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This edition of Bouncebacks! Emergency Medicine books examines the bounceback visit, putting the reader in the footsteps of the clinician as the patient deteriorates. The story pauses at important decision points as possible management strategies are reviewed in a literature-based fashion, followed by a revelation of the path chosen by the actual provider. As the patient ' s course progresses, we reach additional decision points

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and address further clinical questions. In addition to our chapter authors, many with expertise in critical care emergency medicine, we have an all-star lineup of expert-whisperers: first an EM/critical care section editor (below) and second, EMCRI.org ' s double-boarded critical care guru, Scott Weingart. Their comments are inserted in grey boxes and are intended to give tips and tricks borne of experience and to provide context to the literature, "as if" they are standing over our shoulder and advising during a resuscitation. Additionally, there are three chapters where we address the medical-legal aspects of care. Enter Greg Henry MD, past president of The American College of Emergency Physicians (ACEP) and one of the most experienced physician medical-legal experts in the country. He opines on the approach that both the defense and plaintiff would likely pursue and, by extension, how we can make patients safer through our evaluation and documentation before there is an adverse outcome. Whereas, these chapters contain the actual documentation from the ED chart, a very few chapters have slight modifications to the final aspects of the return visit at decision point 3, to allow for exploration of different critical care scenarios. There is still plenty of commentary on the documentation, missed red-flags, and what could have been done to improve care at the initial visit. Our goal is to make each chapter challenging, dynamic, and realistic... to move us from " standard of care " to " excellence in care. " Book Review: "It's back, it's Bouncebacks! One of the mostly widely read and highly regarded education series in all of Emergency Medicine. Clinicians fear the medical malpractice landscape, but Mike Weinstock and the team give you all the tools you

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need to protect yourselves. Documentation people, documentation. Now with a critical care version. Read this book, sleep better at night, as simple as that! Love, love this series!" -- Mel Herbert, MD, MBBS, BMedSci, FACEP, FAAEM Professor of Emergency Medicine at the Keck School of Medicine LAC + USC Medical Center, Owner and Editor of EM: RAP

Case-based for most effective learning and retention, Bouncebacks! helps emergency physicians sharpen their analytical skills to improve their diagnostic ability in preparing for emergency medicine board exams. The format is the actual documentation of 30 ED patients who were sent home and then "bounced back" to receive a different diagnosis. Although patients in these cases were not entirely mismanaged, often important "red flags" were missed or ignored. Bouncebacks! helps emergency medicine physician learn to organize their thoughts and analyze cases in a logical manner. The cases are structured to help the reader simulate the process of analysis used in actual practice. After reviewing the initial visit, Gregory L. Henry provides commentary on patient evaluation. The final visit(s) is presented, and each case ends with a referenced discussion of the initial complaint and eventual diagnosis by leaders in the field of Emergency Medicine.

This pocket book succinctly describes 400 errors commonly made by attendings, residents, medical students, nurse practitioners, and physician assistants in the emergency department, and gives practical, easy-

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to-remember tips for avoiding these errors. The book can easily be read immediately before the start of a rotation or used for quick reference on call. Each error is described in a short clinical scenario, followed by a discussion of how and why the error occurs and tips on how to avoid or ameliorate problems. Areas covered include psychiatry, pediatrics, poisonings, cardiology, obstetrics and gynecology, trauma, general surgery, orthopedics, infectious diseases, gastroenterology, renal, anesthesia and airway management, urology, ENT, and oral and maxillofacial surgery.

The Emergency Department (ED) is not only the front door to your hospital; it's where your organization is most susceptible to inefficiencies and adverse outcomes. This handbook provides the knowledge and tools you need to address or avoid the problems inherent in ED healthcare. With an emphasis on the importance of leadership, the authors explore how executives can design systems that minimize risk at the front lines. Real-world examples illustrate strategies that led to a safer, more reliable healthcare environment. Topics covered include: Elements of the ED that can contribute to waits, delays, and errors The role of the board in risk-management strategies Standardization in the ED The power of apologies in emergency medicine Popular myths and misinformation surrounding EMTALA, HIPAA, Stark, and kickbacks Management of the twelve "deadly" clinical scenarios that lead to most ED lawsuits The basics of a lawsuit, including causation, breach, negligence, and damages Survival strategies when legal action is imminent Alignment of clinicians and administrators during legal proceedings

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The eighth edition of this international bestselling emergency medicine handbook has been completely revised and updated to include the latest evidence-based guidelines and treatment protocols underpinning best practice in emergency medical care. Carefully designed to suit the needs of interns and resident doctors working in the emergency department as well as specialist trainees, the book covers the full range of emergencies - general medical, infectious disease and foreign travel-related, toxicological, surgical, paediatric, obstetric and gynaecological, ophthalmic and psychiatric - as well as practical procedures and administrative and legal issues.

This book contains a variety of medical case studies from actual patients presenting to the emergency department. It includes not only typical cases that present to the ED but also less common, yet very important cases that one can't afford to miss. Each chapter begins with a case – or set of cases with typical and atypical aspects – of the disease in question. This is followed by high-value learning points on the condition with introductory/background points, physiology and pathophysiology of the disease, how to make the diagnosis, and finally how to initiate treatment. The cases provide expert discussion with tips and tricks, personal experience with management of each of the cases, and a follow-up description of the outcome of the cases to provide the reader with closure. To supplement each case study, all 67 chapters include a pattern recognition component that

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identifies the key diagnostic features of the disease discussed. The chapters conclude with a summary of the diagnostic and treatment details of each condition. Using a concise, easy-to-read, bulleted format, the book helps readers to learn, evaluate, adopt new practices, right now (LEARN). Emergency Medicine Case Studies - LEARNing Rounds: Learn, Evaluate, Adopt, Right Now is an essential resource for a variety of emergency medicine clinicians including experienced physicians, residents, physician assistants, nurse practitioners, nurses, and medical students rotating in the emergency department. Finally, this book can be used as a basis for small group discussions, especially in emergency medicine training programs.

From the Preface: Collectively, the chapters in this book address application domains including inpatient and outpatient services, public health networks, supply chain management, and resource constrained settings in developing countries. Many of the chapters provide specific examples or case studies illustrating the applications of operations research methods across the globe, including Africa, Australia, Belgium, Canada, the United Kingdom, and the United States. Chapters 1-4 review operations research methods that are most commonly applied to health care operations management including: queuing, simulation, and mathematical programming. Chapters 5-7 address challenges related to inpatient services in hospitals such as surgery, intensive care units, and hospital wards. Chapters 8-10 cover outpatient services, the fastest growing part of many health systems, and describe operations research models for primary and specialty care services, and how to plan for patient no-

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shows. Chapters 12 – 16 cover topics related to the broader integration of health services in the context of public health, including optimizing the location of emergency vehicles, planning for mass vaccination events, and the coordination among different parts of a health system. Chapters 17-18 address supply chain management within hospitals, with a focus on pharmaceutical supply management, and the challenges of managing inventory for nursing units. Finally, Chapters 19-20 provide examples of important and emerging research in the realm of humanitarian logistics.

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