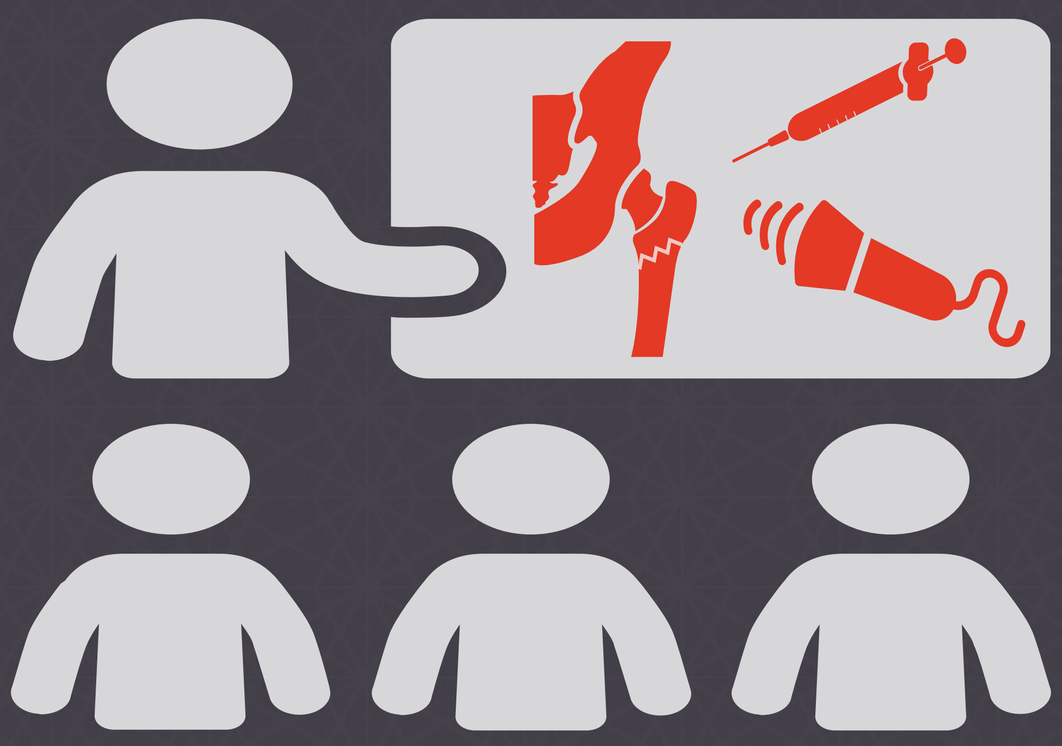
CAEP QUEBEC CITY 2022

Can a stick in time save the mind?

Speaker: Jacques Lee, MD, MSc, FRCPC

Track: Plenary - Top 4 Research Abstracts



200 ED Physicians across Canada were trained in **Point-of-care Ultrasound-Guided Regional Anesthesia** (POCUS-GRA) in a 2 hr training session.

After training, the blocks performed were:

FAST

- Taking 15 minutes

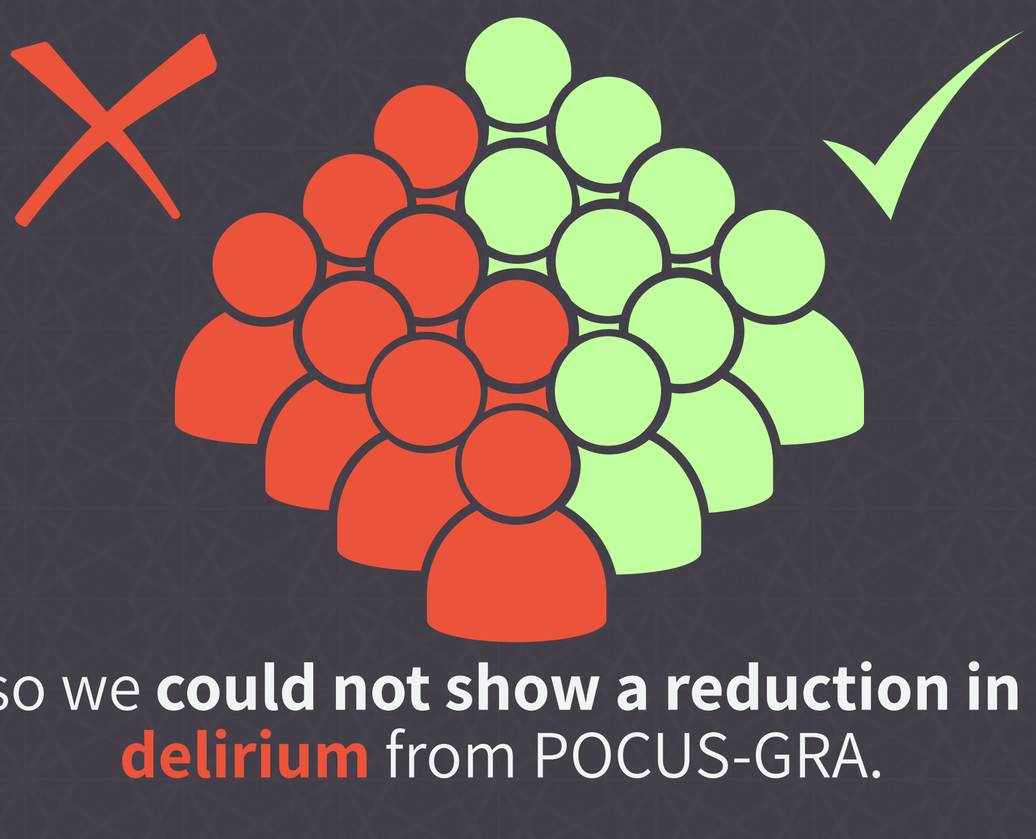
SAFE

- Only 1 hematoma
- No serious complications

The blocks were effective!

Reduced pain by -3.2 on a 10-point pain scale & 67% had > 50% reduction in their pain score.

Unfortunately, only **50%** of eligible patients **received a block**...



so we **could not show a reduction in delirium** from POCUS-GRA.

More research should focus on **how to improve uptake** of this safe & effective procedure.

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Infographic designed by Kara Tastad, MD,
& reviewed by Jacques Lee, MD, MSc, FRCPC .
Template designed by Kara Tastad, MD

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Paramedic Assessment of Low-Risk Pediatric Trauma Patients Using the Canadian C-Spine Rule

Speaker: Dr. Christian Vaillancourt

Track: Plenary - Top 4 Research Abstracts

STUDY DESIGN

Large trial (11 paramedic services) to evaluate a strategy authorizing paramedics to assess low-risk pediatric patients with the Canadian C-Spine Rule (CCR)

OBJECTIVES

Proportion of patients immobilized

Impact on pain and discomfort during transport

Use of diagnostic imaging

Safety

All appropriate C-spine injuries were immobilized

None of them resulted in **spinal cord injury**

No additional injuries found at 30-day follow-up

OUTCOMES

Pain and discomfort scores did not change (pediatrics) unlike with adults

Proportion of patients immobilized

Impact on pain and discomfort during transport

Use of diagnostic imaging

Paramedics can **safely** use the CCR and identify all injuries. The CCR can now be used for children aged 8 to 15 years

This will lead to **fewer unnecessary immobilizations** and **less diagnostic imaging**

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Predictors of Mortality Among Older Trauma Patients at a Level One Trauma Centre

Speaker: Dr. Krishan Yadav

Track: Plenary - Top 4 Research Abstracts

STUDY DESIGN

Retrospective charts for trauma care accessed by **patients over 65** at a level one trauma centre in Ottawa between 2014 and 2020 were reviewed

3 main pieces of information were assessed:

- Baseline Demographics
- Injury Mechanism and severity
- Extent of trauma care delivered

RESULTS & DISCUSSION

The following 5 factors were associated with increased 30-day all cause Mortality:

- GCS<15
- Injury severity score >15
- Age ≥ 85
- Anticoagulant use
- Multimorbidity

The following factors had no bearing on all cause Mortality:

- Lack of trauma team activation
- Systolic Blood pressure ≤ 110 mmHg
- Heart rate > 90 bpm

The **above outlined factors** are **reliable predictors** of mortality in the elderly

0.82

As suggested by a high C-statistic score

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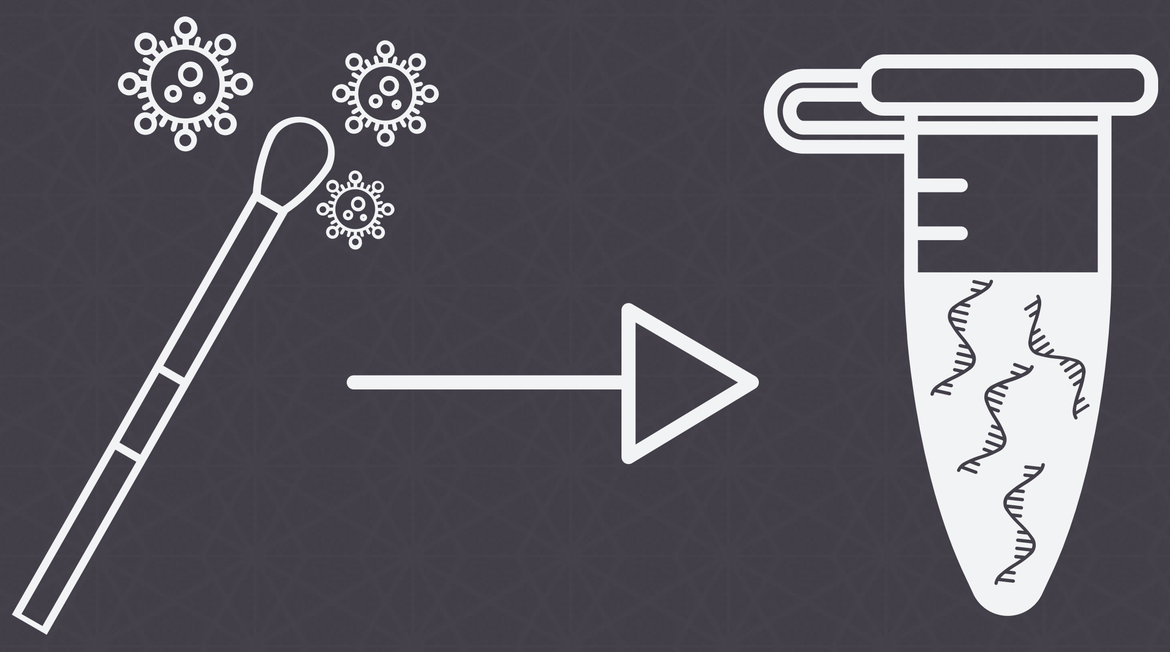
Sensitivity and Diagnostic Yield of the SARS-CoV-2 NAAT in Patients Presenting to Hospital

Speaker: Corinne M. Hohl, MD, MHSc

Track: Plenary - Top 4 Research Abstracts

Introduction



Early diagnostic testing for SARS-CoV-2 is important to initiate treatment and prevent transmission

Study Design

Retrospective observational study assessing SARS-CoV-2 NAATs performed within 24 hours of ED arrival

47 Hospitals

7 Provinces

1° **Positive SARS-CoV-2 NAAT**

2° **Sensitivity and diagnostic yield of first test in ED or hospital**

Results

Patient presentations to ED

150,055

96,232

Met inclusion criteria

12.9

% tested positive for SARS-CoV-2

96.9

% sensitivity for first test in ED/hospital

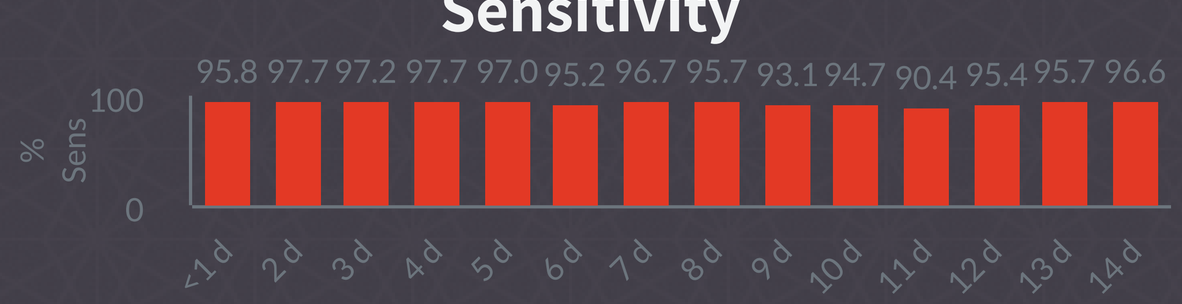
12.0

% diagnostic yield from NAATs

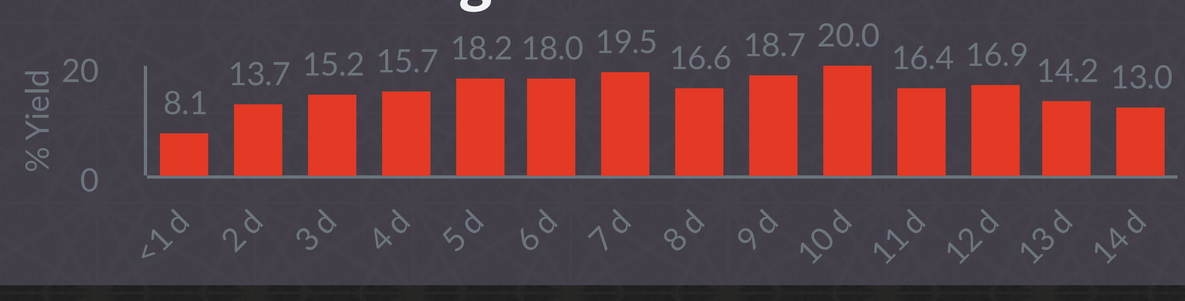
Discussion

Effect of Symptom onset date on NAAT sensitivity and diagnostic yield

Sensitivity



Diagnostic Yield



Conclusion

Diagnostic test sensitivity was high for the first in-hospital SARS-CoV-2 NAAT

Sensitivity did not vary significantly by symptom duration

Avoid retesting patients with negative tests, unless pre-test probability is high

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Infographic designed by Andy Tolmie, MD.
Template designed by Kara Tastad, MD

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