threatening is not a negligent occurrence during oral anticoagulant therapy.