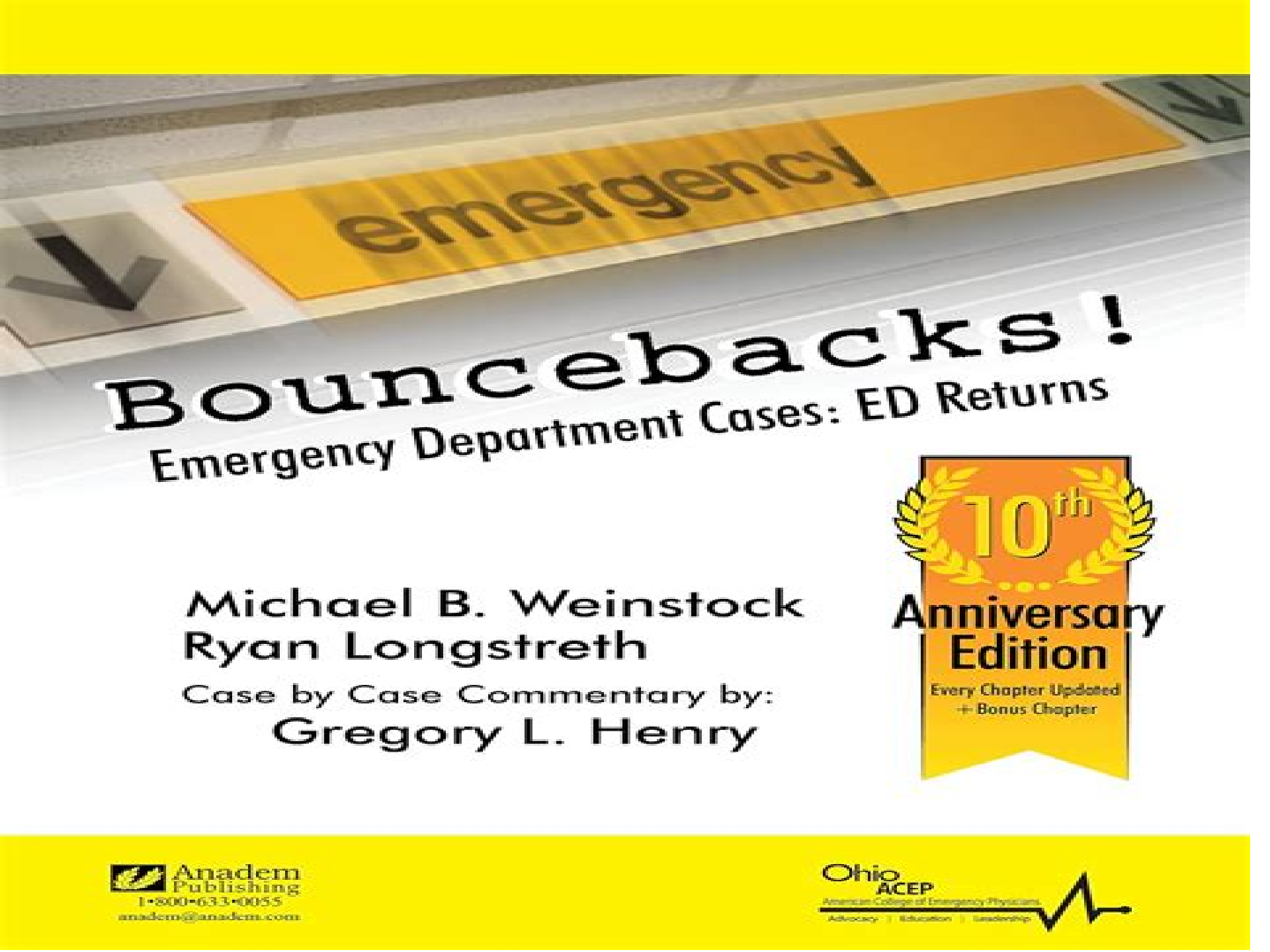




emergency

Bouncebacks!

Emergency Department Cases: ED Returns

Michael B. Weinstock
Ryan Longstreth

Case by Case Commentary by:
Gregory L. Henry



Bouncebacks Emergency Department Cases Ed Returns

Shamena Anwar



Bouncebacks Emergency Department Cases Ed Returns:

Bouncebacks! Michael B. Weinstock, Ryan Longstreth, Gregory L. Henry, 2006 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 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 *Bouncebacks!* Michael B. Weinstock, 2006 *Bouncebacks! Critical Care* Michael B. Weinstock, Kevin M. Klauer, 2021-07-13 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 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 EMCRIT.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 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 Studies in Emergency Medicine** Colin G. Kaide, Christopher E. San Miguel, 2019-11-14 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 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 *Emergency Headache* Serena L. Orr, Benjamin W. Friedman, David W. Dodick, 2017-10-26 Understand the approach to routine and rare headaches in an emergency setting with this guide written by experts in neurology and emergency medicine **Risk Management in Emergency Medicine, An Issue of Emergency Medicine Clinics of North America** Michael B. Weinstock, Gita Pensa, 2024-11-12 In this issue of *Emergency Medicine Clinics* guest editors Drs Michael B Weinstock and Gita Pensa bring their considerable expertise to the topic of Risk Management in Emergency Medicine. Top experts discuss documentation legal risk to the resident in training balancing the legal risk to the clinician and the medical health of the patient pediatric high risk conditions medical malpractice stress syndrome and more. Contains 14 relevant practice oriented topics including specific legal risks of chest pain headache abdominal pain and neurologic collaboration of physicians and PAs and NPs lessons from a medical malpractice defense attorney and more. Provides in depth clinical reviews on risk management in emergency medicine offering actionable insights for clinical practice. Presents the latest information on this timely focused topic under the leadership of experienced editors in the field. Authors synthesize and distill the latest research and practice guidelines to create clinically significant topic based reviews **Emergency Department Case Management** Karen S. Zander, 2007 Eliminate sky high wait times and increased denials in your ED. Hospitals across the country are seeing extreme backup in the emergency department. ED. In recent years well structured emergency department case management programs have repeatedly demonstrated their value in Influencing capacity Assigning patients to appropriate levels of care Targeting

complex discharge needs Assisting with proper utilization review Whether you are looking to implement maintain or evolve your ED case management program eliminate confusion surrounding the process with the help of Emergency Department Case Management Strategies for Creating and Sustaining a Successful Program Examining all perspectives of ED case management this new and comprehensive guide will help you define a program that best suits your facility s needs All the tools you need to get your program up and running From defining goals clarifying roles and understanding the necessary knowledge and skill sets required from ED case management staff Emergency Department Case Management will help to ensure that you have a solid and sustainable foundation in place After exploring models and reviewing your infrastructure Emergency Department Case Management will help you outline key partnerships present multiple options for case finding tackle observation status address quality and evaluation issues and identify ways ED case managers can contribute to care coordination for complex pediatric psychiatric homeless and uninsured populations Written by Kathleen Walsh RN MS and Karen Zander RN MS CMAC FAAN from the Center for Case Management Emergency Department Case Management provides advice and best practices from two of the nations top case management experts Take a look inside at the table of contents Chapter 1 ED Case Management The Heart of Access Chapter 2 The Foundation Chapter 3 Partnerships Chapter 4 The Process Chapter 5 Developing interventional strategies Chapter 6 Observation status determination Chapter 7 Program level evaluation Chapter 8 Information system support Chapter 9 Quality Chapter 10 Addressing the pediatric population Chapter 11 Responding to the psychiatric population Chapter 12 Strengthening an existing program It s also packed with 15 detailed case studies discussing ED case management strategies as well as five spotlight accounts detailing the experiences of ED professionals from across the country including A case manager A social worker A psychiatric nurse An information systems specialist An ED physician Don t hesitate to jumpstart your ED case management program From beginning to end Emergency Department Case Management will serve as the lead architect to help you design build and strengthen your ED case management model order your copy today Learning objectives Conceptualize a framework for setting up an ED case management program Develop policies procedures and role descriptions Identify structural components tools and processes to support an ED case management program Describe potential outcomes of an ED case management program Who should buy this book Emergency Department Case Management is the perfect resource for case managers directors of case management ED nurse managers social workers ED directors administrators and CFOs HCPro Inc has confirmed that none of the faculty presenters or contributors has any relevant financial relationships to disclose related to the content of this educational activity The HCPro Risk Free Money Back Guarantee If for any reason you re not completely satisfied with your purchase return it within 30 days and you will receive a prompt polite 100% refund no questions asked **Testing for the Role of Prejudice in Emergency Departments Using Bounceback Rates** Shamena Anwar,2015 We propose and empirically implement a test for the presence of racial prejudice among emergency department ED physicians based on the

bounceback rates of the patients who were discharged after receiving diagnostic tests during their initial ED visits A bounceback is defined as a return to the ED within 72 hours of being initially discharged Based on a plausible model of physician behavior we show that differential bounceback rates across patients of different racial groups who are discharged after receiving diagnostic tests from their ED visits are informative of the racial prejudice of the physicians Applying the test to administrative data of ED visits from California and New Jersey we do not find evidence of prejudice against black and Hispanic patients Our finding suggests that at least in the emergency department setting taste based discrimination does not play an important role in the racial disparities in health care

Testing for the role of prejudice in emergency departments using bounceback rates Shamena Anwar,Hanming Fang,2011 Abstract We propose and empirically implement a test for the presence of racial prejudice among emergency department ED physicians based on the bounceback rates of the patients who were discharged after receiving diagnostic tests during their initial ED visits A bounceback is defined as a return to the ED within 72 hours of being initially discharged Based on a plausible model of physician behavior we show that differential bounceback rates across patients of different racial groups who are discharged after receiving diagnostic tests from their ED visits are informative of the racial prejudice of the physicians Applying the test to administrative data of ED visits from California and New Jersey we do not find evidence of prejudice against black and Hispanic patients Our finding suggests that at least in the emergency department setting taste based discrimination does not play an important role in the racial disparities in health care

101 Clinical Cases in Emergency Room Badar M Zaheer,2014-05-31 This book is a quick reference guide to emergency medicine for clinicians and trainees Presented as clinical case studies it is divided over 21 chapters each covering scenarios in different body systems Cases are presented in an easy to read format helping trainees form a diagnosis and quick treatment plan The final section covers disaster management Each case highlights clinical pearls and pitfalls emphasising the importance of a mis diagnosis and its legal implications Written by a recognised specialist from Chicago Medical School the practical manual includes nearly 250 photographs diagrams tables and charts to enhance learning as well as further reading suggestions Key points Quick reference guide presenting 101 clinical case studies for emergency medicine clinicians and trainees Covers emergencies in all body systems Includes chapter on disaster management Authored by expert from Chicago Medical School

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