

## Medical Literature Review



RURAL HEALTHCARE QUALITY NETWORK

Quality Matters...

### Infectious Disease

**Question:** Why should acyclovir be administered early and empirically when the diagnosis of HSV encephalitis is in the differential diagnoses?

**Answer:** Mortality from HSV encephalitis can be reduced from 75% to 25% when acyclovir is given early in the course of HSE. Seizures, focal neurologic signs, and impaired level of consciousness suggest encephalitis.

**Source:** *Annals of Emergency Medicine*, 2006;47(1)100-105.

### Family Practice/Internal Medicine

**Question:** When is a bone scan recommended for the staging of prostate cancer?

**Answer:** Individuals who are asymptomatic, have clinically localized prostate cancer, and PSA levels lower than 20 do not require bone scanning.

**Source:** *American Urological Association, 2009 Guidelines.*

### Medication Management

**Question:** What is the role of the newer medication Uloric (febuxostat) in the long term management of gout/hyperuricemia?

**Answer:** A patient who doesn't tolerate or respond to allopurinol may be a candidate. The medication is 10 times more expensive than generic allopurinol.

**Source:** *American Journal of Therapeutics*, 2005;12:22-34.

### Urgent/Emergent Care

**Question:** When should a chest x-ray be ordered when managing the patient with an acute asthmatic attack?

**Answer:** Chest x-rays are over-ordered with this clinical presentation. If pneumothorax or pneumonia is suspected, a 2-view CXR is indicated.

**Source:** *Continuing Education in Anaesthesia, Critical Care & Pain*, 2008;8(3):95-99.

### Nursing Focused Care

**Question:** A patient presenting to the ED is found to have a blood pressure of 210/126. The patient is asymptomatic without evidence of end-organ dysfunction. Should the patient be treated?

**Answer:** This is not a hypertensive emergency/urgency. However, it would be prudent to initiate oral therapy with early PCP follow-up.

**Source:** *Recommendation. American College of Emergency Physicians.*

### Risk Management

**Question:** ED "bounceback" patients often present critically ill. What finding on review of the initial visit is most commonly noted in the patient's chart?

**Answer:** Tachycardia, at the time of discharge, is the most commonly found clinical sign that predicted a return visit with an unfavorable outcome.

**Source:** *Annals of Emergency Medicine*, 2007;49:735-745.

## Practice Pearl

**Question:** Has thrombolytic therapy (tPA) become "standard of care" for acute ischemic stroke?

**Answer:** Less than 5% of ischemic stroke patients receive tPA. However, the Joint Commission, American Stroke Association, and the Brain Attack Coalition call for expanded use of tPA. The American Heart Association has changed their recommendation from "optional" to "definitely recommended." Thus, if your hospital offers tPA for stroke, then clear documentation must occur if the decision to not use thrombolytics has been made. Litigation for "loss of chance" may ensue if treatment is withheld if the patient meets criteria for tPA.

**Source:** *www.acep.org - "Does Standard of Care for Acute Ischemic Stroke in the ED Include tPA? A Legal Perspective," February 23, 2010.*