Rap #37
Post: Homeopathy

Author: Justin Morgenstern  Reviewed by: Broc Schindler

I scored the above BEEM rating because:

Interesting article but nothing really new presented within it as these products are not new to the medical community. Was the first time that I have seen an article that explains what is found within these types of products and how they are ineffective from a scientific perspective, which is always helpful to understand.

The educational pearls include:

- Discussion about the history behind these products and how they are created, and thus ineffective (would provide me with a way to discuss these types of products with patients in the future).
- Discussion of medical ethics and how this should apply to pharmacies as well.

I chose the above EBM rating because:

Seems to be mainly an opinion article, however, the author does try and include areas where they discuss the evidence behind their argument and does list a few references at the end of the article. However, does not cite them anywhere within the article itself.

Edited by Zach Finn, Diliana Stoimenova, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
Post: Door-to-antibiotics

Author: Thomas Davis Reviewed by: Ryan Johnsen

I scored the above BEEM rating because:

Sepsis is extremely common, and we encounter it on a daily basis and discussing ever changing guidelines and their context in the literature is very important. Every hospital system will grapple with these guidelines at some point when discussing the care bundles in regards to sepsis. Being well informed about what is best for your patients and how systems are implemented is important.

The educational pearls include:

- After adjustment, delayed antibiotic administration was associated with increased mortality when comparing door-to-antibiotic time of > 3h vs < 3h (aOR 1.27; 95% CI, 1.13-1.43; P < 0.001).
- However, there was no association when comparing antibiotics < 1h vs > 1h.

I chose the above EBM rating because:

Cited and linked direct studies in regards to sepsis and the surviving sepsis campaign. However, slightly opinion based and links opinion based pieces.
I scored the above BEEM rating because:

It is fundamental emergency medicine content that needs to be learned and reviewed periodically and updated on the latest practice guidelines. The timeliness of this article is important given that we are in summer and we are experiencing heat waves and mis-management can mean life or death of patients.

The educational pearls include:

As a resident I think it is essential to know how to manage heat stroke effectively. This article highlighted in very clear and succinct terms the diagnostic approach to distinguishing heat stroke from other etiologies; management of the cooling process, airway and fluid resuscitation; and major comorbidities associated with the illness process that you should be mindful of. I feel like after reading this article I have a general approach to managing heat stroke in the ED and to keep it in the differential diagnosis for any altered & hyperthermic patient.

I chose the above EBM rating because:

This podcast did not include any evidence based medicine at all but rather included the approach for management based on expert opinion. I assume that some of the approaches they talk about are based in evidence obtained from other areas of research and they were compiled by this expert to come up with a method for the management of heat stroke.
Post: Chest pain obs

Author: Charles Murchison, M.D. Reviewed by: Andrea Weiers

<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>Are there useful educational pearls in this article for residents?</td>
<td>Is this article reflect evidence based medicine (EBM) and thus lack bias?</td>
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<tr>
<td>Useless information</td>
<td>Low value: No valuable pearls</td>
<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>
<td>Yes, but there are only a few (1-2) valuable or multiple (&gt;3) less-valuable educational pearls</td>
<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>
<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>
<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>
<td>Yes, there are multiple KEY educational pearls that residents should know before graduating</td>
<td>Yes exclusively EBM based (unbiased)</td>
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**Your Score**

| 4 | 3 | 5 |

**I scored the above BEEM rating because:**

Choosing to place a patient in observation is high cost for the patient and system. It likely results in unnecessary labs or cares. If we can be utilizing observation less frequently for chest pain rule outs, that would be a meaningful change to practice. That said, the acceptable practice standard would need to be changed for this to be broadly implemented.

**The educational pearls include:**

Testing that we send patients to observation for is presumably done out of concern for their short term risk of MACE. However, the interventions done that could not be done in the ED do not decrease short term risk. Medications, angiography/PCI, and CABG all aim at reducing long-term risk. There is not evidence to support harm in discharging chest pain patients without active ACS.

**I chose the above EBM rating because:**

They cite numerous sources and studies over the years for each line of reasoning, though multiple are from the ‘80s and ‘90s. Interventions and associated outcomes may have changed over this time. Additionally, the author explicitly states that studies of short term benefits of medical management and CABG have not been published.