



Emergency Medicine Practice Clinical Pathways: Evidence To Improve Patient Care In Emergency Medicine



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EM Practice Guidelines Update

The Lifelong Learning and Self-Assessment Study Guide

EM Critical Care

ED Overcrowding Solutions

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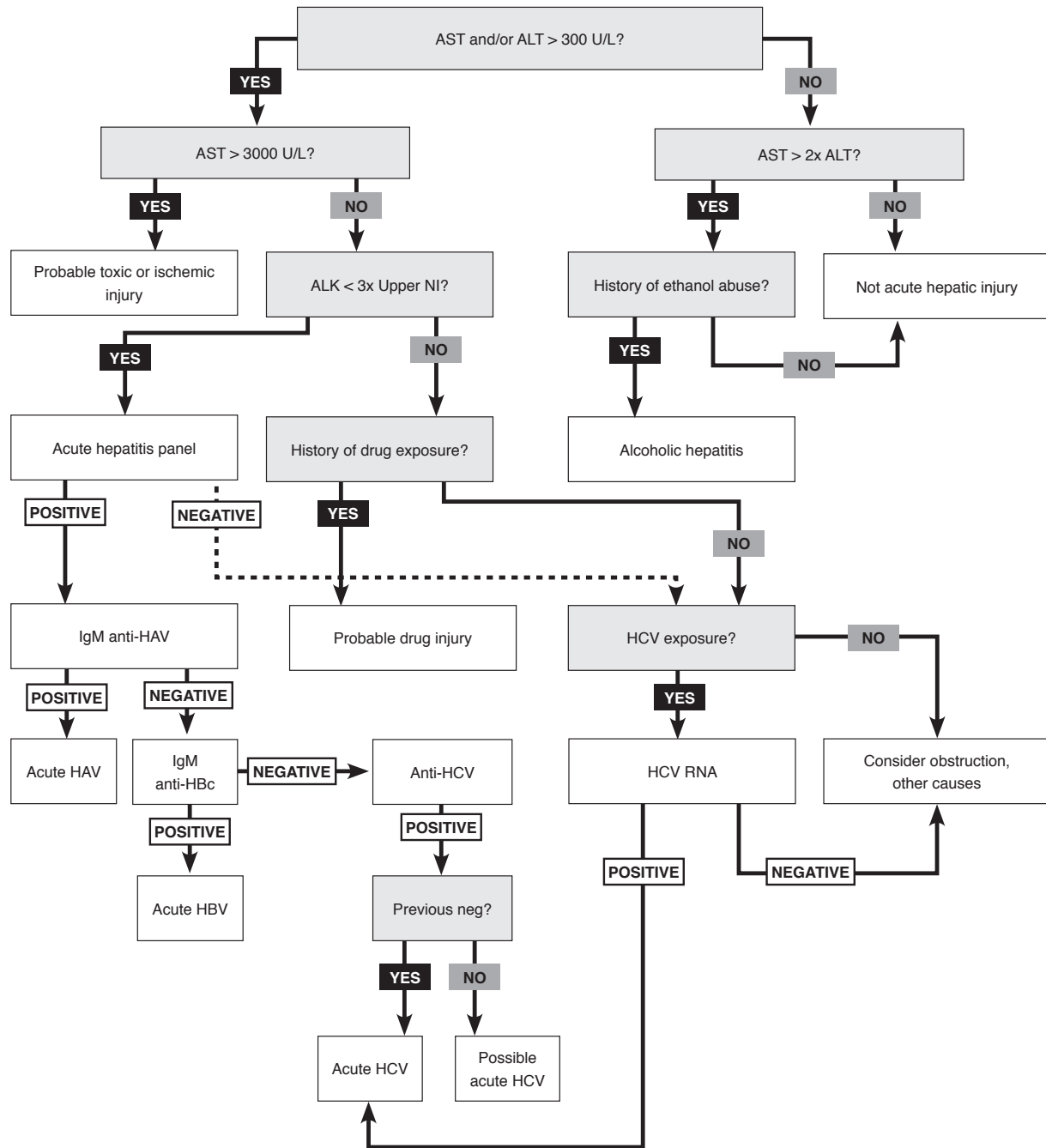
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Clinical Pathway For Evaluation Of Patients With Suspected Acute Hepatic Injury



Abbreviations: ALK, alkaline phosphatase; ALT, alanine aminotransferase; AST, aspartate aminotransferase; HAV, hepatitis A virus; HBc, hepatitis B core antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IgM, immunoglobulin M antibody; NI, normal.

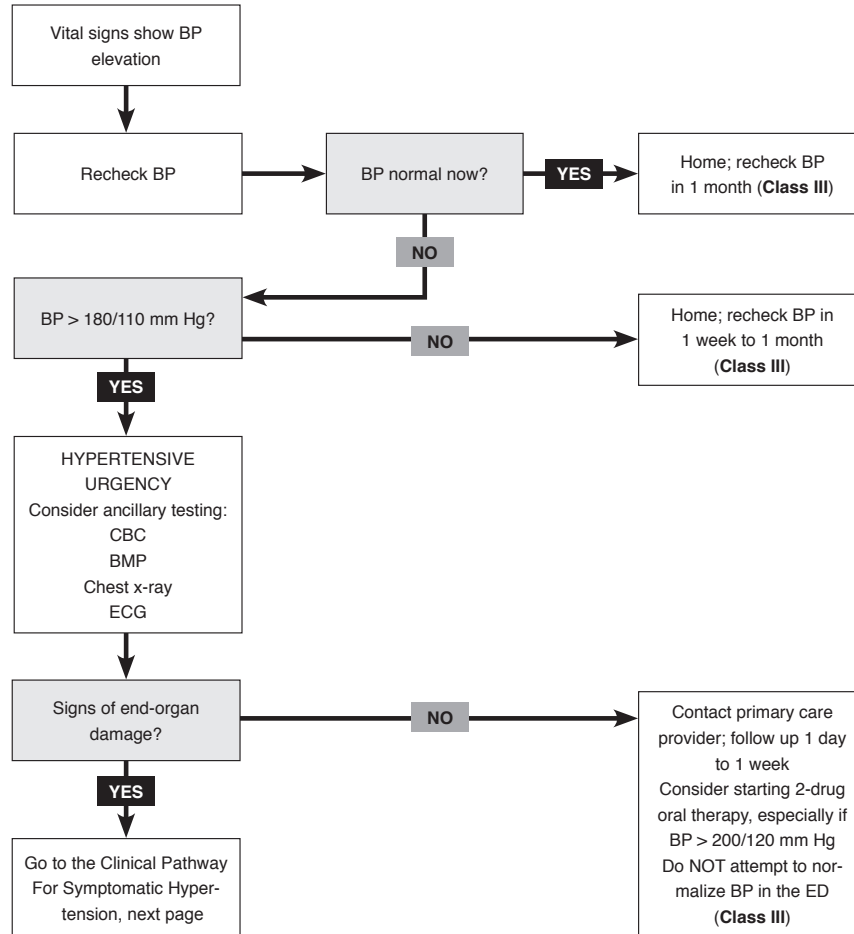
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Clinical Pathway For Asymptomatic Hypertension



Abbreviations: BMP, basic metabolic panel; BP, blood pressure; CBC, complete blood count; ECG, electrocardiogram; ED, emergency department.

Class Of Evidence Definitions

Each action in the clinical pathways section of *Emergency Medicine Practice* receives a score based on the following definitions.

Class I

- Always acceptable, safe
- Definitely useful
- Proven in both efficacy and effectiveness

Level of Evidence:

- One or more large prospective studies are present (with rare exceptions)
- High-quality meta-analyses
- Study results consistently positive and compelling

Class II

- Safe, acceptable
- Probably useful

Level of Evidence:

- Generally higher levels of evidence
- Non-randomized or retrospective studies: historic, cohort, or case control studies
- Less robust RCTs
- Results consistently positive

Class III

- May be acceptable
- Possibly useful
- Considered optional or alternative treatments

Level of Evidence:

- Generally lower or intermediate levels of evidence
- Case series, animal studies, consensus panels
- Occasionally positive results

Indeterminate

- Continuing area of research
- No recommendations until further research

Level of Evidence:

- Evidence not available
- Higher studies in progress
- Results inconsistent, contradictory
- Results not compelling

Significantly modified from: The Emergency Cardiovascular Care Committees of the American Heart Association and represen-

tatives from the resuscitation councils of ILCOR: How to Develop Evidence-Based Guidelines for Emergency Cardiac Care: Quality of Evidence and Classes of Recommendations; also: Anonymous. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Emergency Cardiac Care Committee and Subcommittees, American Heart Association. Part IX. Ensuring effectiveness of community-wide emergency cardiac care. *JAMA*. 1992;268(16):2289-2295.

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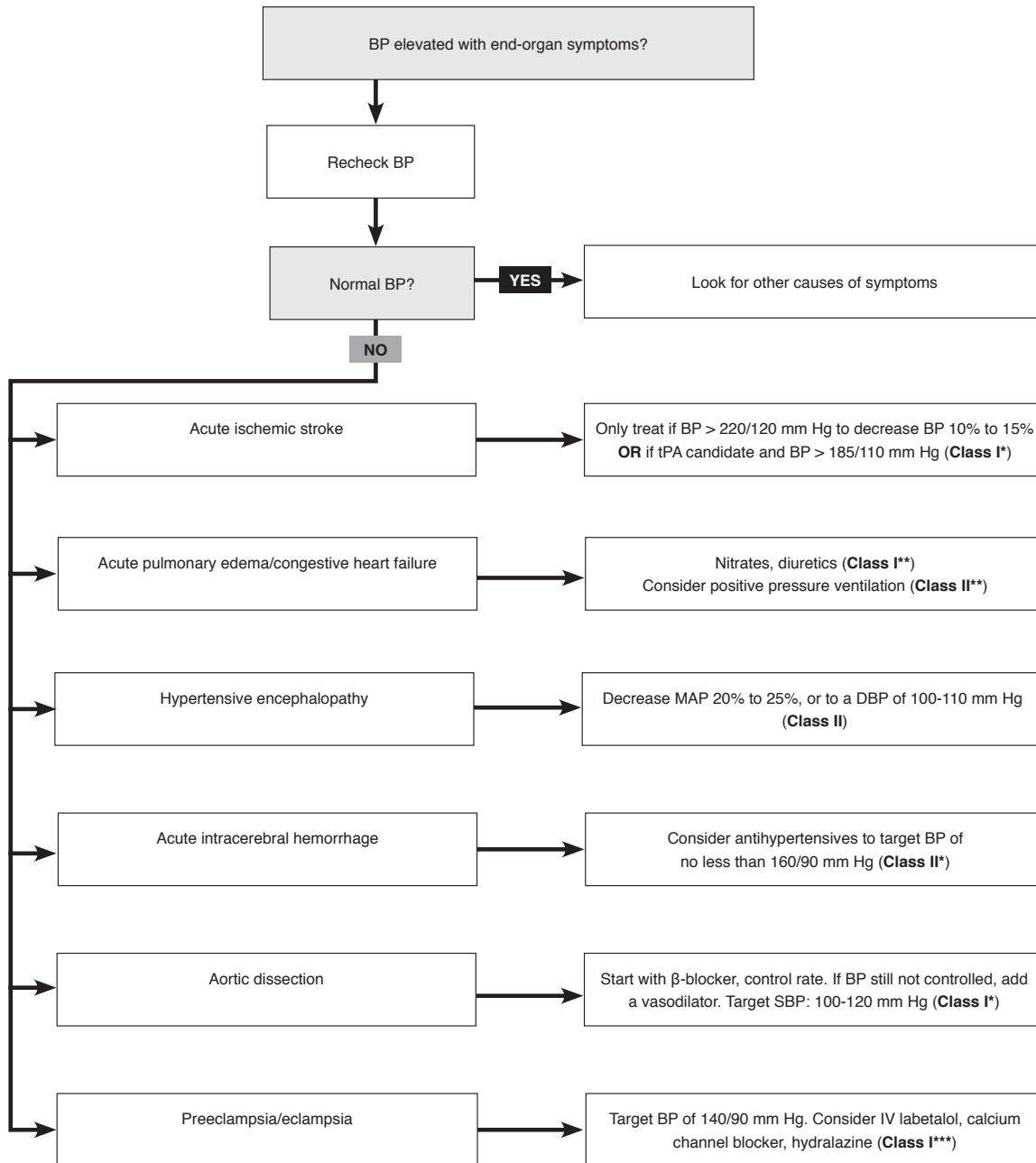
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Clinical Pathway For Symptomatic Hypertension



Abbreviations: ACE, angiotensin-converting enzyme; BP, blood pressure; DBP, diastolic blood pressure; IV, intravenous; MAP, mean arterial pressure; SBP, systolic blood pressure; tPA, tissue plasminogen activator.

*American Heart Association guidelines

**European Society of Intensive Care Medicine guidelines

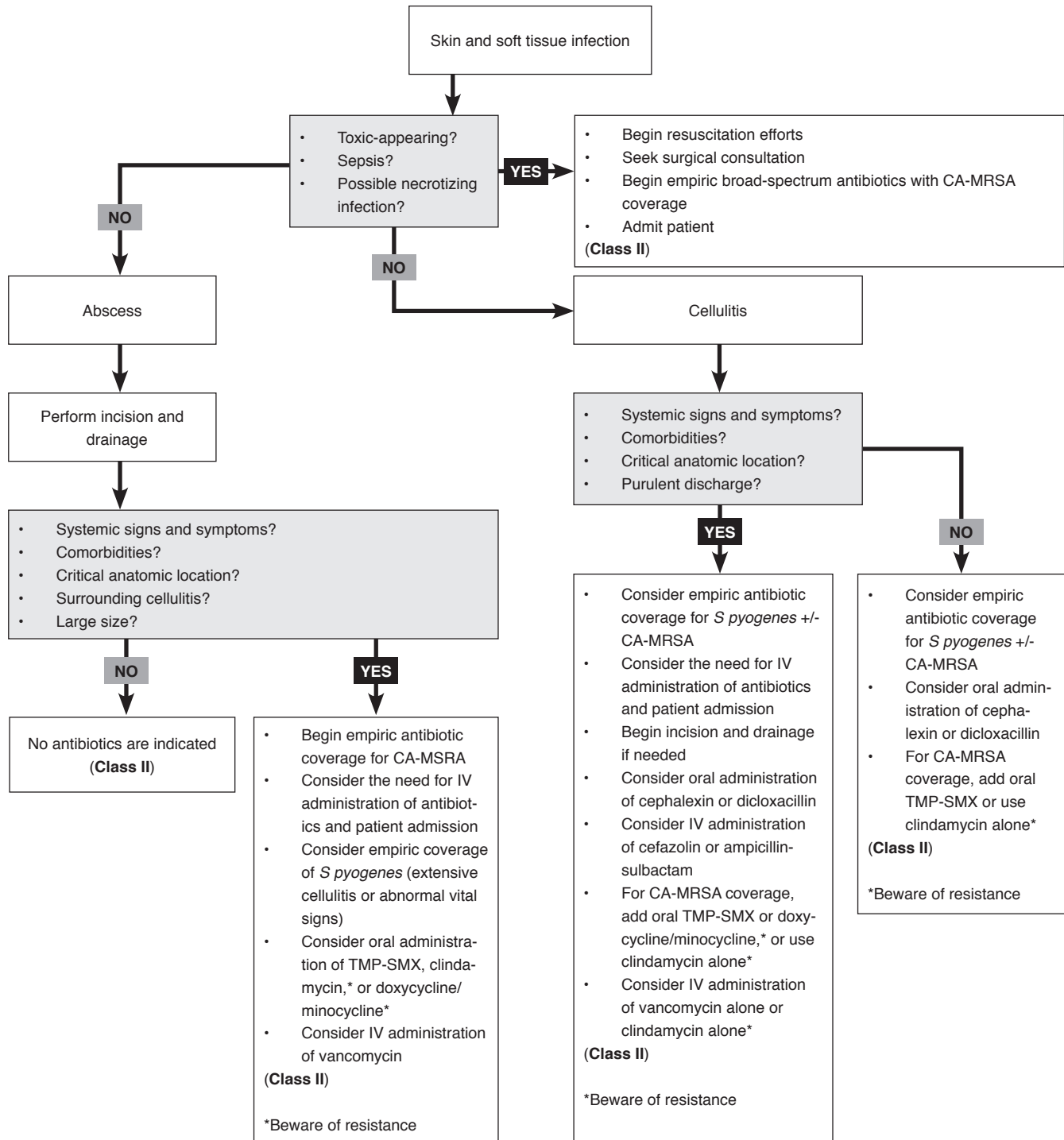
***Royal College of Obstetricians and Gynaecologists guidelines

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Clinical Pathway For Treatment Of Skin And Soft Tissue Infections



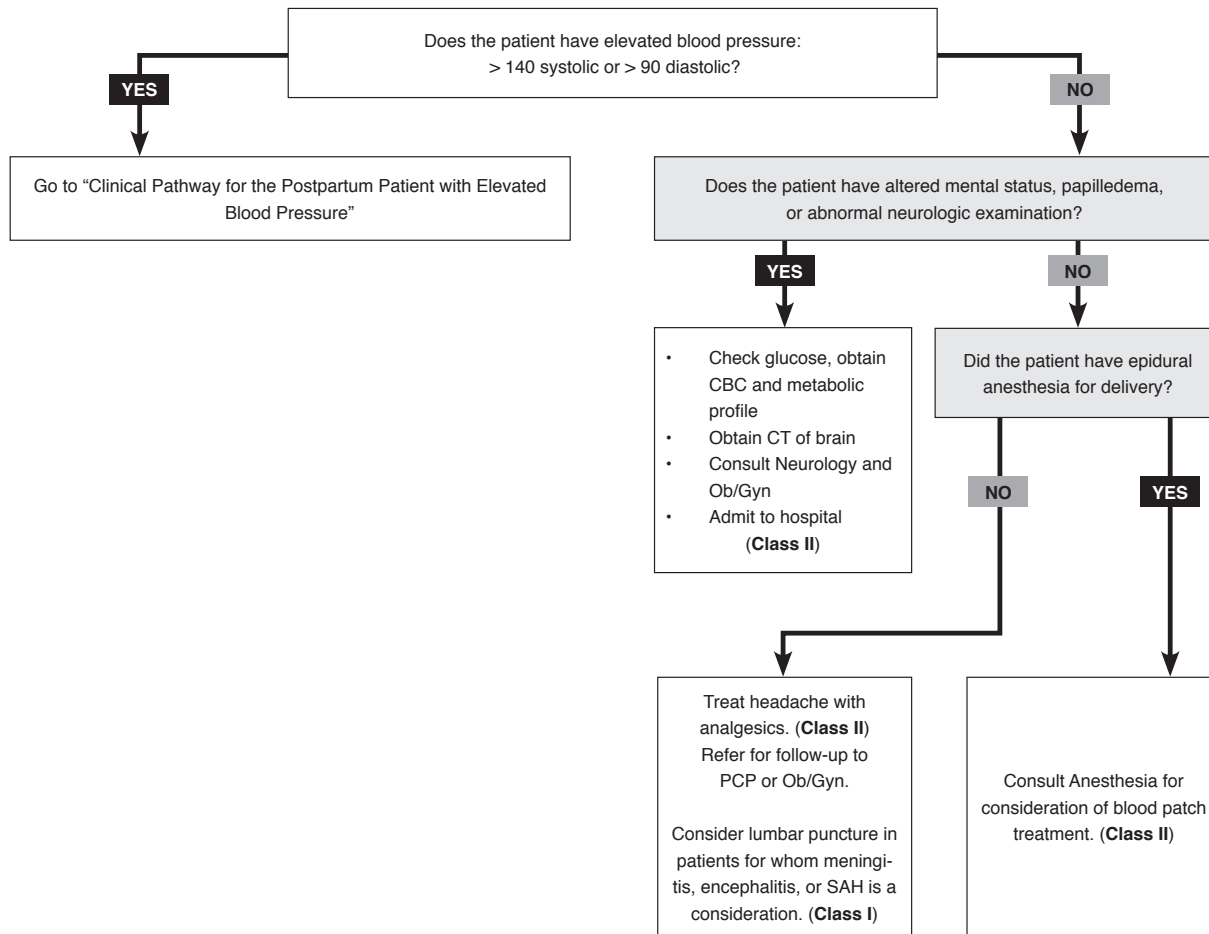
Abbreviations: CA-MRSA, community-acquired methicillin-resistant *Staphylococcus aureus*; IV, intravenous; *S pyogenes*, *Streptococcus pyogenes*; TMP-SMX, trimethoprim-sulfamethoxazole.

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Clinical Pathway For The Management Of The Postpartum Patient With Headache



Abbreviations: CBC, complete blood count; CT, computed tomography; Ob/Gyn, obstetrician/gynecologist; PCP, primary care provider; SAH, subarachnoid hemorrhage.

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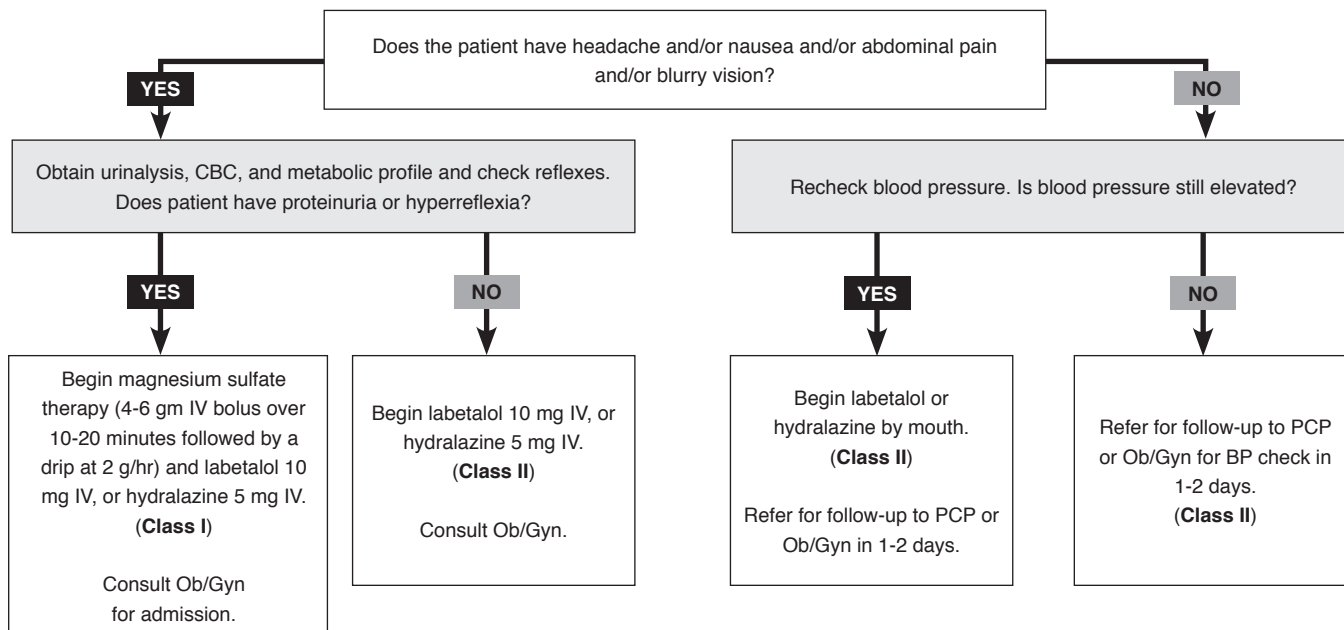
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Clinical Pathway For The Management Of The Postpartum Patient With Elevated Blood Pressure (> 140 Systolic Or > 90 Diastolic)



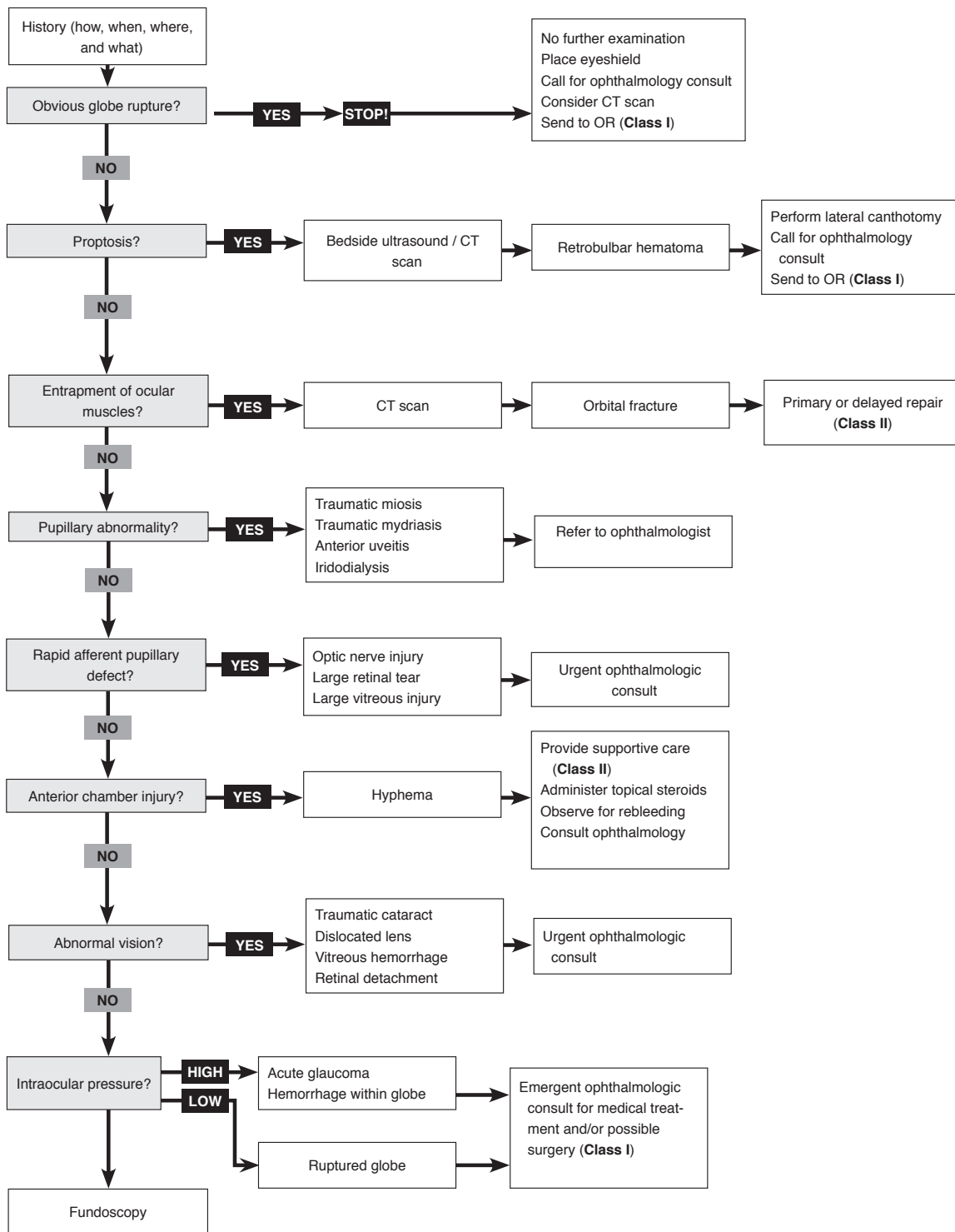
Abbreviations: BP, blood pressure; CBC, complete blood count; IV, intravenous; Ob/Gyn, obstetrician/gynecologist; PCP, primary care provider.

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Clinical Pathway For Blunt Eye Trauma

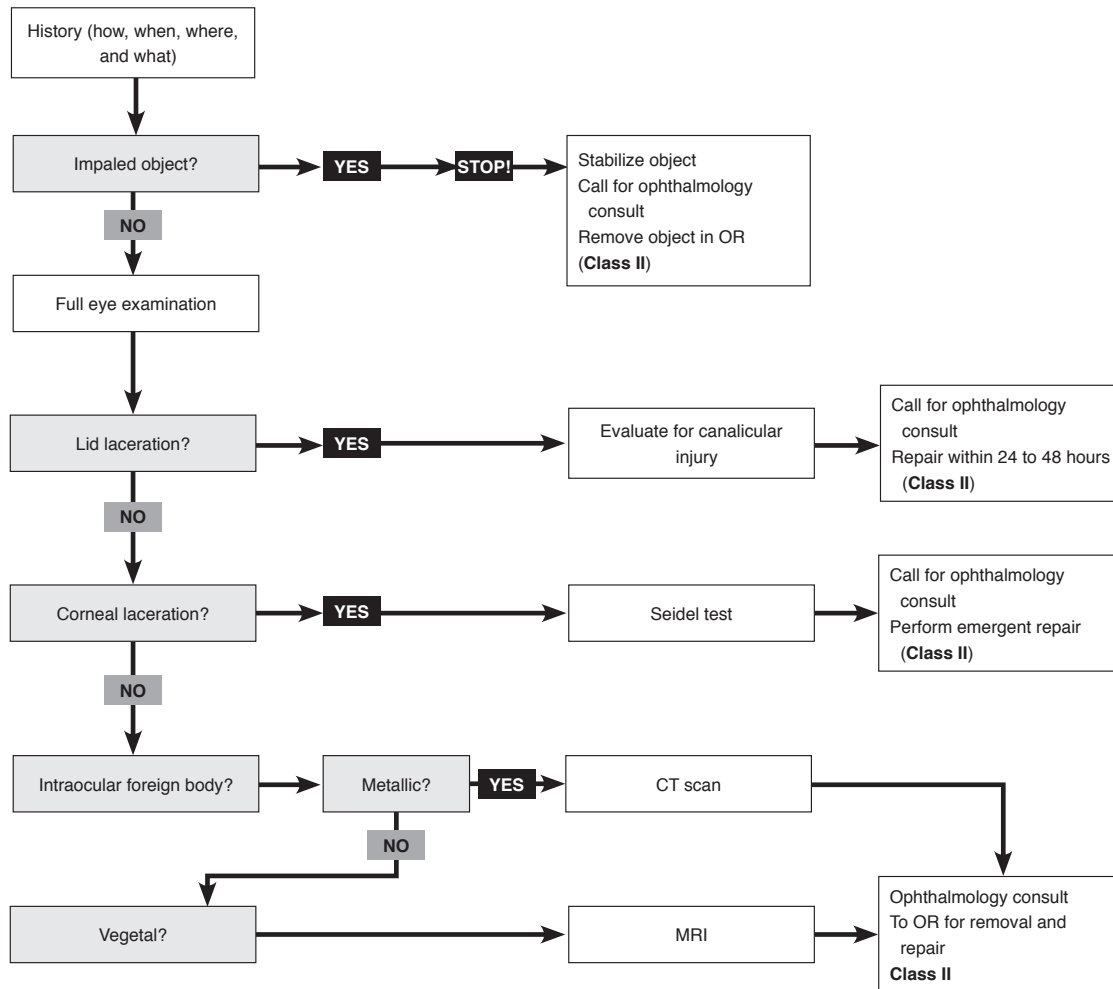


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Clinical Pathway For Penetrating Eye Trauma



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Class I

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- Definitely useful
- Proven in both efficacy and effectiveness

Level of Evidence:

- One or more large prospective studies are present (with rare exceptions)
- High-quality meta-analyses
- Study results consistently positive and compelling

Class II

- Safe, acceptable
- Probably useful

Level of Evidence:

- Generally higher levels of evidence
- Non-randomized or retrospective studies: historic, cohort, or case control studies
- Less robust RCTs
- Results consistently positive

Class III

- May be acceptable
- Possibly useful
- Considered optional or alternative treatments

Level of Evidence:

- Generally lower or intermediate levels of evidence
- Case series, animal studies, consensus panels
- Occasionally positive results

Indeterminate

- Continuing area of research
- No recommendations until further research

Level of Evidence:

- Evidence not available
- Higher studies in progress
- Results inconsistent, contradictory
- Results not compelling

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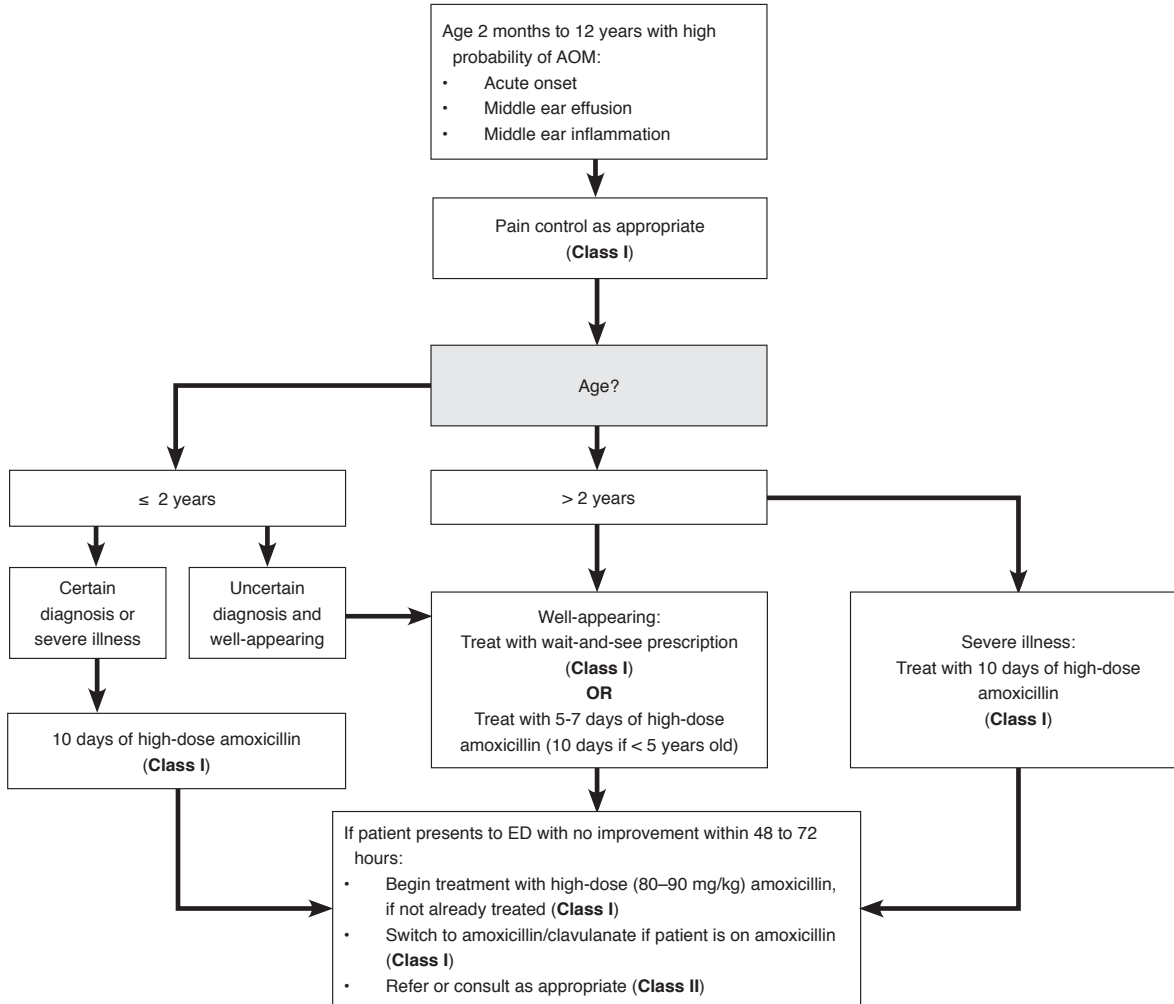
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Clinical Pathway For Treatment Of Acute Otitis Media



Class Of Evidence Definitions

Each action in the clinical pathways section of *Emergency Medicine Practice* receives a score based on the following definitions.

<p>Class I</p> <ul style="list-style-type: none"> • Always acceptable, safe • Definitely useful • Proven in both efficacy and effectiveness <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> • One or more large prospective studies are present (with rare exceptions) • High-quality meta-analyses • Study results consistently positive and compelling 	<p>Class II</p> <ul style="list-style-type: none"> • Safe, acceptable • Probably useful <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> • Generally higher levels of evidence • Non-randomized or retrospective studies: historic, cohort, or case control studies • Less robust RCTs • Results consistently positive 	<p>Class III</p> <ul style="list-style-type: none"> • May be acceptable • Possibly useful • Considered optional or alternative treatments <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> • Generally lower or intermediate levels of evidence • Case series, animal studies, consensus panels • Occasionally positive results 	<p>Indeterminate</p> <ul style="list-style-type: none"> • Continuing area of research • No recommendations until further research <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> • Evidence not available • Higher studies in progress • Results inconsistent, contradictory • Results not compelling <p>Significantly modified from: The Emergency Cardiovascular Care Committees of the American Heart Association and represen-</p>	<p>tatives from the resuscitation councils of ILCOR: How to Develop Evidence-Based Guidelines for Emergency Cardiac Care: Quality of Evidence and Classes of Recommendations; also: Anonymous. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Emergency Cardiac Care Committee and Subcommittees, American Heart Association. Part IX. Ensuring effectiveness of community-wide emergency cardiac care. <i>JAMA</i>. 1992;268(16):2289-2295.</p>
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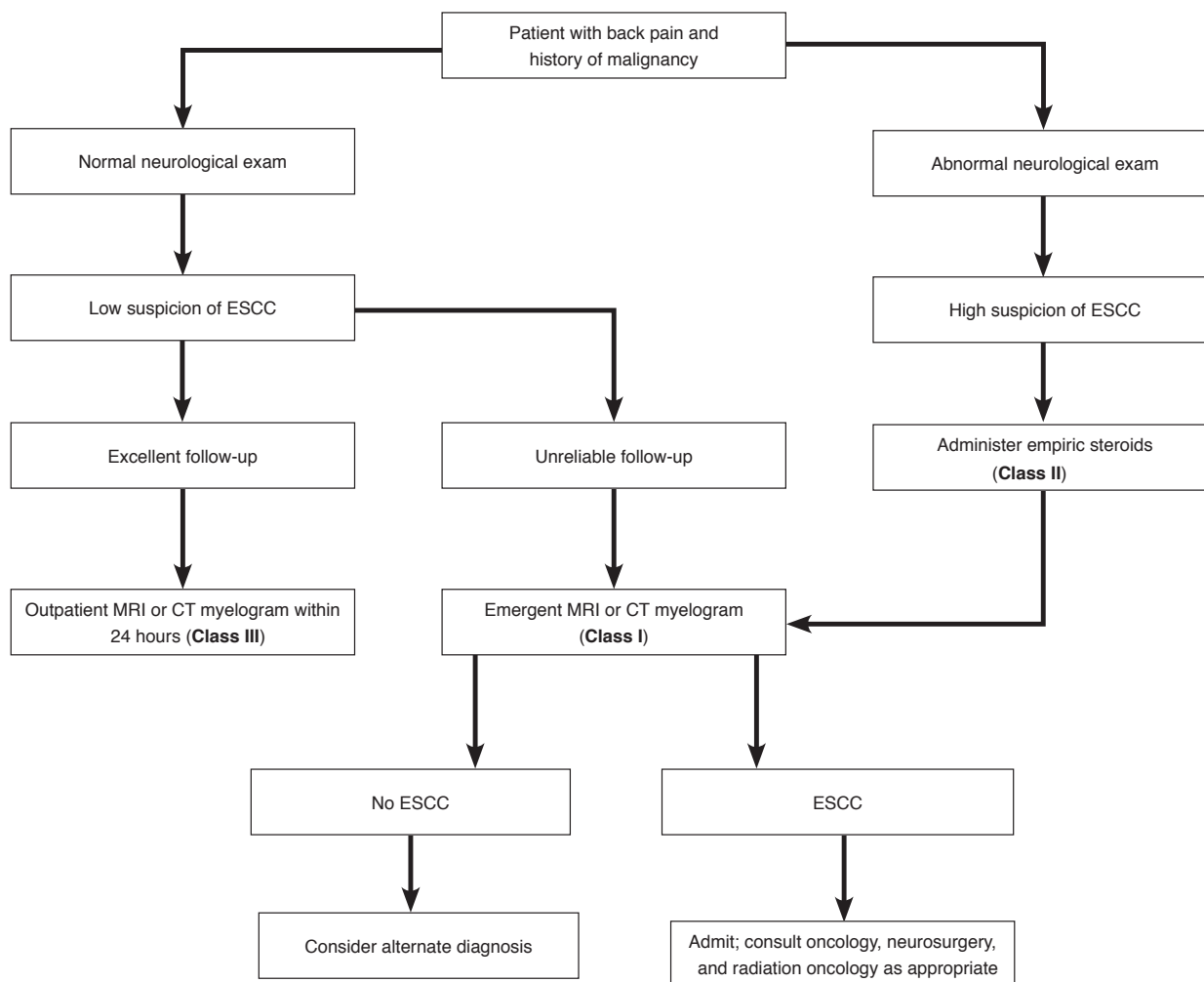
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Clinical Pathway For Evaluation Of Suspected Malignant Epidural Spinal Cord Compression



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Indeterminate

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Level of Evidence:

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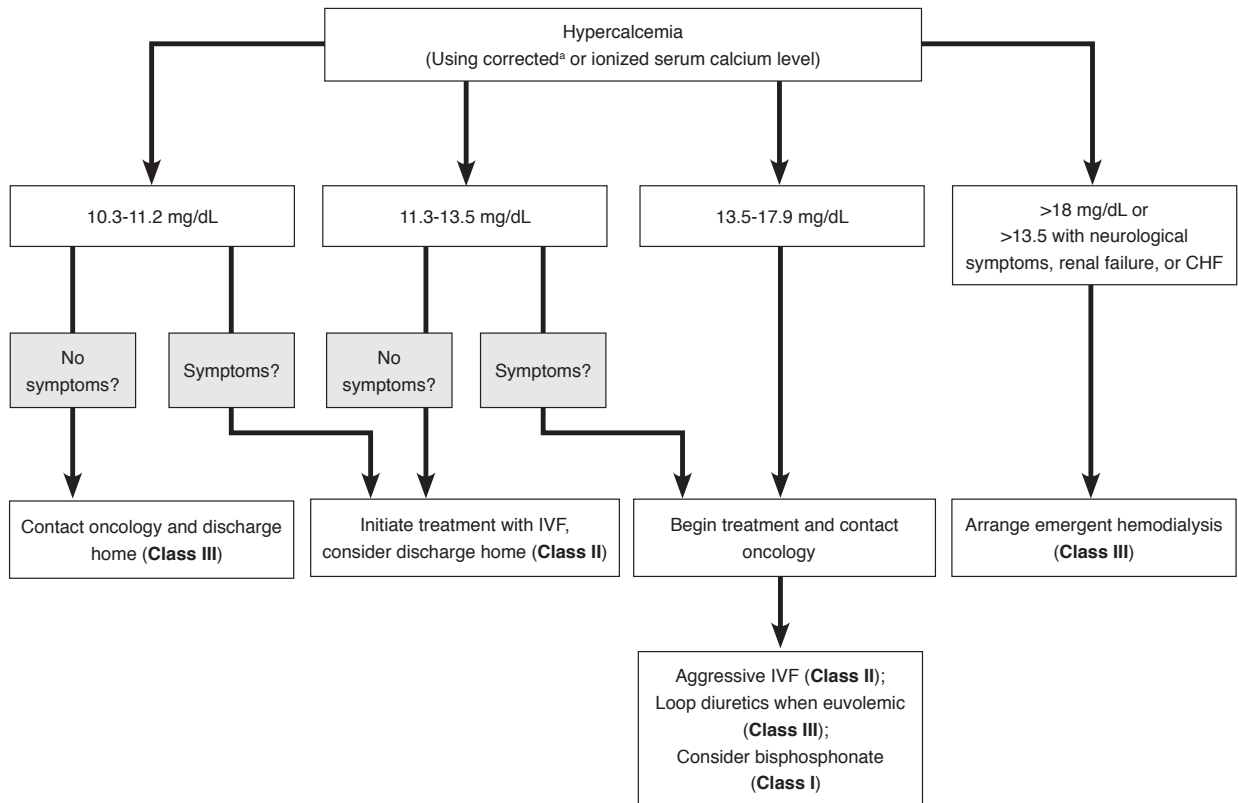
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Clinical Pathway For The Management Of Hypercalcemia Of Malignancy



^aCorrected calcium level = Measured calcium level + 0.8 x (4.0 - Serum albumin level)
Abbreviations: CHF, congestive heart failure; IVF, intravenous fluids.

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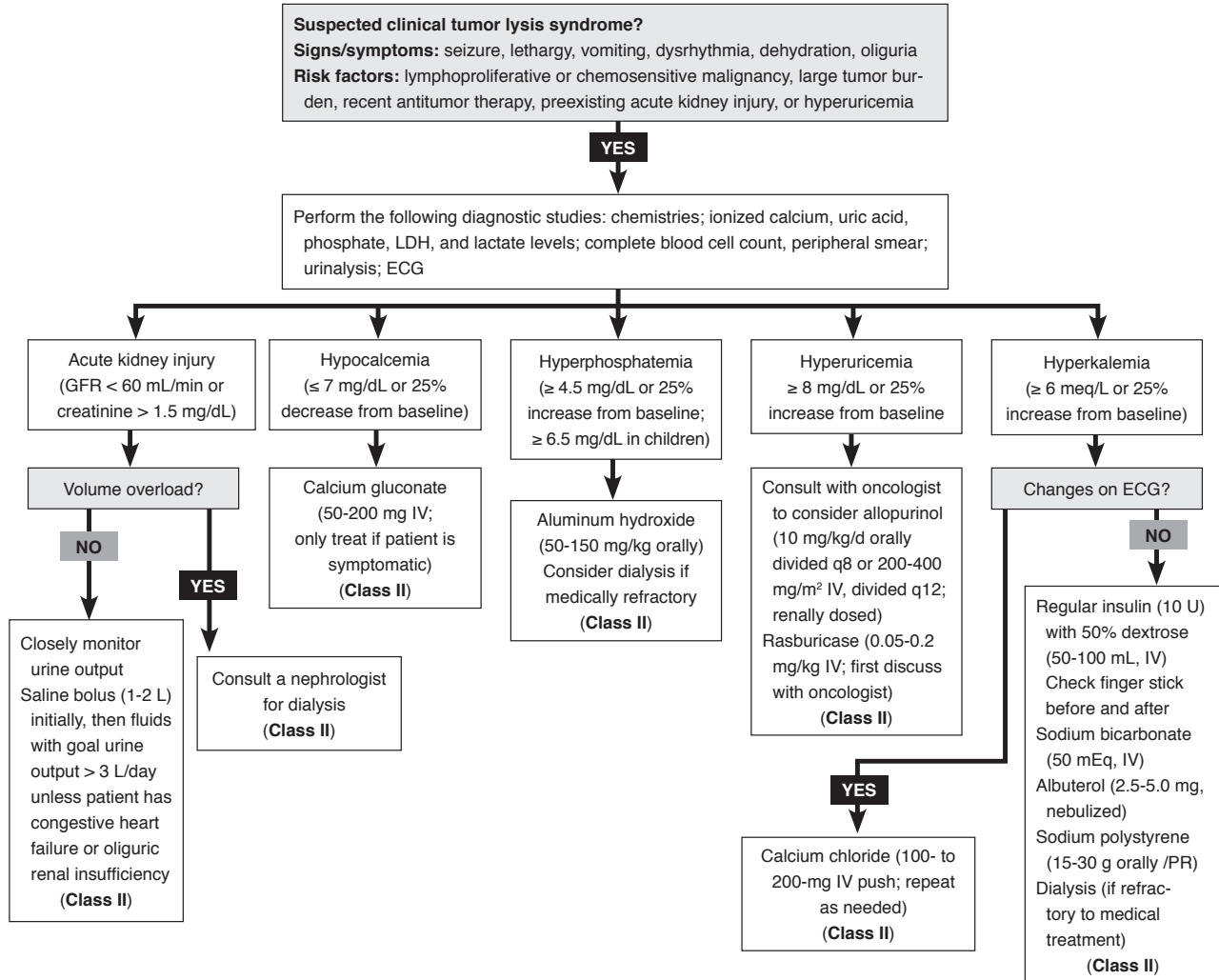
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Clinical Pathway For Management Of Tumor Lysis Syndrome



Abbreviations: ECG, electrocardiogram; IV, intravenously; PR, per rectum.

Class Of Evidence Definitions

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Level of Evidence:

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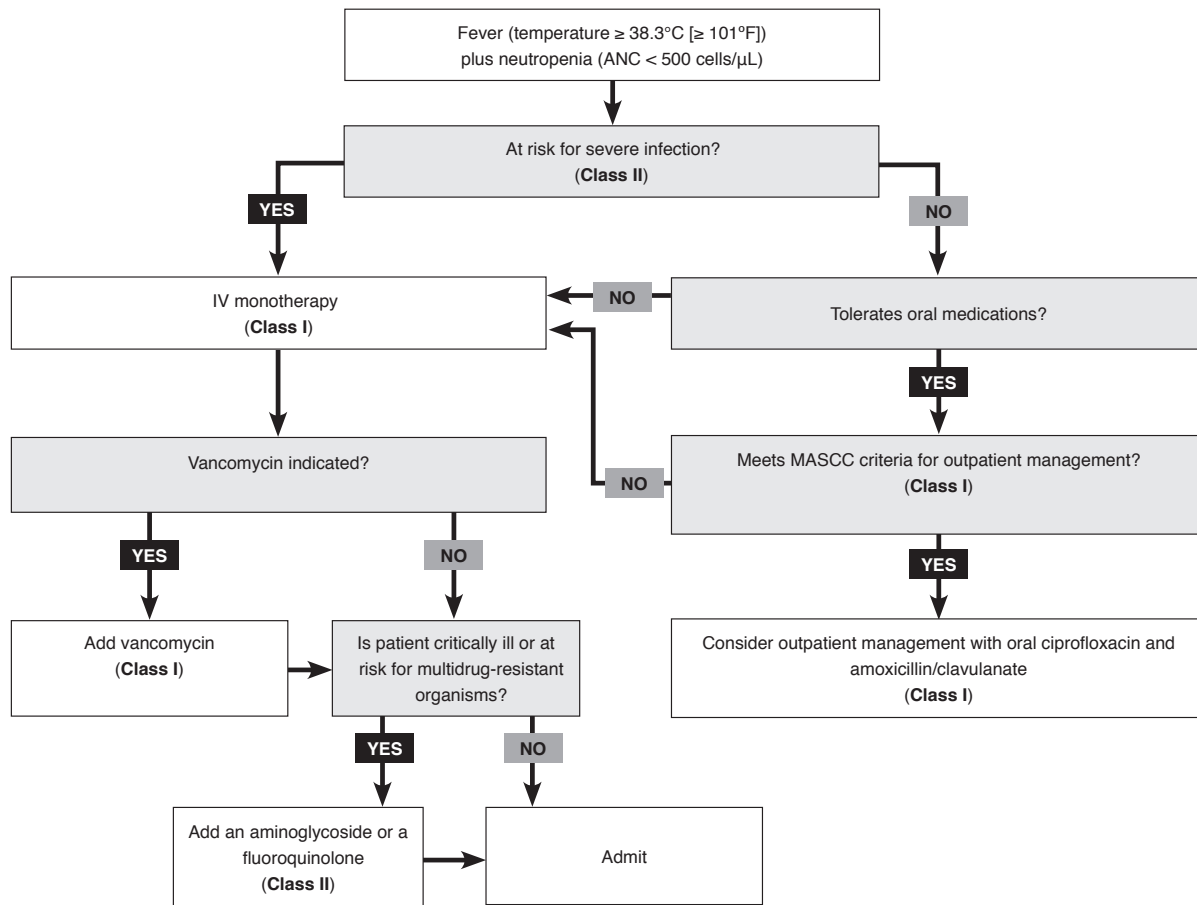
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Clinical Pathway For The Initial Management Of Neutropenic Fever



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Class Of Evidence Definitions

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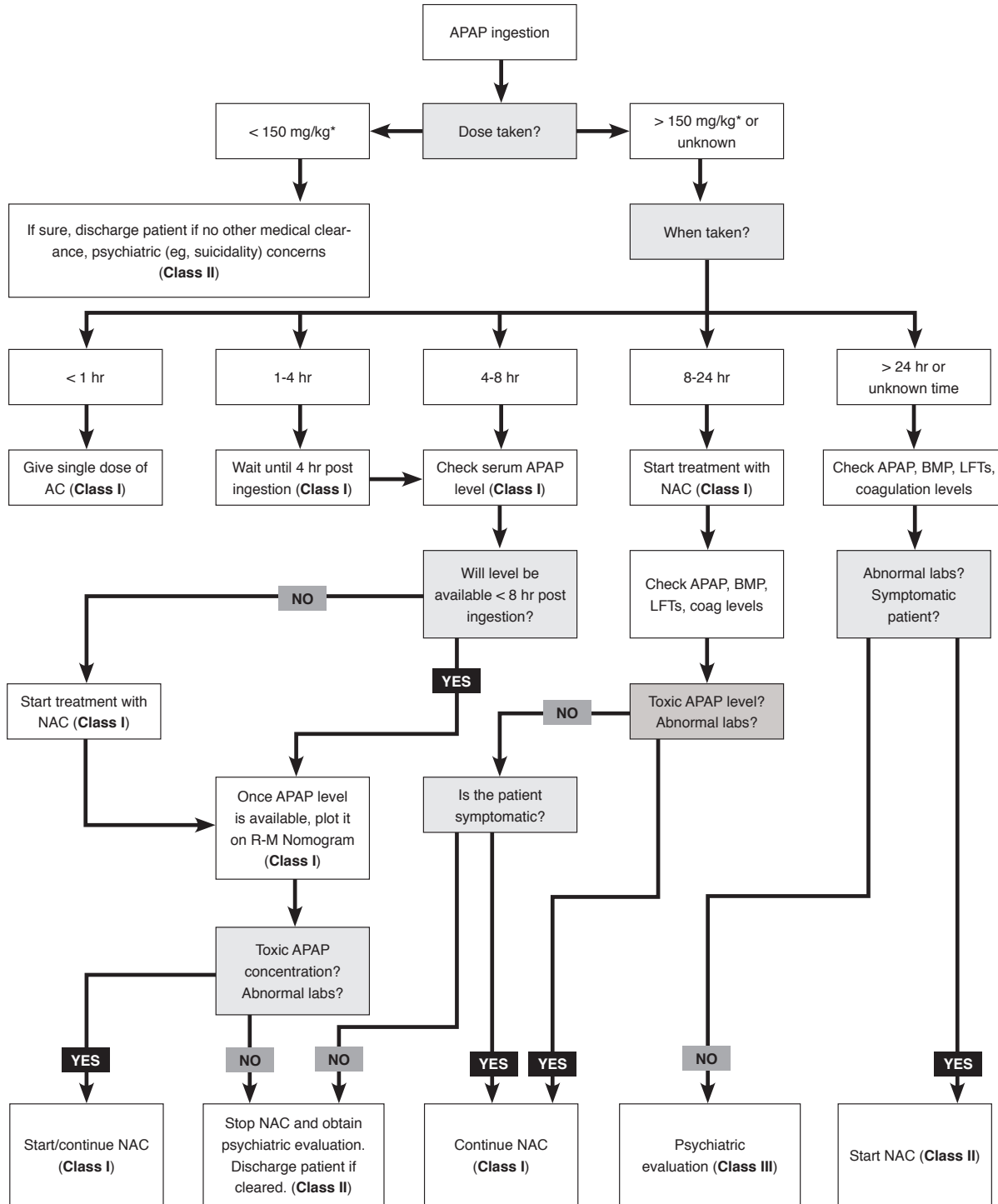
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Clinical Pathway For Single APAP Ingestion



*If patient is at a higher baseline risk for hepatotoxicity, use a value of 75 mg/kg.

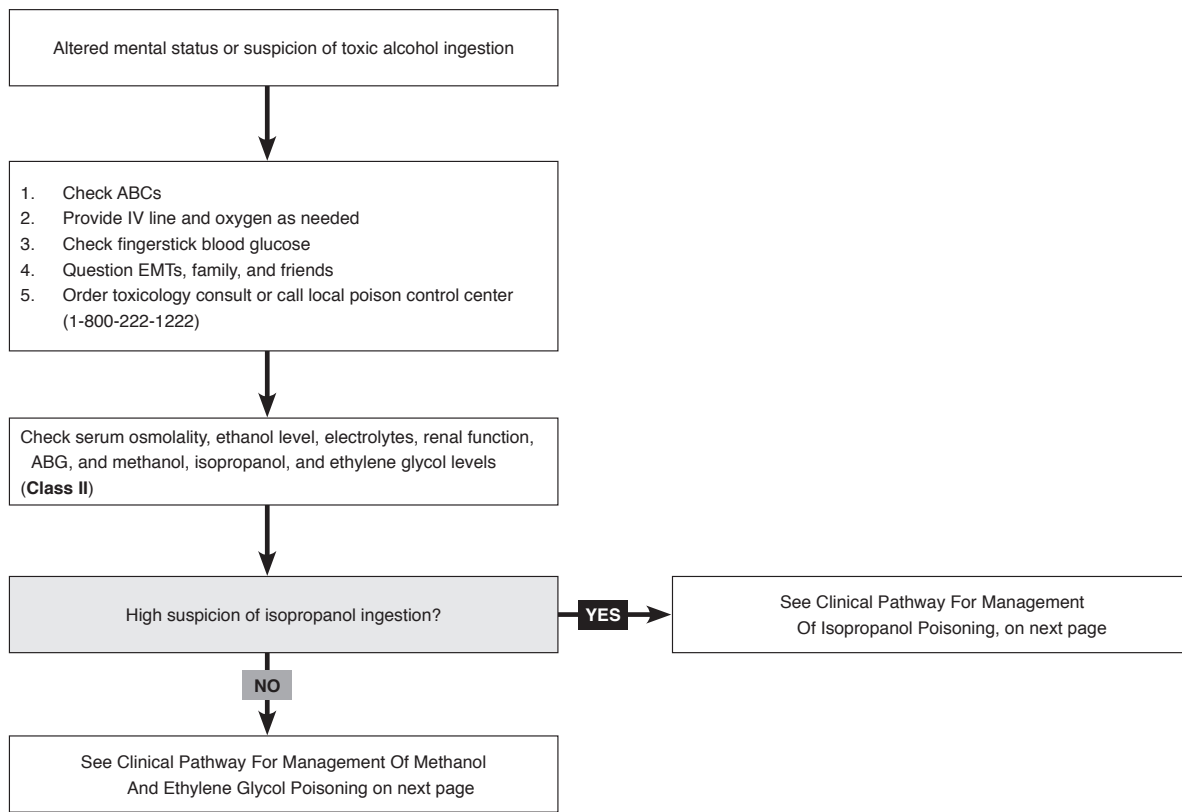
Abbreviations: AC, activated charcoal; BMP, basic metabolic panel; LFT, liver function tests; NAC, N-acetylcysteine; R-M, Rumack-Matthew.

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Clinical Pathway For Initial Evaluation Of Toxic Alcohol Poisoning



Abbreviations: ABCs, airway, breathing, circulation; ABG, arterial blood gas; EMT, emergency medical technician; IV, intravenous.

Class Of Evidence Definitions

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Class I	Class II	Class III	Indeterminate	
<ul style="list-style-type: none"> Always acceptable, safe Definitely useful Proven in both efficacy and effectiveness <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> One or more large prospective studies are present (with rare exceptions) High-quality meta-analyses Study results consistently positive and compelling 	<ul style="list-style-type: none"> Safe, acceptable Probably useful <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> Generally higher levels of evidence Non-randomized or retrospective studies: historic, cohort, or case control studies Less robust RCTs Results consistently positive 	<ul style="list-style-type: none"> May be acceptable Possibly useful Considered optional or alternative treatments <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> Generally lower or intermediate levels of evidence Case series, animal studies, consensus panels Occasionally positive results 	<ul style="list-style-type: none"> Continuing area of research No recommendations until further research <p><i>Level of Evidence:</i></p> <ul style="list-style-type: none"> Evidence not available Higher studies in progress Results inconsistent, contradictory Results not compelling <p>Significantly modified from: The Emergency Cardiovascular Care Committees of the American Heart Association and represen-</p>	<p>tatives from the resuscitation councils of ILCOR: How to Develop Evidence-Based Guidelines for Emergency Cardiac Care: Quality of Evidence and Classes of Recommendations; also: Anonymous. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Emergency Cardiac Care Committee and Subcommittees, American Heart Association. Part IX. Ensuring effectiveness of community-wide emergency cardiac care. <i>JAMA</i>. 1992;268(16):2289-2295.</p>

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

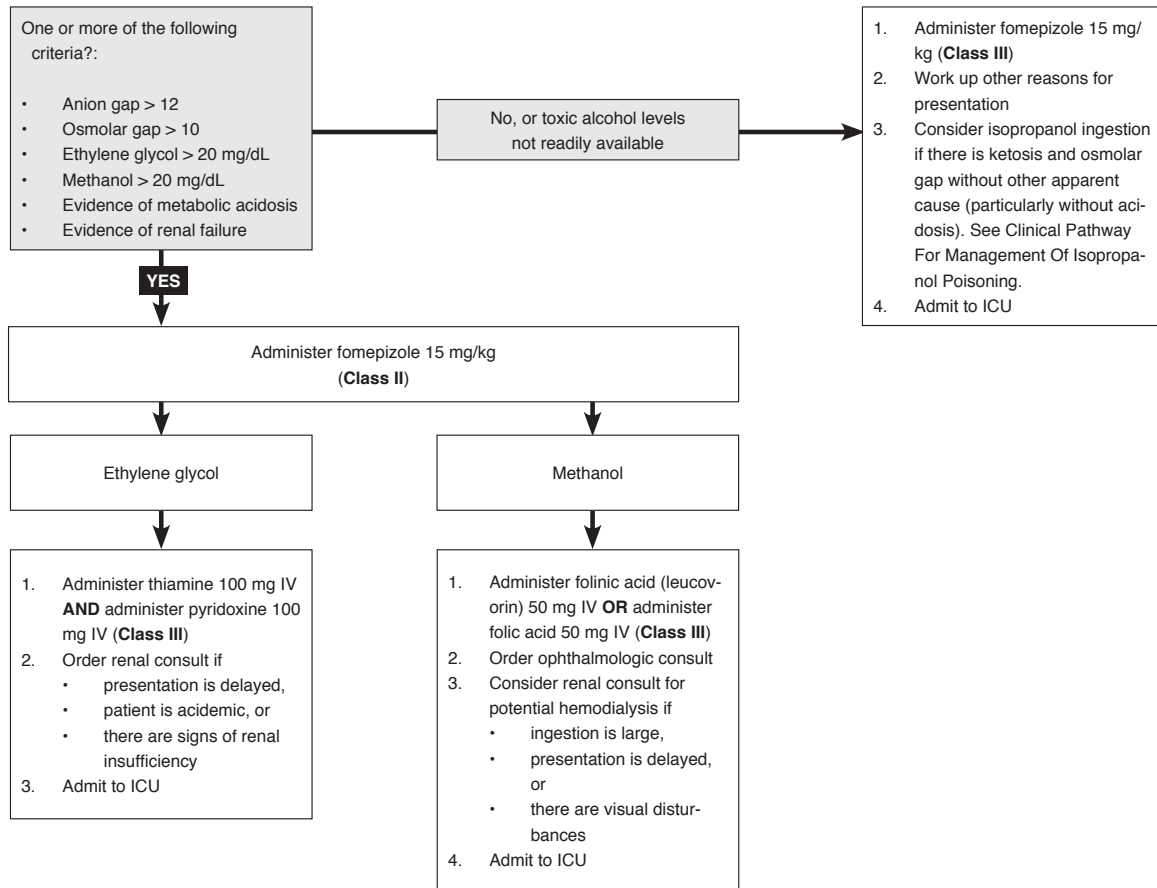
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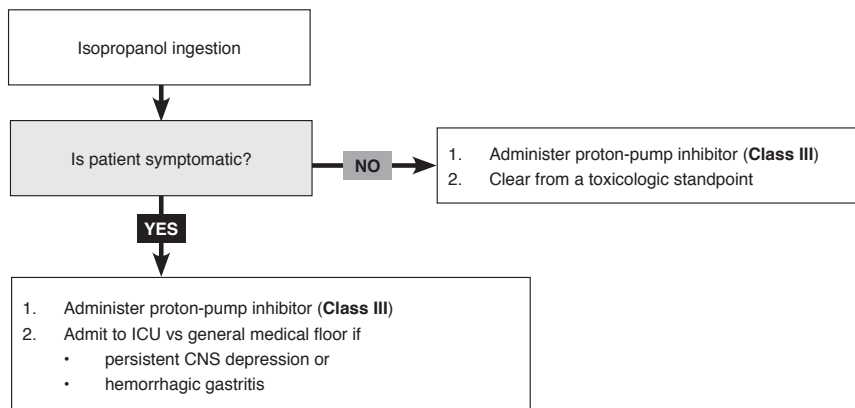
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Clinical Pathway For Management Of Methanol And Ethylene Glycol Poisoning



Clinical Pathway For Management Of Isopropanol Poisoning



Abbreviations: CNS, central nervous system; ICU, intensive care unit; IV, intravenous.

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