Advancing Emergency Care for Kids: Emergency Physicians Do It Again

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WASHINGTON, April 29, 2013 /PRNewswire-USNewswire/ -- Most children with isolated skull fractures may not need to stay in the hospital, which finding has the potential to save the health care system millions of dollars a year ("Isolated Skull Fractures: Trends in Management in U.S. Pediatric Emergency Departments"). In addition, a new device more accurately estimates children's weights, leading to more precise drug dosing in the ER ("Evaluation of the Mercy TAPE: Performance Against the Standard for Pediatric Weight Estimation"). Two studies published online this month in *Annals of Emergency Medicine* showcase some of the work emergency physicians are doing to improve care for children in the nation's emergency departments.

One study posits that most children who are hospitalized with isolated skull fractures may instead be discharged home safely from the ER. Researchers found that of children hospitalized with isolated skull fractures between 2005 and 2011, 85 percent were discharged within 1 day and 95 percent were discharged within 2 days. A very small number – 1.2 percent of all the children who were hospitalized – received repeated computed tomography (CT) imaging and one child required a neurosurgical procedure. Costs for hospitalized patients compared to patients discharged home from the emergency department were more than triple ($619 versus $2,064).

"Although only 1 percent of children evaluated in the emergency department for head trauma will require neurosurgical intervention, head trauma results in over 50,000 hospitalizations and $1 billion in hospitalization costs every year," said lead study author Rebekah Mannix , MD, MPH, of Boston Children's Hospital in Boston, Mass.

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