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**Editor’s note:** Annals has partnered with a small group of selected journals of international emergency medicine societies to share from each a highlighted research study, as selected monthly by their editors. Our goals are to increase awareness of our readership to research developments in the international emergency medicine literature, promote collaboration among the selected international emergency medicine journals, and support the improvement of emergency medicine world-wide, as described in the WAME statement at [http://www.wame.org/about/policy-statements#PromotingGlobalHealth](http://www.wame.org/about/policy-statements#PromotingGlobalHealth). Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by Annals.

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**African Journal of Emergency Medicine**

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*Official Journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopians Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association*

**Telephonic description of Sepsis Among Callers to an Emergency Dispatch Centre in South Africa**

Stassen W, Larsson E, Wood C, Kurland L. Telephonic description of sepsis among callers to an emergency dispatch centre in South Africa. *Afr J Emerg Med*. 2020;10:64-67.

**Introduction:** Sepsis is an acute, life-threatening condition caused by a dysregulated systemic response to infection. Early medical intervention such as antibiotics and fluid resuscitation can be life-saving. Diagnosis or suspicion of sepsis by an emergency call-taker could potentially improve patient outcome. Therefore, the aim was to determine the keywords used by callers to describe septic patients in South Africa when calling a national private emergency dispatch centre.

**Methods:** A retrospective review of prehospital patient records was completed to identify patients with sepsis in the prehospital environment. A mixed-methods design was employed in two-sequential phases. The first phase was qualitative. Thirty cases of sepsis were randomly selected, and the original call recording was extracted. These recordings were transcribed verbatim and subjected to content analysis to determine keywords of signs and symptoms telephonically. Once keywords were identified, an additional sample of sepsis cases that met inclusion and exclusion criteria were extracted and listened to. The frequency of each of the keywords was quantified.

**Results:** Eleven distinct categories were identified. The most prevalent categories that were used to describe sepsis telephonically were: gastrointestinal symptoms (40%), acute altered mental status (35%), weakness of the legs (33%) and malaise (31%). At least one of these four categories of keywords appeared in 86% of all call recordings.

**Conclusion:** It was found that certain categories appeared in higher frequencies than others so that a pattern could be recognised. Utilising these categories, telephonic recognition algorithms for sepsis could be developed to aid in predicting sepsis over the phone. This would allow for dispatching of the correct level of care immediately and could subsequently have positive effects on patient outcome.

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**Canadian Journal of Emergency Medicine**

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*Official Journal of the Canadian Association of Emergency Physicians*

**Fear of Falling in Community-Dwelling Elderly Presenting to ED for Minor Injuries: Impact on Revisits**

Lanoué M-P, Sirois M-J, Perry JJ, Lee J, Doust R, Worster A, Hegg S, Carmichael P-H, Brousseau-Turcotte A-A, Émond M. Fear of falling in community-dwelling elderly presenting to ED for minor injuries: impact on revisits *CJEM*. 2020; https://doi.org/10.1017/cem.2020.383.

**Objectives:** 1) To characterize mild, moderate, and severe fear of falling in older emergency department (ED) patients for minor injuries, and 2) to assess whether fear of falling could predict falls and returns to the ED within 6 months of the initial ED visit.

**Methods:** This study was part of the Canadian Emergency and Trauma Initiative (CETI) prospective cohort (2011–2016). Patients aged ≥65, who were independent in their basic daily activities and who were discharged from the ED after consulting for a minor injury, were included. Fear of falling was measured by the Short Falls Efficacy Scale...
International (SFES-I) in order to stratify fear of falling as mild (SFES-I = 7-8/28), moderate (SFES-I = 9-13/28), or severe (SFES-I = 14-28/28). Many other physical and psychological characteristics were collected. Research assistants conducted follow-up phone interviews at 3 and 6 months’ post-ED visit, in which patients were asked to report returns to the ED.

Results: A total of 2,899 patients were enrolled and 2,009 had complete data at 6 months. Patients with moderate to severe fear of falling were more likely to be of ages ≥ 75, female, frailer with multiple comorbidities, and decreased mobility. Higher baseline fear of falling increased the risk of falling at 3 and 6 months (odds ratio [OR]-moderate-fear of falling: 1.63, p < 0.05, OR-severe-fear of falling 2.37, p < 0.05). Fear of falling positive predictive values for return to the ED or future falls were 7.7% to 17%.

Conclusions: Although a high fear of falling is associated with increased risk of falling within 6 months of a minor injury in older patients, fear of falling considered alone was not shown to be a strong predictor of return to the ED and future falls.

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Emergency Medicine Journal

emj.bmj.com

Official Journal of the Royal College of Emergency Medicine

Perspectives of Emergency Department Attendees on Outcomes of Resuscitation Efforts: Origins and Impact on Cardiopulmonary Resuscitation Preference

Bandolin NS, Huang W, Beckett L, Wintemute G. Perspectives of emergency department attendees on outcomes of resuscitation efforts: origins and impact on cardiopulmonary resuscitation preference. Emerg Med J. 2020; http://doi.org/10.1136/emermed-2018-208084.

Background: Previous studies have shown that individuals overestimate the success of cardiopulmonary resuscitation (CPR) while underestimating its morbidity. Although perceptions of CPR success affect medical care in the emergency department (ED), no ED-based studies have been done.

Objective: To survey ED patients and their companions to assess their expectations, hypothesising that variation in information sources, prior exposure to CPR, and healthcare experience would influence predicted CPR success rates.

Methods: A survey was carried out of adults (age >18 years) in the ED waiting area of a tertiary care hospital between June and September 2016. An optimism scale was created to reflect expected likelihood of survival after CPR, or CPR success, under several sets of circumstances. Potential predictors of optimism for CPR outcome were examined using linear regression. Associations between optimism and CPR preference were evaluated using a Wilcoxon rank-sum test.

Results: There were 500 respondents and 53% had performed or witnessed CPR, and/or participated in a CPR course (64%). Television was the main source of information about CPR for >95% of respondents. At least half (51–64%) of respondents estimated the success rate of CPR as over 75% in all situations. Estimated CPR success rates were unrelated to age, sex, race, spiritual beliefs or personal healthcare experience. More than 90% of respondents wanted to receive CPR. Less than one-third of respondents had discussed CPR with a medical provider, but most wished to do so.

Conclusions: Consistent with prior studies, individuals overestimate the success rate of CPR. Healthcare experience does not appear to mitigate optimism about CPR, and individuals overwhelmingly want CPR for themselves. Though few had talked about CPR with a medical provider, most wanted to have informed decisionmaking conversations. Such discussions could help patients obtain a more realistic view of CPR outcomes.

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Official Journal of the Spanish Society of Emergency Medicine

Clinical Findings, Risk Factors, and Final Outcome in Patients Diagnosed With Pulmonary Thromboembolism and COVID-19 in Hospital Emergency Departments

Jiménez Hernández S, Lozano Polo L, Sufien Cuquerella G, Peña Pardo B, Espinosa B, Cardozo C, et al. Clinical findings, risk factors, and final outcome in patients diagnosed with pulmonary thromboembolism and COVID-19 in hospital emergency departments. Emergencias. 2020;32:253-257.
Objective: To analyze clinical, laboratory, and radiologic findings and final health outcomes in patients with pulmonary embolism and coronavirus disease 2019 (COVID-19). To compare them to findings and outcomes in patients with pulmonary embolism without COVID-19.

Methods: Multicenter, observational, retrospective study in 4 Spanish hospital emergency departments (EDs) from January 15 to April 15, 2020. Cases were located by reviewing all ED requests for pulmonary computed tomography angiography (CTA) procedures. Clinical, laboratory, and radiologic findings; medical histories and comorbidity; risk factors; and outcomes were compared between the 2 groups of patients (with or without COVID-19).

Results: A total of 399 CTAs were ordered; 88 pulmonary embolisms were diagnosed, 28 of them (32%) in patients with COVID-19. This group had more men, and a history of thromboembolic disease was more common. We found no between-group differences in clinical presentation, laboratory, or radiologic findings; nor were there differences in final outcomes. In-hospital mortality was 7% (2 cases) in patients with COVID-19 and 17% (10 cases) in patients without the virus (odds ratio for death in patients with pulmonary embolism and COVID-19, 0.38; 95% CI, 0.08–1.89).

Conclusions: We found no clinically important differences in the clinical, laboratory, or radiologic findings between patients with or without COVID-19 who were treated for pulmonary embolism in our hospital EDs. Final outcomes also did not differ. Emergencias publishes its articles in Spanish. Their abstracts reproduced in Annals have been translated into English by Emergencias editors, and are reproduced as received, without editing or review.