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ISSUE HIGHLIGHTS

Telemedicine Use by Older Adults in a COVID-19 Epicenter

This study evaluated the use of telemedicine in patients 65 and older during the peak of the pandemic in New York City for demographics, technical limitations, rates of emergency department (ED) referral and 30-day mortality. The mean age was 73 years. Overall, 20% of patients were emergently referred to the ED. They noted a 20-fold increase in telemedicine use in this age group compared to a similar time frame pre pandemic. ED referral was highest in those over 75 years (45.9%). 43% of patients required family to assist in telemedicine use. 30-day mortality was 7%. The authors conclude that telehealth providers need to be trained in triage and emergency medicine with a knowledge of local resource availability.

When and How to Use Orthostatic Vital Signs

This narrative review is intended to clarify indications for orthostatic vital signs (OVS) measurement, their performance, and interpretation. The authors recommend that orthostatic vital signs are useful in selected patients presenting with blood loss, dehydration, falls, syncope, dizziness, and generalized weakness. Options for measurement include standing only, sitting-to-standing, and lying-to-standing, and only 1 minute is required between measurements. Measurement early in an emergency department visit can inform important decisions, such as whether to pursue laboratory testing or intravenous treatment. They conclude that since they have a low diagnostic yield and results are subject to interpretation, physician measurement is advantageous. A brief protocol allows emergency physicians to do their own OVS measurement with little added time.

Long-term neurological outcome of extracorporeal cardiopulmonary resuscitation for out-of-hospital cardiac arrest patients with nonshockable rhythms: a single-center, consecutive, retrospective observational study

This study aimed to assess the long-term neurological outcome of extracorporeal cardiopulmonary resuscita-

tion (ECPR) for patients with out-of-hospital cardiac arrest (OHCA) with initially nonshockable rhythms. 39 patients with refractory cardiopulmonary arrest were transported while undergoing conventional CPR and received ECPR on ED arrival. 32 died in the hospital, 7 survived. 4 patients had a cerebral performance category (CPC) scale of 1; 3 with CPC of 4 and 32 with CPC of 5. The proportion of good neurological outcomes for all patients was 10.3%. It was 14.3% for patients with pulseless electrical activity. No patients with asystole had a good neurological outcome. The authors conclude that these outcomes imply that ECPR may be a tolerable treatment option for patients with OHCA with nonshockable rhythms. Further research is required to determine the efficacy and potential benefits of ECPR.

Cryoneurolysis of Intercostal Nerve for Rib Trauma and Intercostal Neuralgia in the ED: A Multidisciplinary Approach

The authors present the first-time use of cryoneurolysis on an ED patient for the treatment of 10/10 severe traumatic intercostal neuralgia that resulted in the patient being discharged home pain free. Patient initially underwent a multilevel left sided T5-T7 intercostal nerve block, followed by ultrasound-guided percutaneous cryoneurolysis of those intercostal nerves using two cycles of 2 minutes of cooling to a temperature of -70°C (nitrous oxide) with 30 seconds of thawing in between. Patient experienced 100% pain relief immediately post procedure that was sustained. The patient remained completely symptom-free more than 6-months after the bedside procedure and returned to sports without restrictions. This case highlights the benefits of cross departmental collaboration between the ED, Anesthesia, and Pain Management. The authors hope this model of multidisciplinary pain modulation can be replicated for other patients with similar pain and can herald a new paradigm of pain management in the ED.