



adult patients randomized to morphine versus placebo. In addition, there was no resolution of peritoneal signs with morphine.

Source: Academic Emergency Medicine; 3 (12):1086.

Nursing Focused Care

Question: What antibiotics are frequently associated with increase in INR in those patients on chronic, stable warfarin regimens?

Answer: Azythromycin, levofloxacin, and TMP-SMZ may be associated with significant elevation of INR levels. TMP-SMZ (Bactrim) was noted to increase INR values above therapeutic levels in nearly 70% of patients on coumadin.

Source: Journal of General Internal Medicine, July 2005; 20(7):653.

Risk Management

Question: What is one of the most common “red flags” for the diagnosis of SEA (spinal epidural abscess)?

Answer: Back pain associated with fever. An elevated sedimentation rate, greater than 20, may be a useful screening tool. However, if level of suspicion for SEA is significant, then an MRI is the suggested imaging modality.

Source: Journal of Emergency Medicine, April 2004; 26(3):285.

Infectious Disease

Question: Is 5 days of Keflex (500 mg BID) an effective alternative to 10 days of penicillin for the treatment of group A beta-hemolytic strep pharyngitis?

Answer: Yes. And, how many patients likely complete 10 days of penicillin treatment after symptoms have resolved in 2-3 days?

Source: Pediatrics, April 2004; 113(4):866.

Family Practice/Internal Medicine

Question: What is the most commonly abused OTC medication by teenagers?

Answer: Dextromethorphan, available in more than 140 OTC products. Dextromethorphan is chemically related to codeine and in non therapeutic doses, can produce euphoria and dissociation.

Source: Journal of Child and Adolescent Psychopharmacology, December 2006; 16(6):801.

Medication Management

Question: IV Phenergan now carries a black box warning due to skin/tissue injury. What are suggested precautions if IV Phenergan is administered?

Answer: Avoid IV administration in the hand or wrist. Dilute the dose with 10 ml of normal saline and administer into a running IV line.

Source: Swedish Medical Center Pharmacy Newsletter; Vol. 13, Issue 6.

Urgent/Emergent Care

Question: Does the early administration of IV opiates for non-traumatic abdominal pain interfere with ED evaluation and diagnosis?

Answer: No. Accuracy of primary, differential, and final diagnosis were not affected in 70

Practice Pearl

Question: What % of immunocompetent adults presenting with acute sore throat are due to GABHS (group A beta-hemolytic strep)?

Answer: 5 - 15%. Nevertheless, about 75% are treated with antibiotics. The Centor criteria are clinically useful for identifying Group A strep infection. These are: fever, tonsillar exudate, tender anterior cervical nodes, and absence of cough. Antibiotics, without rapid strep antigen testing or culture is appropriate for patients fulfilling 3 or 4 criteria. Rapid antigen testing is appropriate for patients with 2 criteria present.

Source: Annals of Internal Medicine, 2001; 134(6):509.