

---

---

---

---

---

---

---

# *The Journal of Emergency Medicine*

## *63-6, December 2022*

### ISSUE HIGHLIGHTS

---

#### **The Effect of COVID-19 Stay-At-Home Orders on the Rate of Pediatric Foreign Body Ingestions**

The authors sought to determine if there was an effect on the proportion of foreign body ingestions due to the COVID-19 pandemic lockdowns. In this retrospective review of the Pediatric Health Information System, the authors analyzed 3 groups: young children (<5 years), school-age children (5 to 12 years) and adolescents (13 to 18 years), utilizing an interrupted time series analysis. Their primary outcome was the difference in the proportion of foreign body ingestions. They compared one year after the declaration of the worldwide COVID-19 pandemic (March 13, 2020, to March 31, 2021) to the previous three years (March 1, 2017, to March 12, 2020). Total pediatric ED encounters decreased in the post-period. 4902 patients per year presented for foreign body ingestion pre-COVID-19 shutdown versus 5,235 patients per year post-COVID-19 shutdown. In all three age groups (young children, school-age children, and adolescents), there was a higher proportion of foreign body ingestions post-COVID-19 shutdown driven primarily by the decrease in total ED encounters. In the youngest age group (<5 years), there was also a significant increase in slope for foreign body ingestions post-COVID-19.

#### **Bacteraemia prediction with prognostic scores and a causal probabilistic network a cohort study of emergency department patients**

This study examined the abilities of the National Early Warning Score (NEWS), the Quick Sequential Organ Failure Assessment (qSOFA), the Modified Sequential Organ Failure Assessment (mSOFA) and two versions of the causal probabilistic network, SepsisFinder™ (SF) to predict bacteremia in adult emergency department (ED) patients. This cohort study included adult ED patients from a large urban, academic tertiary hospital, with blood cultures obtained within 24 hours of admission between 2016-2017. The outcome measure was true bacteremia. The study included 3,106 ED patients, of which 199 (6.4%) patients had true bac-

teremia. The AUROC for prediction of bacteremia were: NEWS = 0.65, qSOFA = 0.60, SF I = 0.65, mSOFA = 0.71, and SF II = 0.80. The authors concluded that scoring systems only using vital signs, NEWS and SF I, showed moderate abilities in predicting bacteraemia, while qSOFA performed poorly. Scoring systems using both vital signs and laboratory values, mSOFA and especially SF II, showed good ability to predict bacteremia.

#### **Six diagnoses of separation: Impact of COVID-19 on Pediatric ED Visits: A Multicenter Study**

The authors' goal was to investigate the effect of COVID-19 on common pediatric diagnoses seen in the pediatric ED using a large multihospital database. They compared the change in the number of visits from 2019 to 2020 for the following diagnoses: anxiety, appendicitis, asthma, headache, seizures, and urinary tract infection (UTI) for pediatric patients (age <21 years). From 2019 to 2020 total visits decreased by 61%. Decreases for specific diagnoses were 75% for asthma, 64% for headaches, 47% for UTI, 32% for anxiety, 28% for seizures and 18% for appendicitis. The authors found a marked decrease in ED visits for six common pediatric diagnoses after COVID-19. They conclude that this decrease was due to recommendations to quarantine and fear of contracting the virus. Further studies on other diagnoses or potential complications due to the delay in seeking care are needed.

#### **Point-of-care ultrasound in the diagnosis of venous thoracic outlet syndrome**

The authors present a case report of use of point-of-care ultrasound to diagnose venous thoracic outlet syndrome (TOS) in a 46 yr old male who presented with left upper extremity (LUE) edema, pain and paresthesia progressing over three weeks. Currently, diagnosis of vascular TOS is often made by CT scan to identify impinged vessels though color doppler sonography can be an excellent choice for initial imaging in patients with suspected venous TOS.