

Medical Literature Review



RURAL HEALTHCARE QUALITY NETWORK

Quality Matters...

Infectious Disease

Question: Why do most medical practitioners, when treating a suspected cutaneous MRSA infection, often add a cephalosporin to TMP-SMZ treatment?

Answer: TMP-SMZ is the most frequently chosen outpatient MRSA treatment. TMP-SMZ does not offer adequate streptococcal coverage and thus a cephalosporin is added to cover these pathogens.

Source: CDC

Family Practice/Internal Medicine

Question: Is there justification for using Phenergan for nausea and vomiting in any pediatric age group?

Answer: Probably not. Ondansetron (Zofran), parenteral or oral (ODT), is as effective and much safer than the phenothiazines.

Source: *Pediatrics*. April 2002;109(4).

Medication Management

Question: Ketorolac has become a popular parenteral analgesic, particularly in the ED. Why?

Answer: Good question! 60mg of IM ketorolac is no more effective for pain control than 800mg of ibuprofen. Limited exceptions would include renal or biliary colic where ketorolac has proven to be therapeutic.

Source: *Academic Emergency Medicine*. 1998;5(2):118. (Other references available on request.)

Urgent/Emergent Care

Question: What clinical finding in infants presenting with blunt head trauma is a marker for skull fracture?

Answer: A scalp hematoma, particularly parietal or occipital.

A large majority of children with skull fracture have a significant hematoma. A large and “boggy” hematoma is most suspect. Skull fracture is obviously a marker for significant intracranial injury.

Source: *Pediatrics*. 1999;104(4):861.

Nursing Focused Care

Question: Evaluating dehydration in infants can be clinically challenging and subject to variable agreement by providers. What signs are most valuable in identifying moderate/severe dehydration?

Answer: An ill appearing infant who does not produce tears and demonstrates dry mucous membranes. Skin turgor is an unreliable sign until severe dehydration is present.

Source: *Pediatrics*. 1997;99(5):e6.

Risk Management

Question: What is the root cause of most medical errors?

Answer: “People working in health care are among the most educated and dedicated work force in any industry. The problem is not bad people; the problem is that a **system(s)** needs to be made safer.”

Source: *Lecture: “Medical Errors in Pediatrics,” Marc Joffe, MD; January 2010.*

Practice Pearl

Question: Which patients are at greatest risk for quinolone associated tendinopathy?

Answer: Achilles tendonitis and/or rupture are the most common tendon problem following quinolone therapy. The two most significant risk factors are age (>60) and concomitant and/or long term corticosteroid treatment. Also associated with increased risk are renal failure, diabetes, rheumatic disease, and thyroid disorders.

Source: *Clinical Infectious Disease*. 2003; 36:1404.