Rap #36
Post: CCB 4 SVT

Author: Lauren Westafer, MD  Reviewed by: Diliana Stoimenova, MD

I scored the above BEEM rating because:

This is practice changing for me, it presented information that isn't "new" since CCB were used for SVT much more frequently in the 80s/90s before adenosine became first line. However, this isn't how we practice currently, and it's something new to consider. It may not change my practice entirely but good to know the options.

The educational pearls include:

- Verapamil and Diltiazem are both reasonable options (AHA IIa recommendation) for stable SVT.
- Higher likelihood of conversion compared to adenosine: 98% vs 86.5.
- Perhaps less likely to flip back into SVT.
- Likelihood of hypotension is "very low".
- I'm not entirely convinced based on experience with Diltiazem with afib.

I chose the above EBM rating because:

Cited multiple studies and the AHA, though in the end stated that it was "their preference" to use CCB for stable SVT.

Edited by Zach Finn, Ollie Garrison, Sara Hevesi, Diliana Stoimenova, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
I scored the above BEEM rating because:

The authors in this well sourced article make the argument that this should be another tool to add to our (seemingly ever growing) airway algorithm. They do discuss that the uses are quite limited, but I happen to agree that it might be yet another tool in a "is the tube goosed?" situation. Admittedly, my first and I'd imagine many of my coworkers first step is to pick up a mac, look at the tube and see if it goes through the cords. This may be difficult in certain situations, or may be indeterminate, and that's where they argue that this technique could be useful. It's quick, easy, and highly accurate.

The educational pearls include:

Really only one educational pearl, and that's the skill of verifying ETT placement on US. The article does a great job of explaining the rapid process for verifying tube placement.

I chose the above EBM rating because:

Extensive citations and data behind their reasoning about why this could be useful. The ETT tube verification process they describe has also been well described in the literature as well. There really are no opinion statements in this post.
Post: **STEMI Equivalents**

Author: Tarlan Hedayati, MD  Reviewed by: Andrew Hasebroock, MD

<table>
<thead>
<tr>
<th>BEEM Rater Scale</th>
<th>Score - choose only 1</th>
<th>Educational Utility</th>
<th>Score - choose only 1</th>
<th>EBM</th>
<th>Score - choose only 1</th>
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<tbody>
<tr>
<td>Assuming that the results of this article are valid, how much does this article impact on EM clinical practice?</td>
<td></td>
<td>Are there useful educational pearls in this article for residents?</td>
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<td>Is this article reflect evidence based medicine (EBM) and thus lack bias?</td>
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<tr>
<td>Useless information</td>
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<td>Low value: No valuable pearls</td>
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<td>Not EBM based, only expert opinion (and thus more biased)</td>
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<td>Not really interesting, not really new, changes nothing</td>
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<td>Interesting and new, but doesn’t change practice</td>
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<td>Yes, but there are only a few (1-2) valuable or multiple (&gt;=3) less-valuable educational pearls</td>
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<td>Minimally EBM based</td>
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<td>Interesting and new, has the potential to change practice</td>
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<td>New and important: this would probably change practice for some EPs</td>
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<td>Yes, there are several (&gt;=3) valuable educational pearls, or a few (1-2) KEY educational pearls that every resident should know before graduating</td>
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<td>Mostly EBM based</td>
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<td>New and Important: this would change practice for most EPs</td>
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<td>This is a “must know” for EPs</td>
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<td>Yes, there are multiple KEY educational pearls that residents should know before graduating</td>
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<td>Yes exclusively EBM based (unbiased)</td>
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**Your Score** 4 7 6

I scored the above BEEM rating because:

This is not necessarily NEW cutting edge research, but it does consolidate information on STEMI equivalents into a mnemonic and almost algorithmic approach which may be a new concept to some. For me, this does change practice. If you already have an approach to STEMI equivalents, it likely will not, but will serve as a good review.

**The educational pearls include:**

- **HOWBAD**: Hyperacute T-waves, QHCA, Wellen’s Waves, BBB, AvR elevation, and De Winter’s T-waves = STEMI equivalents.
- Further broken down in the article - particularly using Sgarbossa-Smith criteria/ratio for BBB. Includes EKG examples.
- Emphasizes getting your interventionalist on board as soon as possible in these equivalent cases, as PCI is the solution.
- Recommends getting cardiology on board early even if PCI might NOT be the best option, particularly in OHCA cases with expected poor outcomes, to confirm that the patient has a grim prognosis.

I chose the above EBM rating because:

The evidence provided is all EBM based, up to date criteria on STEMI equivalents. Did not give it an “exclusively” EBM rating solely because individual-based methods are inserted, and this is based on how the author personally approaches this issue, which can vary between each provider. Nonetheless, it’s all grounded within EBM guidelines.

Edited by Zach Finn, Ollie Garrison, Sara Hevesi, Diliana Stoimenova, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
Financial Conflicts of Interest

Author: Clay Smith, MD  Reviewed by: Joe Walter, MD

I scored the above BEEM rating because:

Financial conflicts of interest (FCOI) are common in medicine. However the full extent of this is not widely known or disseminated. A little discussed part of this issue is the journal editors’ FCOI who have an influential hand in what articles get published. EM is not immune to this potential bias which could limit the results published in these journals.

The educational pearls include:

- FCOI are common among emergency medicine based journal editors (30%).
- Of those who received significant payment (> $5000), only 19% disclosed this information on their website.
- Some of these payments could be considered excessive (research payments up to $3.5 million, general $116K).
- Of the five prominent EM-based journals, only one disclosed the editors conflicts of interest (Annals of EM, which published this paper).

I chose the above EBM rating because:

this post was based on an article published in Annals of EM.
There is some conjecture on the ethics presented by this article.