

Department of Emergency Medicine
Faculty Journal Club Summary

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How can physicians and patients have the important conversations necessary to ensure the right care is delivered at the right time? *Choosing Wisely*[®] aims to answer that question.

An initiative of the ABIM Foundation, *Choosing Wisely* is focused on encouraging physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm.

To spark these conversations, leading specialty societies have created lists of “Things Physicians and Patients Should Question” – evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patients’ individual situation.

During this month’s journal club Dr. Michael Baumann reviewed ACEP’s 5 recommendations for the choosing wisely campaign for patients seen in the emergency department. To lower healthcare costs and improve patient care, ACEP recommends that clinicians avoid these interventions when appropriate, after discussing that decision with patients and educating them regarding the rationale. Please note, clinical guidelines for the following recommendations can be found on emguidelines.org: minor head injury, abscess/cellulitis treatment, rehydration therapy for pediatric gastroenteritis.

1. For patients with minor head injury who are deemed to be at low risk for skull fractures or hemorrhage, based on validated decision rules, clinicians should avoid head computed tomography scans. The majority of minor head injuries do not result in brain hemorrhage.
2. For stable patients who can urinate on their own, clinicians should avoid placing indwelling urinary catheters for either urine output monitoring or patient or staff convenience.
3. For patients likely to benefit from palliative and hospice care services, clinicians should not delay in engaging such services when available. Early referral from the emergency department can improve quality, as well as quantity, of life.
4. For patients with uncomplicated skin and soft tissue abscesses successfully treated with incision and drainage, clinicians should provide adequate medical follow-up but avoid antibiotics and wound cultures.
5. For children with mild to moderate, uncomplicated dehydration, clinicians should avoid giving intravenous fluids before a trial of oral rehydration therapy.