The ACOEP Advantage
Specialized. Personalized.

For over 35 years, the ACOEP Advantage has provided emergency physicians with educational opportunities, career advancement, and the tools to achieve their goals. ACOEP’s comparatively smaller size is a large part of what makes membership more valuable!

ACOEP members and conference attendees enjoy:

- Greater access to ACOEP leadership and decision-makers
- More opportunities to participate in leadership roles at a national level
- National conferences tailored to the specific needs of our members
- More face time with recruiters, industry leaders, and political advocates

Join us and see for yourself what the ACOEP Advantage is all about!

Mark your calendars for these conferences:

**The Edge: Intense Review 2015**
January 13-19, 2015
Westin River North
Chicago, IL

**The Edge: Oral Board Review 2015**
January 13-19, 2015
Westin River North
Chicago, IL

**The Edge: Spring Seminar 2015**
April 7-11, 2015
Marriott Harbor Beach
Ft. Lauderdale, FL

**The Edge: Scientific Assembly 2015**
October 18-21, 2015
Loews Portofino Bay
Universal, Orlando, FL

Visit [www.acoep.org](http://www.acoep.org) for more information

CEP America’s culture of caring puts the patient first. Outstanding collaboration and world-class practice support sets us apart.

Working for CEP America allows me to just take care of my patients, one-on-one. Patients come first.
—DOUG BROSnan, MD
Emergency Medicine Partner, Sutter Roseville Medical Center

For information on a career with CEP America, visit us at [go.cep.com/collaboration](http://go.cep.com/collaboration)

With CEP America I can stay true to my mission to provide patient-centered and compassionate care.
—ANNA GELBERG, MD
Hospitalist Partner, Palomar Medical Center

$25,000 PER MONTH* DISABILITY COVERAGE
NOW AVAILABLE FOR
EMERGENCY PHYSICIANS
ALL MAJOR DISABILITY COMPANIES REPRESENTED

< Benefits paid if unable to practice Emergency Medicine for entire benefit period.
< Percentage of total benefit paid if able to practice Emergency Medicine on a part-time basis due to disability.
< Premiums guaranteed level to age 67.
< Policy cannot be cancelled or altered except for non-payment of premiums.
< No medical exam required if coverage less than $6,000 a month & under age 50.
< Special Guarantee Approval programs for Residents and Fellows.
< Coverage provided by 100+ year-old insurance companies.
< Discounts available.
< Cost-of-Living Increase Riders available.

*Eligible monthly benefits based on income.

PROTECT YOURSELF WITH PERSONALIZED DISABILITY INSURANCE NOW -- As an Emergency Physician you see the devastating effects of injury and illness on a daily basis. Regular reviews of your disability coverage are critical to protecting your lifestyle.

Contact DI4MDs today for your complimentary disability coverage review. Put our 20+ years of experience and knowledge to work for you.

www.DI4MDs.com
andyb@DI4MDs.com
888-934-4637

WestJEM is proud to announce the launch of our new home page at:

www.westjem.com
SAVE THE DATE

The VIIIth MEMC is jointly organized by the American Academy of Emergency Medicine (AAEM), the Global Research on Acute Conditions Team (GREAT) Network & the Mediterranean Academy of Emergency Medicine (MAEM).

In conjunction with the GREAT 2015 Annual Conference — organized by the GREAT Network.

SEPTEMBER 4-9, 2015 ROME, ITALY

MEDITERRANEAN EMERGENCY MEDICINE CONGRESS

FOCUS ON INNOVATIONS AND TRANSLATIONAL RESEARCH IN EMERGENCY MEDICINE

AAEM-0914-017

GREAT NETWORK CONGRESS

JOINT CONGRESS

MEDITERRANEAN EMERGENCY MEDICINE CONGRESS

SEPTEMBER 4-9, 2015 ROME, ITALY

The VIIIth MEMC is jointly organized by the American Academy of Emergency Medicine (AAEM), the Global Research on Acute Conditions Team (GREAT) Network & the Mediterranean Academy of Emergency Medicine (MAEM).

In conjunction with the GREAT 2015 Annual Conference — organized by the GREAT Network.
The 2015 Academic Emergency Medicine (AEM) consensus conference, Diagnostic imaging in the emergency department: A research agenda to optimize utilization will be held on May 12, 2015, immediately preceding the SAEM Annual Meeting in San Diego, CA. Original papers on this topic, if accepted, will be published together with the conference proceedings in the December 2015 issue of AEM.

Diagnostic imaging is integral and beneficial to the practice of emergency medicine. Over the last several decades, emergency department (ED) diagnostic imaging has increased without a commensurate rise in identified pathology or improvement in patient-centered outcomes. Unnecessary imaging results in increased resource use and significant exposure risks. ED diagnostic imaging has become the focus of many stakeholders, including patients and various regulatory agencies. This multidisciplinary consensus conference represents the first coordinated effort to further our evidence-based knowledge of ED diagnostic imaging. This consensus conference will formulate the research priorities for emergency diagnostic imaging, initiate a collaborative dialogue between stakeholders, and align this research agenda with that of federal funding agencies.

Consensus Goal:
The overall mission of the 2015 AEM consensus conference will be to create a prioritized research agenda in emergency diagnostic imaging for the next decade and beyond. The consensus conference will feature expert keynote speakers, panel discussions including nationally recognized experts, and facilitated breakout group sessions to develop consensus on research agendas by topic. Optimizing diagnostic imaging in the ED is a timely topic that is relevant to all who practice emergency medicine. Furthermore, the conference content spans many other specialties (e.g. radiology, pediatrics, cardiology, surgery, internal medicine), all of which will be invited to participate in the conference to optimize the agenda and for future collaboration in order to improve emergency diagnostic imaging use.

Consensus Objectives:
1. Understand the current state of evidence regarding diagnostic imaging utilization in the ED and identify opportunities, limitations, and gaps in knowledge of previous study designs and methodology
2. Develop a consensus statement that emphasizes the priorities and opportunities for research in emergency diagnostic imaging that will result in practice changes, and the most effective methodologic approaches to emergency diagnostic imaging research
3. Explore and improve knowledge of specific funding mechanisms available to perform research in emergency diagnostic imaging

Accepted manuscripts will present original, high-quality research in emergency diagnostic imaging in areas such as clinical decision rules, shared decision making, knowledge translation, comparative effectiveness research, and multidisciplinary collaboration. They may include work in clinical/translational, health systems, policy, or basic sciences research. Papers will be considered for publication in the December 2015 issue of AEM if received by April 17, 2015. All submissions will undergo peer review and publication cannot be guaranteed.

For queries, please contact Jennifer R. Marin, MD, MSc (jennifer.marin@chp.edu) or Angela M. Mills, MD (millsa@uphs.upenn.edu) the 2015 consensus conference co-chairs. Information and updates will be regularly posted in AEM, the SAEM Newsletter, and the journal and SAEM websites.
The ACOEP Advantage

Specialized. Personalized.

For over 35 years, the ACOEP Advantage has provided emergency physicians with educational opportunities, career advancement, and the tools to achieve their goals. ACOEP’s comparatively smaller size is a large part of what makes membership more valuable!

ACOEP members and conference attendees enjoy:

- Greater access to ACOEP leadership and decision-makers
- More opportunities to participate in leadership roles at a national level
- National conferences tailored to the specific needs of our members
- More face time with recruiters, industry leaders, and political advocates

Join us and see for yourself what the ACOEP Advantage is all about!

Mark your calendars for these conferences:

The Edge: Intense Review 2015
The Edge: Oral Board Review 2015
January 13-19, 2015
Westin River North
Chicago, IL

The Edge: Spring Seminar 2015
April 7-11, 2015
Marriott Harbor Beach
Ft. Lauderdale, FL

The Edge: Scientific Assembly 2015
October 18-21, 2015
Loews Portofino Bay
Universal, Orlando, FL

For information on a career with CEP America, visit us at go.cep.com/collaborate

With CEP America I can stay true to my mission to provide patient-centered and compassionate care.

—ANNA GELBERG, MD
Hospitalist Partner, Palomar Medical Center

Working for CEP America allows me to just take care of my patients, one-on-one. Patients come first.

—DOUG BROSnan, MD
Emergency Medicine Partner, Sutter Roseville Medical Center
SAVE THE DATE

2015 Conferences

APRIL 21, 2015
LEGISLATIVE LEADERSHIP CONFERENCE // Sacramento

JUNE 12, 2015
ANNUAL ASSEMBLY // Los Angeles/Universal City

Volume XVI, Number 1, January 2015  Open Access at www.westjem.com  ISSN 1936-900X

Western Journal of Emergency Medicine:
Integrating Emergency Care with Population Health

ETHICAL AND LEGAL
1  A Review of Lawsuits Related to Point-of-Care Emergency Ultrasound Applications
   L Stolz, KM O’Brien, ML Miller, ND Winters-Brown, M Blaivas, S Adhikari

CRITICAL CARE
5  Posterior Reversible Encephalopathy Syndrome in the Emergency Department: Case Series and
   Literature Review
   RJ Thompson, B Sharp, J Pothof, A Hamedani

PATIENT SAFETY
11  Anticoagulation Drug Therapy: A Review
    K Harter, M Levine, SO Henderson

POPULATION HEALTH RESEARCH DESIGN
18  Feasibility of Tablet Computer Screening for Opioid Abuse in the Emergency Department
    SG Weiner, LC Horton, TC Green, SF Butler

24  Discrepancy Between Clinician and Research Assistant in TIMI Score Calculation (TRIAGED CPU)
    BT Taylor, M Mancini

EMERGENCY DEPARTMENT OPERATIONS
34  Effect of an Emergency Department Fast Track on Press-Ganey Patient Satisfaction Scores
    SG Weiner, LC Horton, TC Green, SF Butler

39  Waiting for Triage: Unmeasured Time in Patient Flow
    C Houston, LD Sanchez, C Fischer, K Volz, R Wolfe

HEALTH OUTCOMES
43  Routine Repeat Head CT may not be Indicated in Patients on Anticoagulant/Antiplatelet Therapy
    Following Mild Traumatic Brain Injury
    KC McCammack, C Stadler, Y Guo, RS Ramaswamy, N Farid

50  Do Emergency Department Patients Receive a Pathological Diagnosis? A Nationally-
    Representative Sample
    LS Wen, JA Espinola, JM Mosowsky, CA Camargo

Contents continued on page iii