Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
GLOBAL RESEARCH HIGHLIGHTS

NEUROLOGY

459 Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo in the Emergency Department: A Stepped-Wedge Randomized Trial (Original Research)
KA Kerber, L Damschroder, T McLaughlin, DL Brown, JF Burke, SA Telian, A Tsodikov, A Fagerlin, LC An, LB Morgenstern, J Forman, S Vijan, B Rowell, WJ Meurer

What question this study addressed: This 7,635-patient stepped-wedge trial evaluated an implementation strategy to increase the use of Dix-Hallpike’s test and canitholith repositioning maneuvers in a community emergency department setting. What this study adds to our knowledge: The intervention increased use of these diagnostic and therapeutic techniques by a small amount.

471 Recommendations for the Emergency Department Prevention of Sport-Related Concussion (Special Contribution)
JJ Bazarian, N Raukar, G Devera, J Ellis, J Feden, SR Gemme, J Hafner, R Mannix, L Papa, DW Wright, P Auerbach, on behalf of the American College of Emergency Physicians

Sport-Related Head Injury Prevention Task Force

Sport-related concussion refers to the subset of concussive injuries occurring during sport activities. Similar to concussion from nonsport mechanisms, sport-related concussion is associated with significant morbidity, including migrainous headaches, disruption in normal daily activities, and long-term depression and cognitive deficits. Unlike nonsport concussions, sport-related concussion may be uniquely amenable to prevention efforts to mitigate these problems. The emergency department (ED) visit for sport-related concussion represents an opportunity to reduce morbidity by timely diagnosis and management using best practices, and through education and counseling to prevent a subsequent sport-related concussion. We provide recommendations to reduce sport-related concussion disability through primary, secondary, and tertiary preventive strategies enacted during the ED visit.

483 Concussion Care in the Emergency Department: A Prospective Observational Brief Report (Brief Research Report)
RR Koval, CC Zalesky, TP Moran, JJ Ratcliff, DW Wright

What question this study addressed: How well did a 2-item nurse identification tool identify patients who had history and physical examination results consistent with mild traumatic brain injury, and how often did they receive mild traumatic brain injury–specific instructions? What this study adds to our knowledge: In a cohort of 98 subjects, less than half of at-risk patients had mild traumatic brain injury evaluation or final diagnosis, and only 15 received mild traumatic brain injury–specific discharge instructions.

designates Systematic Review Snapshot articles.

designates free full-text access for nonsubscribers at www.annemergmed.com.

designates that Continuing Medical Education exam for this article is available at http://www.acep.org/ACEPeCME/.

indicates a podcast is available at www.annemergmed.com.

indicates that Annals of Emergency Medicine Journal Club questions and answers are available.

indicates related video files are available at www.annemergmed.com.
491 Do Antiepileptics Reduce the Risk of Poor Neurologic Outcomes and Prevent Seizures in Patients With Spontaneous Intracerebral Hemorrhage? (Systematic Review Snapshot)
B Long, MD April

494 How Accurate Are the Stroke Severity Scales for Identifying Large Vessel Occlusions? (Systematic Review Snapshot)
L Ganti, JA Oostema

CARDIOLOGY

499 Which Elements of the History and Examination Suggest a Cardiac Cause of Syncope? (Systematic Review Snapshot)
RE Bridwell, MD April, B Long

502 Exploring Patient Experience of Chest Pain Before and After Implementation of an Early Rule-Out Pathway for Myocardial Infarction: A Qualitative Study (Original Research)
AV Ferry, FE Strachan, SD Stewart, L Marshall, KK Lee, A Anand, ASV Shah, AR Chapman, NL Mills, S Cunningham-Burley

What question this study addressed: This qualitative study assessed patient impressions before and after implementation of an emergency department rapid rule-out pathway. Forty-nine patients were interviewed 1 week postdischarge and 5 major themes emerged across both pathways.

What this study adds to our knowledge: A discord may emerge between physician relief at the absence of acute coronary syndrome according to normal troponin levels and patient concern for continued unexplained chest symptoms. Patients may also be less likely to assess their health behaviors and risk of future cardiovascular disease.

514 Ultrasonography: A Useful Adjunct in Cardiac Arrest (Clinical Controversies)
M Gottlieb, S Alerhand

515 Ultrasound Should Not Be Routinely Used During Cardiopulmonary Resuscitation for Shockable Rhythms (Clinical Controversies)
B Long, MD April, A Koyfman

ECG OF THE MONTH

518 Man With Dynamic ECG Changes
RM Allison, SM Alwood

521 Persistent Bradycardia in a Pediatric Patient After Blunt Cardiac Trauma
JJ Solano, JG Klein

GENERAL MEDICINE

524 Interrater Reliability, Accuracy, and Triage Time Pre- and Post-implementation of a Real-Time Electronic Triage Decision-Support Tool (Original Research)
SL McLeod, J McCarron, TA Ahmed, KGrewal, NMittmann, S Scott, HOvens, JGaray, MBullard,BHRowe,JDreyer,БBorgundvaag

What question this study addressed: Can the addition of electronic decision support improve the consistency of triage assessment with the Canadian Triage and Acuity Scale? What this study adds to our knowledge: In this before-and-after trial at 7 Canadian emergency departments of various types, electronic clinical decision support improved interrater triage agreement, with a variable effect on triage times.

532 Are Balanced Crystalloid Solutions Better Than Normal Saline Solution for the Resuscitation of Children and Adult Patients? (Systematic Review Snapshot)
M Gottlieb, V Petrak, C Binkley
535 Does Tranexamic Acid Affect Risk of Venous and Arterial Thrombosis or Mortality in Nonsurgical Patients? (Systematic Review Snapshot)
B Long, MD April

INFECTIONIOUS DISEASE

538 The Utility of Midline Intravenous Catheters in Critically Ill Emergency Department Patients (Original Research)
RJ Spiegel, D Eraso, E Leibner, H Thode, EJ Morley, S Weingart

What question this study addressed: What is the emergency department experience with midline intravenous catheter insertion in critically ill patients? What this study adds to our knowledge: In this series of 403 critically ill patients requiring vascular access, midline intravenous catheter insertion was successful in 99%. Insertion and use complications occurred in 3.5% and 12% of patients, respectively.

IMAGES IN EMERGENCY MEDICINE

497 Male With Chest Pain
ER Srikanth, AK Sahu, J Nayer, P Aggarwal, D Gupta

498 Young Woman With Painless Red Eye
A Winfield, N Bolton, J Palter

546 Adolescent Male With Epigastric Pain
C Cao, RY Chan

○ e19 Man With Blurred Vision in Left Eye
C Siu, J Bryan

○ e21 Young Girl With Headache
GD Marshall, JT Neal

○ e23 Girl With a Sudden Lump in the Neck
F Pederiva, M Gregori

CHANGE OF SHIFT

547 Beyond Our Oath: The Unsettling Burden of Impartial Compassion in an Emergency Department
AE Renko

ANNALS OF EMERGENCY MEDICINE JOURNAL CLUB

548 The Mysterious, Magical Oseltamivir
RP Radecki, CD McNaughton, RJ Spiegel
CORRESPONDENCE

550  Methoxyflurane May Provide Faster Relief Than Suboptimal Treatment, but Not Better
     E Montassier, Y Freund/AM Borobia, AJ Carcas Sansuán

552  Postoverdose Initiation of Buprenorphine After Naloxone-Precipitated Withdrawal Is
     Encouraged as a Standard Practice in the California Bridge Network of Hospitals
     AA Herring/SM Bagley, Z Xuan, M Silverstein, SE Hadland, AY Walley

554  Annals and Pay-to-Play
     K Frumkin/ML Callaham

556  Initial Experience of an Emergency Department in Shenzhen in Responding to the Emerging
     Wuhan Coronavirus Pneumonia
     K-L Lu, S Chen, L-P Leung

557  Corrections

READER SERVICES

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The Peer Review Process at
Annals of Emergency Medicine

Most readers highly value the fact that articles in a journal like ours have undergone formal peer review. Many readers also have a relatively simple understanding of that term as describing a single well-defined process of review by expert reviewers, but it is a lot more complicated and nuanced than that. We therefore provide a very brief summary of our procedures to provide appropriate levels of review for most (but not entirely all) the journal content.

Although we try to be a model among journals for the rigor of our peer review process, like most of them (including the most prestigious) this does not mean that all content is peer reviewed in the same way. All original content (particularly research content) in the journal is peer reviewed by one of the many experts on our editorial board, but additional peer review of every submission by members of our reviewer panel is not always necessary or appropriate. Many submissions are not appropriate for the journal for one fairly obvious reason or another (eg, target audience), so like most other journals we reject many manuscripts after review by an editor. For those which are not obviously inappropriate, however, we receive far more submissions than we can publish, so our further process seeks to identify the best of the best.

The vast majority of scientific content that we publish is critically reviewed first by members of our editorial board with specific expertise, and then gets additional scrutiny from our expert reviewers. Our most stringent level of review is reserved for original research, which will form the basis of the scientific record in the future. These submissions are reviewed by at least two of our expert reviewers who are blinded to the identity of the authors. Quite a few papers are reviewed more than once, and sometimes in particularly complex cases 5 or 6 reviewers and editors may be involved, including deputy editors. During this process there is much consultation and discussion between editors, reviewers, and authors and recommendations are made to the authors. Sometimes that discussion exceeds the length of the original paper itself, and it certainly is a laborious and time-consuming process. Editors and reviewers must disclose potential conflicts of interest which are managed as per a rigorous policy (http://www.annemergmed.com/content/policies-coi). Virtually no original research is accepted with no revisions whatsoever, and our authors strongly agree that in general the process improves the quality of the final manuscript. Once it has been discussed, revised, and received the final stamp of approval from the supervising editor (whose name is always published with the manuscript for transparency), all original science content in the journal undergoes a final review by the editor in chief before acceptance.

None of this means the final article is irrefutable truth; such a thing does not exist in science where our state of knowledge is (we hope) constantly evolving and no study should be judged in isolation. But it does mean that we’ve asked all the appropriate questions we could think of, made suggestions, and required revisions to make the paper as complete and transparent to replication as possible.

This process for original research is the most rigorous and is probably what most readers think of as “formal peer review,” but the journal contains much other content of a factual and scientific nature which does not lend itself to this approach. For example, we have a number of regular journal features (like News & Perspective, CDC Update, NHTSA Notes, etc) that are updates written by selected topic experts on a routine basis. These are also reviewed by an editor but not sent out for additional review. A very few items, such as ACEP Clinical Policies, are published verbatim from the experts that develop them and are not revised (for obvious reasons); this fact is published along with each.

There are always some exceptions to the above processes as we develop new types of content or relatively unique contributions occur. We try to describe the particular variants of peer review that were used for each of these, or if there was none, that is made clear as well. Our goal is to provide as much oversight as is needed andLogistically practical, and to enable readers to determine what that level of oversight was as conveniently as possible.